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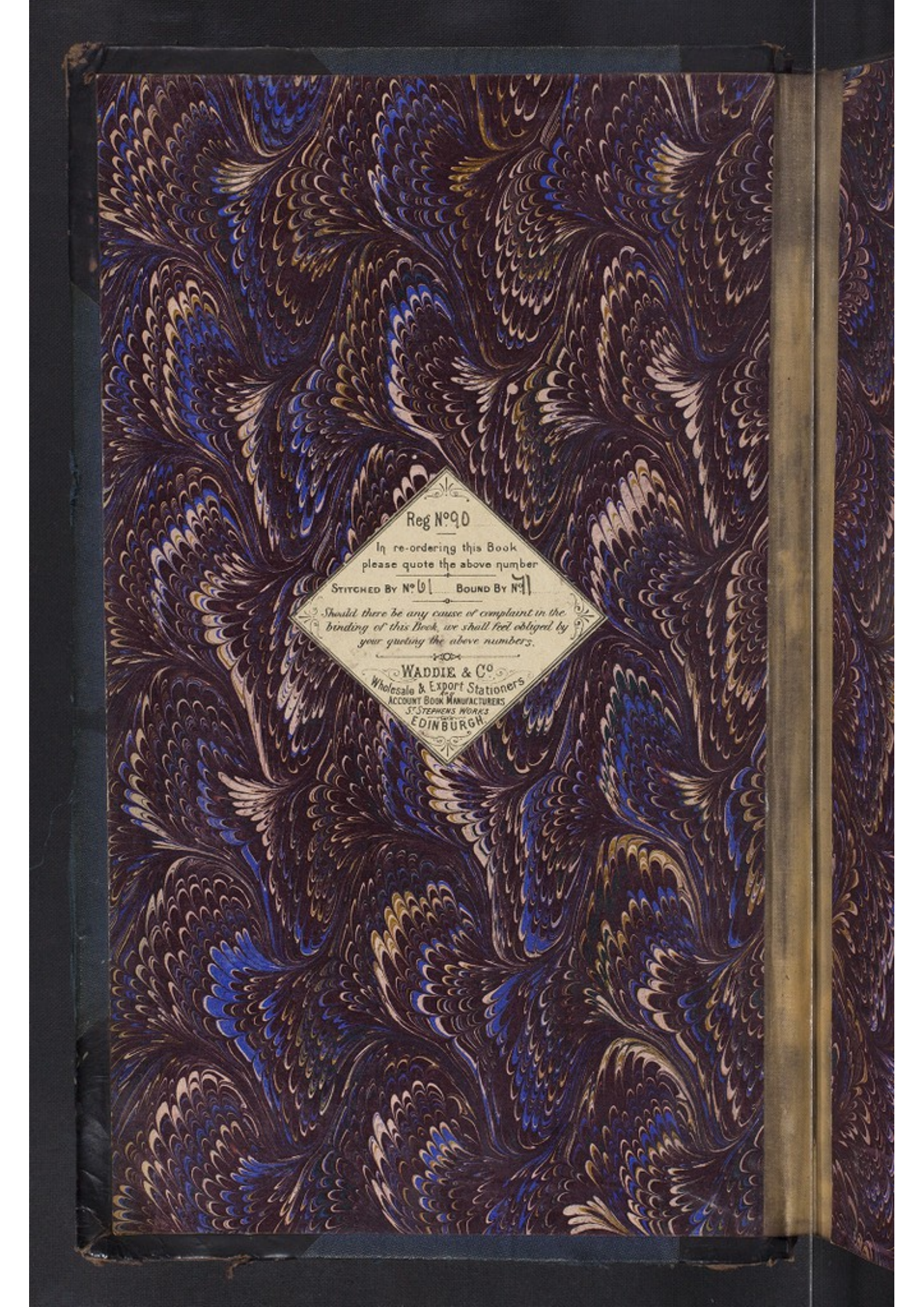
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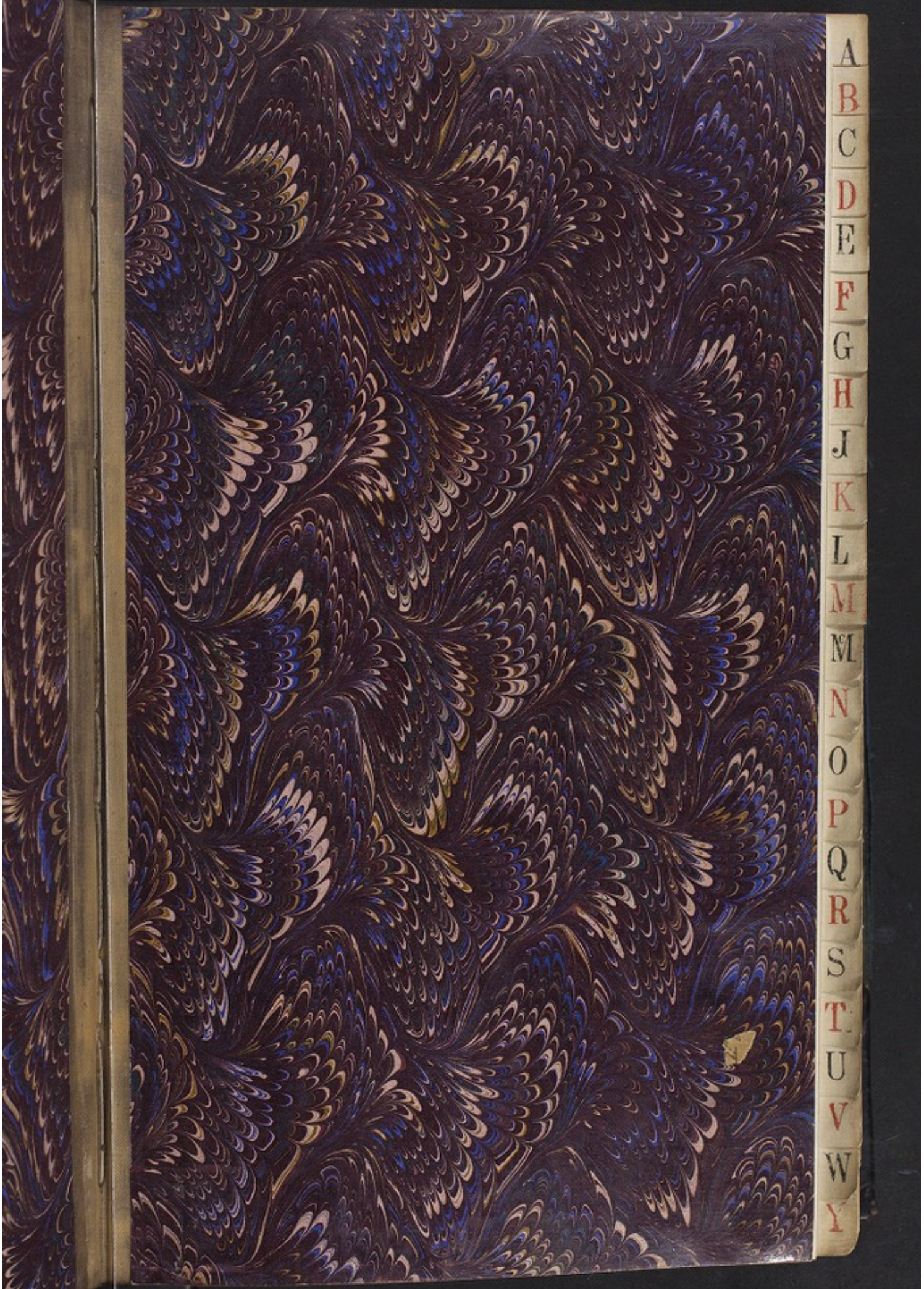
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NAME, Joseph Walker, No.

Admitted, Sept Oct. 30th, 1891 Pr. Ad.

Sex, male Age, 33 Marriage, married Occupation, fitter,

Education, Religion, protestant.

Private or Pauper, pauper Where from? Argyle St. Motherwell,

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 No.

Duration of Existing Attack a few weeks.

Other Facts or Remarks

Facts of Medical Certificates 1. Melancholia restlessness, pass the room day & night, sighs, groans twisting his hands, will not speak

2. Melancholia. Will not answer a single question. Sits looking at the ground and takes notice of no one.

NAME Joseph Walker

STATE ON ADMISSION.

Mental.

Exaltation none

Depression some; in person melancholia; will not speak but groans in answer to questions.

Excitement

Enfeeblement

Memory

Coherence Can answer questions? will not speak

Delusions

Other Abnormalities

Bodily.

Appearance very thin and emaciated.

Skin Hair dark brown

Eyes grey. Pupils equal & react to light.

Muscularity poor. Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs normal

Heart normal

Tongue a little furred, Bowels a little constipated.

Other Organs, Abnormalities, Bruises, etc.

Appetite fair

Urine Sp. gr. 1014. slightly alkaline, deposits of phosphates & mucus.

Menstruation

Pulse 88 Temp. normal

Height 5 ft. 4 E. Weight 8 St.

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, Joseph Walker.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
1/10:91						This patient is in a prostate health. is very thin & emaciated looks well speaking a little today - will not say what troubles him -
2·10·91						He speaks very little. looks depressed & miserable.
3·10·91						He says that he feels unhappy & is certain that he will never recover. is taking his food.
6·10·91						This man is depressed. will scarcely speak. is pottering wanderingly aimlessly about the room.
12·10·91						He is talking more but is still very depressed.
2·3. 11:91						Large abscess have developed at back of R hand & skin of left leg. Hypo was opened yesterday & quant dark of blood was evacuated.
						He is now taking his food himself after having been fed for a week with the tube.
5:1:92.						Joseph Walker is much better. able to sit up out of bed He is still much depressed. but does not groan & clutch at people in his ward. When told that he had had another child born to him he refused to believe it. said he was dreaming made a joke of it.
1·4·92.						Improving but still depressed and lazy: will not put on his own clothes: general health fairly good.
13·6·92						Discharged by minute of board.

NAME,

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

5

NAME, Stephen Lambert. No.

Admitted, 2:10:91 Pr. Ad.

Sex, M. Age, 49. Marriage, Married. Occupation, Miner.

Education, Religion, R.C.

Private or Pauper, Pauper. Where from? Lanark.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Not known

Exciting "

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 2 months

Other Facts or Remarks

Facts of Medical Certificates 1. Dazed appearance: before my presence was observed he was muttering to himself. Declares despondingly that he is just dying and that his soul is lost, that in a few hours he must feel the horrors of hell. that he is hopelessly lost & worn out with something about the bowel, that works with the mind. 2 has threatened to murder children

2. Excited, talks incoherently to himself: thinks he is going to hell: refuses to eat & walks about all night.

NAME Stephen Lambert.

STATE ON ADMISSION.

Mental.

Exaltation None.

Depression Much about his delusion -

Excitement restless -

Enfeeblement None.

Memory good

Coherence Coherent. Can answer questions?

Delusions That he is eternally lost. That he is rotten. Says he will not live long - & will go to Hell.

Other Abnormalities groans.

Bodily

Appearance Wd looking when he is -

Skin rough Hair Scanty.

Eyes grey - Pupils Equal & natural -

Muscularity poor. Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs Normal.

Heart - Sounds distant 1st Sound pedrpliculs:

Tongue Slight Tremulous - to for. Bowels Regular

Other Organs, Abnormalities, Bruises, etc.

Appetite Fair.

Urine Sp. gr. 1014 - albumen present

Menstruation

Pulse 72 pr min weak. Temp. Normal

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, Joseph Robson. Stephen Lambert

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
3·10·91						He was sleepless last night & is acutely depressed to-day. He says that his soul is lost and that he will be burnt in hell.
4·10·91						He often mutters and talks to himself. He did not sleep last night. To-day he is restless & depressed.
5·10·91						He is very dependent. imagines he is going to die, says that there is no hope for him in this world or hereafter.
8·10·91						This man is very depressed & miserable.
12·10·91						He is scarcely so depressed to-day but still imagines he will be burned or tortured.
20·10·91						He is not so depressed & miserable & looks more cheerful
1·7·92.						He has a depressed look: he is sensible in conversation & behaves well.
3-9-93						Neither seem to change in sleep for some time. He is quiet, takes exercise but with great reluctance. seems to have no desire to go home. Is working well at Hanwell
6·95						Transferred to Hanwell

NAME,

DATE. Temperat. Morn. Even.

NAME,

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

NAME, Joseph Robson No.

Admitted, 3.10.91 Pr. Ad.

Sex, male Age, 70 years Marriage, widower Occupation, farm-servant

Education, Religion, protestant

Private or Pauper, pauper Where from? Millhill Cottage, Kirkgunzeon

HISTORY.

Causation.

Disposition Restless

Habits Idle

Previous Attacks—No. several Kind

Duration Where treated D.C. asylum

Hered. History—*Insanity*

Other Diseases

Predisposing previous attacks

Exciting Craving for money

Symptoms. First.

Mental Imbecility

Bodily none

Recent.

Mental weakness

Bodily none

Insane Habits and Propensities

Suicidal doubtful

Dangerous No

Duration of Existing Attack 4 weeks

Other Facts or Remarks

Facts of Medical Certificates 1. He is restless; has an imbecile expression of face; talked in a rambling manner; said he was past redemption & could not settle but must wander about in search of work though he got nothing for it. (J.P.S.)

2. Will not keep his bed, wanders about, threatens to cut his throat. (Mary Brown)

1. Has been under my professional care for many years. (A. McKracken M.B.)

2. Has become restless and profane of late (Mary Brown - nurse)

NAME Joseph Robson.

STATE ON ADMISSION.

Mental.

Exaltation slight

Depression

Excitement slight

Enfeeblement considerable

Memory poor

Coherence coherent Can answer questions? yes

Delusions

Other Abnormalities

Bodily

Appearance an old looking man

Skin normal Hair grey

Eyes Pupils normal

Muscularity fair Fatness poor

Nervous System—*Motor* normal

Sensory "

Reflex Action " Special Senses "

Retina

Lungs healthy

Heart feeble

Tongue Bowels normal

Other Organs, Abnormalities, Bruises, etc. Contraction of Right hand
swelling in Scrotum (Large) of 20 years duration.

Appetite fair

Urine normal. copious deposit of urates.

Menstruation

Pulse Temp.

Height 66 inches. Weight 112 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 Enfeeblement.

NAME, Joseph Robson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
4 Oct 1891					112	He is restless, walks about and is continually talking about going away, his general bodily health is good.
5th Oct 1891						He is continually talking about going away & wants us to bring him his coat. pipe tobacco: he does not know where he is. He is sleeping well has a good appetite.
6th 10.91						No change to report.
8.10.91						He is very particular and tidy in his habits: he wears a bag to give support to his enormous hydrocele.
12.10.91						He is confused, talks in a rambling incoherent manner & has no idea of time or place.
20.10.91						No change.
2:11:91						Escapes is very anxious to get back to Mary Brown with whom he boarded - & whom he assaults. Is always asking for a "Dollar" for his hydrocele. When he says Mary Brown used to supply. "Urine runs down & scalds it as Zinc oxide was applied in powder.
5:1:92.						He seems state is very depressed about himself often anxious to go back to Rotherham - is easily persuaded & tobacco. Says he will be kept here until he dies - Complains of pain in his back which was muscular - relieved by a Belladonna plaster.
2.4.92						Has been bad with Bronchitis: which is given very 3 hours and is improving: complains a good deal of his back.
1.8.92.						Restless discontented old man. physical condition weak
28.9.92						He is confined to bed at present being in a very weak condition.
6-2-93						Joseph has been very sick all day but all neither has been kept going by 3ij whisky every night. He is dying about for about time. At breakfast & is up again & is offered. so is has is red. Very sick & seems likely to drop off at any time. always wants to go back to Rotherham.
30-IV-93						No change in pr. sentences high as ever & he is about confined to bed. His stock talk is "when are they coming for me".

NAME.

DATE.	Temperat. Morn.	Temperat. Even.
2.55		
2.55		

NAME,

	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
.5						Patient is distinctly going downhill & has been so for several days past. Has been given a stimulant tonic
2 55						Patient died tonight about 7 o'clock.

NAME, Robert Inglis No.

Admitted, 7th October 1891 Pr. Ad. One.

Sex, Male Age, 66 Marriage, Married Occupation, Labourer.

Education, Religion, Protestant

Private or Pauper, Private Where from? Johnston.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One Kind Melancholia

Duration 2·3·91 to 19·5·91 *Where treated* G.R.I.

Hered. History—*Insanity*

Other Diseases

Predisposing Age

Exciting

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes.

Dangerous No.

Duration of Existing Attack 4 weeks.

Other Facts or Remarks

Facts of Medical Certificates I. C. He is extremely depressed, restless, can obtain no peace of mind, has a constant dread of being poisoned.

C. Thinks his food is poisoned. threatens to drown himself.

II. Is very depressed, has delusions Hallucinations, has no desire to live.

C. He has attempted suicide.

NAME Robert Inglis

STATE ON ADMISSION.

Mental.

Exaltation None.

Depression He is morbidly depressed & thinks he is eternally lost.

Excitement He is restless.

Enfeeblement Considerable: he is very confused.

Memory Not very good

Coherence Fair Can answer questions? Sometimes.

Delusions That he is lost, that something dreadful is about to happen to him.

Other Abnormalities

Bodily

Appearance A stout old man with florid complexion.

Skin Hair grey

Eyes dark grey Pupils equal. contracted.

Muscularity good Fatness good.

Nervous System—*Motor* Normal

Sensory Normal.

Reflex Action Present. Special Senses

Retina

Lungs Normal.

Heart Presystolic mitral murmur.

Tongue Furred. Bowels

Other Organs, Abnormalities, Bruises, etc. Has a whitlow on the middle finger of his right hand, and a small ulcer on the right thumb.

Appetite good

Urine S. G. 1030. acid, clear. no sugar. trace of albumen.

Menstruation

Pulse 82. strong Temp. Normal.

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.

15

NAME, Robert Inglis

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
8·10·91						This patient is restless and depressed. has fears of impending danger. He was sleepless last night.
9·10·91						He is acutely depressed, fancies something dreadful is about to happen to him & is continually asking what we are going to do to him.
10·10·91						There is no change in his condition.
15·10·91						He is in constant dread of something dreadful going to happen to him. & sleepless.
20·10·91						He is full of vague fears, says he can understand nothing, wonders what we are going to do with him.
23: 11: 91						This morning the patient complained of pain in both sides of chest. on examination friction was discovered in left side of chest & at base of R lung. temp. 100. Febrifuge mixture given & poultices ordered.
25: 11: 91						Got rapid & weaker & died during the night of 24th.

Dead.

NAME,

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

NAME, Thomas Potts No.

Admitted, 4th October 1891 Pr. Ad.

Sex, Male Age, 23 Marriage, Single Occupation, Telegraph Clerk

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Motherwell

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Influenza

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack One week

Other Facts or Remarks He has taken no food for a week

He had influenza 18 months ago, and was delirious for two weeks: he has done no work since.

Facts of Medical Certificates I. ca. Obstinate silence, frightened aspect, refuses to move in bed or speak: listens to all conversation.

(2.) has not spoken for 14 days, refused food.

II. Lies with his eyes shut, refuses to speak take food or medicine

NAME Thomas Potts.

STATE ON ADMISSION.

Mental.

Exaltation None.

Depression He is in a condition of stupor.

Excitement None.

Enfeeblement

Memory

Coherence Can answer questions? He refuses to speak.

Delusions

Other Abnormalities He pays no attention to his surroundings. will not speak. sits with eyes shut and chin on breast.

Bodily

Appearance Pale emaciated.

Skin sallow. cool dry Hair dark

Eyes grey Pupils Equal. Insensitive.

Muscularity poor Fatness poor.

Nervous System—*Motor* functions sluggish. Arms hang limp by the sides.

Sensory Blunted

Reflex Action present. Special Senses

Retina

Lungs No disease detected.

Heart's action slow & weak. no murmur.

Tongue furred, indented at the edges. Bowels costive

Other Organs, Abnormalities, Bruises, etc.

Appetite nil

Urine S.G. 1030. scanty. acid. cloudy. copious deposit of urate, trace of sugar present

Menstruation

Pulse 68, small & soft. 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 Potts

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
8·10·91						He is confined to bed to-day. He has not spoken a word but lies with eyes shut. He took food last night & this morning.
9·10·91						He has refused to take food and it has been found nessary to use the tube. He lies in bed with his eyes shut & will not answer questions; he puts out his tongue when requested to do so. He struggles when fed. His skin is cold & clammy his pulse rapid & weak
10·10·91						He is still fed with the tube & refuses to speak.
15·10·91						He is now taking his food & talks a little.
20·10·91						He is out of bed. has a fair appetite. says he feels much stronger. Is depressed
6·12·91						He is not much improved in fact it has almost completely left him but he is very ~~feeble~~ 'feebles' & has no energy. takes an interest in reading the newspapers.
31·5·92						discharged

NAME,

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

21

NAME, Matthew Costello — No.

Admitted, 12th October 1891 — Pr. Ad.

Sex, Male — Age, 22 — Marriage, Single — Occupation, Miner

Education, — Religion, Roman Catholic

Private or Pauper, Pauper — Where from? Shotts

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. One — Kind

Duration — Where treated Larbert: duished 6 M. ago.

Hered. History—Insanity His mother died an inmate of an asylum.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous Yes

Duration of Existing Attack One week

Other Facts or Remarks

Facts of Medical Certificates I. Has a wild glaring aspect, pupils rigid & do not act to light, wanders in conversation, is quite incoherent. Sleeps little, threatens to murder his sister.

II. Unable to answer any question intelligently, does not know where he is at present, has stupid expression of countenance.

NAME Matthew Costello

STATE ON ADMISSION.

Mental.

Exaltation None

Depression He is depressed. speaks in a whisper.

Excitement None

Enfeeblement He is stupid and does not know when he is.

Memory Defective

Coherence Incoherent Can answer questions? very few

Delusions None expressed.

Other Abnormalities

Bodily

Appearance a healthy looking young man

Skin Hair fair

Eyes Grey Pupils equal. medium. sensitive.

Muscularity fair Fatness fair

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal.

Retina

Lungs normal

Heart normal.

Tongue coated with white fur Bowels costive

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises

Appetite fair

Urine S.G. 1015. clear. neutral, no albumen. no sugar.

Menstruation

Pulse 78 tension & volume good Temp.

Height 5ft 7in Weight 10St.

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, Matthew Costello

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
13·10·91						The Patient slept well last night. He is confused, has no idea where he is, stands staring about him in a vacant manner, and speaks in a whisper. Is taking his food well.
15·10·91						He states in a whisper that he is a poor sinner as ought to be punished at once. He stands in every body's way staring vacantly.
20·10·91						He is in a state of stupor: his movements are very slow. He never speaks to any one but sits staring vacantly around him.
28:10:91						In same condition - stupor still not speak.
18· A· 92						Discharged - recovered.

'AME,

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

25

NAME, William Lait *No.*

Admitted, 13th October 1891 *Pr. Ad.*

Sex, Male *Age,* *Marriage,* *Occupation,*

Education, *Religion,*

Private or Pauper, *Where from?*

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME William Lait

STATE ON ADMISSION.

Mental.

Exaltation None

Depression Marked

Excitement None

Enfeeblement None

Memory Good

Coherence Coherent Can answer questions? Yes.

Delusions He sees figures dancing before his eyes. and tries to catch them.

Other Abnormalities

Bodily.

Appearance a powerfully built man

Skin Hair black

Eyes brown Pupils Left larger than right: both react to light

Muscularity good Fatness good.

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal.

Retina

Lungs normal

Heart's action quick and regular. no murmur.

Tongue furred, flabby, marked at the edges by the teeth Bowels regular

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises

Appetite fair

Urine S. G. 1022, acid, deposits mucus & urates, trace of albumen, no sugar

Menstruation

Pulse 88. full & strong Temp.

Height 5ft 6 in Weight 12 St.

Disease *Skae's Classification*

General Bodily Health and Condition Fair

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 Tait

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
14.10.91						He is quiet, dull & depressed. slept little last night owing to the visions which he saw.
15.10.91						He is much troubled with the visions which he sees, and often put his hands to his eyes to drive them away.
20.10.91						He is very depressed, has fears of impending danger his confused being unable to understand what is said to him
7.4.92.						In bed with Lobar pneumonia of left side.
						pulse 115 soft compressible : temp 102° :
						Respirations 30 : Whiskey administered.
9.4.92						Consolidation at base of right lung as well :
						pulse 120 stronger than yesterday : respirations 40
						easy : Cheeks flushed : typical pneumonic spit.
11.4.92.						Weaker : pulse soft intermittent, 130 :
						Respirations = 60 per minute : tongue moist
						& furred : face hectic flush : no lividity :
						a distinct double pneumonia.
12.4.92						Got gradually worse and died at 9-15 P.M.

NAME,

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

NAME, John McLeod — No.

Admitted, 14th October 1891 — Pr. Ad.

Sex, Male — Age, 45 — Marriage, Single — Occupation, Blacksmith

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Lanark.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated Lanark, Glasgow District Asylum 18[illegible]

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 Seven years.

Other Facts or Remarks

He has been boarded out as a Lunatic since April 1889.

Facts of Medical Certificates I. Incoherence in conversation, constantly muttering to himself incoherent nonsense. Fatuous expression.
He has assaulted Mrs Brown with whom he boarded & absconded. ***
II. Incoherent & rambling talk: gait & appearance that of a person of unsound mind.
He has been twice an inmate of Bothwell Asylum.

NAME John McLeod

STATE ON ADMISSION.

Mental.

Exaltation None

Depression Looks depressed

Excitement None

Enfeeblement Marked, he is demented. mutters to himself.

Memory Bad

Coherence Incoherent Can answer questions? No.

Delusions None expressed.

Other Abnormalities

Bodily

Appearance A stupid looking man with expressionless features.

Skin Hair dark

Eyes blue Pupils equal. react. contract

Muscularity poor Fatness poor

Nervous System—*Motor* functions sluggish

Sensory Normal

Reflex Action normal Special Senses normal

Retina

Lungs Healthy

Heart sounds faint and distinct

Tongue furred Bowels regular

Other Organs, Abnormalities, Bruises, etc. He suffers from slight blepharitis. No bruises ~~has always had a cough~~ ~~has been shattering for 20 years.~~

Appetite poor

Urine S.G. 1030. alkaline. cloudy. deposits phosphates. no albumen present

Menstruation

Pulse 80 fair tension Temp.

Height 5ft 5¼ Weight 9st 6½ lb.

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.

31

NAME, John McLeod

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
15·10·91						Patient slept well last night, has a fair appetite He mutters constantly to himself in an incoherent manner:
20·10·91						No change. Talks incoherently.
~~25·10·91~~						The patient is very abusive & left table to Mary Brown again with whom he was boarded out Says there is no use in keeping him here — Asked today for a 'order' for his leg & also that he may have Epsom salts & Castor oil & jam.
15-3-93						Pt in Hallcroft slipped the other day & fell upon Pemphetine splint still underneath. Ray ordered. Says talks to himself. Is the same. Seems still impaired. Pt admits undoubtedly pains. No change actually — as ordered. Cannot take more than mentioned at time. Dirt in Eye during in morning & pretends he very busy.
6·95						Transferred to Hartwood.

NAME,

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

NAME, James Slater No.

Admitted, 14th October 1891 Pr. Ad. One

Sex, Male Age, 42 Marriage, Married Occupation, Blacksmith

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Govan

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. One Kind General Paralysis

Duration Where treated G. R. I.

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. *First.*

Mental

Bodily

per P.

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes.

Dangerous Yes.

Duration of Existing Attack Unknown

Other Facts or Remarks

He was certified when in prison to which he had been committed for the theft of useless articles.

Facts of Medical Certificates I. Delusion, Jealousy he has been made a victim of false accusations. States has been in prison 3 times
II. Abstracted in manner & demeanour. Has delusions of grandeur

NAME James Slater

STATE ON ADMISSION.

Mental.

Exaltation He has an exalted opinion of himself, says he is very stout, rich, healthy, and happy.

Depression None

Excitement None.

Enfeeblement He is dazed

Memory good

Coherence coherent Can answer questions? Yes.

Delusions that he has a property worth £2000

Other Abnormalities

Bodily

Appearance a pale flabby man

Skin Hair dark

Eyes grey Pupils Left larger than right: they do not contract.

Muscularity good Fatness good

Nervous System—*Motor* Gait unsteady, staggers on turning round sharply. Slight fibrillary twitchings in the facial muscles & spasmodic blinking.

Sensory normal.

Reflex Action Knee jerks absented Special Senses normal

Retina

Lungs normal

Heart 1st sound reduplicated; 2nd accentuated in aortic area.

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises

Appetite good

Urine S.G. 1012, acid, clear, no albumen, no sugar.

Menstruation

Pulse 90. fair tension Temp.

Height 5ft 5 in Weight 125

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, James Hales

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
15.10.91						He is in the best of spirits this morning and as happy as a king. Slept well
20:10:91						He is young but working every day and is perfectly happy.
2:11:91						He in high spirits & quite contented. he is flabby & soft.
9:11:91						This man is always ~~[illegible]~~ on the alert to escape & requires watching. He is very facile & easily pleased - A typical G.P.
5:1:92						Insane state - facial - vacillating with him. Self & others. Maintains state very acute if he is not kept home. but does not mean it & a refusal has no effect on him.
27:1:92.						A typical G.P. in the Second Stage.
2.5.92.						Discharged by minute of board.

NAME,

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

37

NAME, David Johnstone — No.

Admitted, 15th October 1891 — Pr. Ad.

Sex, Male — Age, 41 — Marriage, Married — Occupation, Carter

Education,

Private or Pauper, Pauper. — Religion, Protestant — Where from? Partick

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 Yes

Dangerous Yes

Duration of Existing Attack Unknown

Other Facts or Remarks

Facts of Medical Certificates I. Talks loudly. is excited, can give no intelligent reason for having stopped his work: imagines he is rich but that his money is hidden. Sometimes violent has threatened suicide.

II. Incoherent irritable. talks rapidly and incessantly & as above

NAME David Johnstone

STATE ON ADMISSION.

Mental.

Exaltation None

Depression He is morbidly depressed.

Excitement None.

Enfeeblement None

Memory Fair

Coherence Coherent Can answer questions? Yes: speaks very little.

Delusions That he has concealed a crime in connection with a horse.

Other Abnormalities

Bodily.

Appearance a thin pale man

Skin Hair brown

Eyes grey Pupils equal, small. sensitive.

Muscularity poor Fatness poor.

Nervous System—*Motor* He is restless

Sensory Normal

Reflex Action Normal Special Senses

Retina

Lungs Narrow chest: No disease detected.

Heart 1st sound impure

Tongue pale. furred. Bowels regular

Other Organs, Abnormalities, Bruises, etc. No marks or bruises

Appetite good

Urine trace of albumen

Menstruation

Pulse runs up to 120 on examination Temp.

Height 5ft 6in Weight 9 St.

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.

39

NAME, David Johnstone

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
16.10.91						Last night he was sleepless & today is very nervous, says he has done evil and will be punished for his sins.
20.10.91						He is still depressed and nervous.
25:10:91						Not so depressed - is anxious & asking when he will get home. takes his food better & must get a fair night's rest.
2:11:91						Is getting contented & gathers too happy wishes home has a peculiar way of looking about when talking does so in an exaggerated straightforward manner.
6:1:92.						Is now dealt better. Answers questions in a more natural manner. looks contented & is very useful.
2 XII 92						Discharged.

NAME,

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

41

NAME, John McVennie No.

Admitted, 26:10:91 Pr. Ad.

Sex, Male Age, 39. Marriage, S. Occupation, Labourer

Education, Religion, Prot.

~~Private~~ or Pauper, Where from? Dartlas Mains Carbreach.

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

Duration of Existing Attack 6 months.

Other Facts or Remarks

Facts of Medical Certificates He is excitable at times incoherent - fancies he has plenty of money & is going to marry - Another delusion -

He is quite incoherent & very excitable - laughs immoderately without cause - imagines he is royalty or a wealthy.

NAME John McVennie.

STATE ON ADMISSION.

Exaltation much. he is in high Spirits

Depression none

Excitement Considerable - restless & fidgety.

Enfeeblement none.

Memory good

Coherence coherent. Can answer questions? yes.

Delusions has many fleeting delusions.

Other Abnormalities is very facile & easily pleased

Appearance excited looking - well nourished.

Skin dry harsh. Hair scanty black.

Eyes grey. Pupils Lt. > Rt. irregular & sluggish to light & accn.

Muscularity good Fatness fair.

Nervous System—*Motor* muscles round mouth & tremble & movements of facial muscles are poor & speech & gait is a little unsteady.

Sensory normal

Reflex Action Knee jerk exaggerated Special Senses Seem normal.

Retina

Lungs healthy - Chest barrel shaped.

Heart healthy

Tongue tremulous & jerky - Bowels normal

Other Organs, Abnormalities, Bruises, etc. Speech is slurring - Cannot keep tongue out long. Jerky movement of it.

Bruise on Rt arm.

Appetite good.

Urine Sp gr 1024 - No alb. No sugar.

Menstruation

Pulse 72. Temp. normal

Height 5 ft. 7. Weight 9 St. 6.

Disease General Paralysis. *Stad's Classification*

General Bodily Health and Condition fair.

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 McVinnie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
27:10:91						This man is a pronounced General Paralytic. He knows where he is & is perfectly contented although he says he is not insane. He was a little excited during the first part of last night & was anxious to get out of bed.
28:10:91						Still restless & excited but comparatively easily managed - very facile. Takes his food well. Is easily pleased.
2:11:91						Not so excited or restless. Wants out to work - is very facile & easily put off. Speech is very characteristic & tremor of facial muscles very evident. Gait is a little unsteady.
19:11:91						In case of many of these it was not give much trouble. Always says when he is going away very facile & easily pleased. Full of wild projects & baseless ideas.
27:1:92						
28-V-93						John McVinnie has for some time been gradually getting weaker. His gait is very much impaired. Rattle three claps & wrist claps on right side. Pupils reflex exaggerated, especially right. / Very marked trembling of facial muscles & tongue cannot be protruded. Speech is very bad. Mentally he is demented.
10-VII-93						John has taken down considerably. Is unable to walk distinctly, cannot walk. Lies in sedulous leg. He had no apoplectic attack, but simply quietly lingering loss of motor power.
30-9-93						John finds going well - but is so strong no matter down here. Speech is very marked, & mean handwriting tongue. Swallows with difficulty.
29/11/93						Died after Several epileptiform attacks

NAME,

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

45

NAME, James Watret. No.

Admitted, 26:10:91. Pr. Ad.

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

Education, Religion, Prot.

Private ~~or Pauper~~, £25 Where from? Quarrelwood Kirkmahoe.

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. Nattack Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases -nil-

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous No.

Duration of Existing Attack Six Months.

Other Facts or Remarks

Facts of Medical Certificate I Suspicions of his friends. says they are going to poison him. Brother at times says everybody is against him when particularly his brother Thomas says he would stand this any longer.

II States that his relations - more than others wish to poison him & that they put poison in his food more than once daily

NAME James Betret.

STATE ON ADMISSION.

Exaltation None

Depression None

Excitement None

Enfeeblement None

Memory Good

Coherence Coherent Can answer questions? yes.

Delusions Thought his food was poisoned at home.

Other Abnormalities

Appearance A healthy man intelligent looking.

Skin smooth. Hair light brown.

Eyes grey Pupils equal responsive.

Muscularity good Fatness fair.

Nervous System—*Motor* } Normal

Sensory

Reflex Action R & diff. to elicit. equal Special Senses Normal

Retina

Lungs healthy.

Heart Left ventricle dilated slightly. 1st sound impure

Tongue flabby slight fur. Bowels Normal.

Other Organs, Abnormalities, Bruises, etc. Both feet deformed. Ankles partially ankylosed.

Patella high.

Appetite good.

Urine Sp. gr. 1026 Trace. Inorganic

Menstruation

Pulse 75. Temp. Normal

Height 6 ft. 9. Weight ~~7st. 6.~~ 108. 9.

Disease *Shaw'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, James Watret.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
27:10:91						This patient expresses his delusion freely says he is afraid it must be James & must try & forget it. He is quiet & tidy & managed by him self trouble whatever
25:10:91.						Mr Watret asked yesterday to be allowed to stay up till 10 o'clock at night because he cannot get to sleep as early as 8 - This was allowed - he is very well & seems contented to remain here for a while to try & rid him self of his delusions.
2: Nov. 91						This patient is in same condition as above - but is getting discontented & complaining -
10:11:91						Last night while coming home from work this patient walked away by himself past the lodge was coming in at the gate - struck up a path by him self & got to the high road. He walked home (6 miles -) & tidy was brought back He still has his delusions of being poisoned when at home - as his conduct there shews.
16:11:91						Has gotten so trouble some in asking questions & making requests as to be sent before his escape
19:11:91						Has gone to work with the Masons - & to be closely watched
18: 2:92.						Discharged Relieved - to care of his Father by Sheriff's order Father

NAME,

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

NAME, ~~Walter Scott Dyer~~ Robert Litten No.

Admitted, ~~1891~~ 31:10:91 Pr. Ad.

Sex, Male. Age, 15 Marriage, Single - Occupation, odd-boy on farm

Education, poor. Religion, Protestant

Private or Pauper, Pauper Where from? New Abbey.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Once at 14 Apr Apr (weeks) Kind

Duration Where treated? at home

Hered. History—*Insanity*

Other Diseases

Predisposing Imbecility.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous Yes at times.

Duration of Existing Attack Uncertain

Other Facts or Remarks Illegitimate.

Facts of Medical Certificates I. His mental & bodily appearance & ability to converse & answer simple questions. Grandmother says he has always been weak-minded & that during the last 2 months he has been restless & threatened to do her injury.

II Previous history this present illness & appearance this general behaviour & ability to answer questions. Threatens to strike his grandmother on more than one occasion & does say she is becoming dangerous.

NAME Robert Aitken

STATE ON ADMISSION.

Exaltation none

Depression none

Excitement none

Enfeeblement some ↓ silly - memory bad - cannot answer simple questions.

Memory bad.

Coherence coherent. Can answer questions? with difficulty.

Delusions

Other Abnormalities

Appearance a fairly healthy looking lad - good complexion

Skin clear warm Hair light brown -

Eyes grey - Pupils equal responsive -

Muscularity fair - Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action K.J. good action. Special Senses good

Retina

Lungs normal

Heart ~~normal~~ 1st sound impure -

Tongue slightly furred. Bowels normal

Other Organs, Abnormalities, Bruises, etc.

Appetite fair

Urine 1025 Nil albumen slight deposit of urates.

Menstruation

Pulse 65 fair. Temp. normal.

Height 5 ft. 2 in. Weight 7 st. 9 lbs.

Disease *Stone's Classification*

General Bodily Health and Condition fair.

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.

51

NAME, Robert Aitken.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
Nov^{r} 2^{d} 1891.						This boy is listless, apathetic & does not take notice of what is going on round him - He is stupid his state of comprehension - No restlessness noticed as yet.
10:11:91						Speaks a good deal now - & writes his copy-book tho' one of the attendants 'sets' for him Seems to know little to trouble about him -
16:11:91						No same condition
25:11:91						Sent out to work.
15·8·92.						Discharged recovered.

NAME.

DATE. Temperat. Morn. Even.

NAME,

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

53

NAME, William Moffat. No.

Admitted, 3:11:91 Pr. Ad.

Sex, Age, 70 Marriage, Widower - Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Holywood

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated CRI.

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

See p. 757 - last volume

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes.

Duration of Existing Attack Awhile

Other Facts or Remarks

Facts of Medical Certificates

NAME William Moffat.

STATE ON ADMISSION.

Exaltation None

Depression None

Excitement is restless

Enfeeblement Some.

Memory fair.

Coherence Coherent. Can answer questions?

Delusions thinks sometimes that his daughter is his wife.

Other Abnormalities

Appearance A thin decrepit old man of bronzed complexion.

Skin bronzed. Hair Scanty grey

Eyes light blue Pupils equal & responsive.

Muscularity poor Fatness poor.

Nervous System—*Motor* Choreic movements of face & hands. Gait unsteady.

Sensory

Reflex Action K.J. present equal Special Senses deafness present

Retina

Lungs ~~Healthy~~. a little Chronic bronchitis present

Heart. Sounds weak. 1st Sound faint & impure.

Tongue furred. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Tremors & bruises.

Appetite good.

Urine

Menstruation

Pulse 62. Temp.

Height 5ft. 4½in. Weight 85L. 5lb.

Disease *State'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, William Moffat.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
4:11:91						This old man was discharged on Oct. 2nd last but had not been long home before he developed some delusions - viz:- that his daughter was his wife - He wished to send her away in order that he might marry another young woman - He has choreic movements of the head especially when he speaks till it is difficult to know what he says. His speech is indistinct.
9:11:91						Remains condition.
19:11:91						Has been changed to III Division - Objects at first but likes it now. Still answers to get home to his wife whom he thinks is alive - Sometimes says he is going to marry a young woman
30:11:91						Is more content & settled down - fairly well in health.
15:1:92.						Was sent to Kinmount but had a bad attack of bronchitis with Lacy epithes - was brought back again. A fortnight in bed with suitable medical treatment has restored him to his former state — indeed he is rather better than ever before.
10.9.92						This old man gradually became more feeble and died today

NAME,

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

57

NAME, John Williams No.

Admitted, 11:11:91 Pr. Ad.

Sex, Male. Age, 22 Marriage, Single Occupation, Ironworker

Education,

~~Private~~ or Pauper, Belgian. Religion, Protestant

Where from? 54 Millar St. Motherwell

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated Kirkland Asylum Motherwell 1886.

Hered. History—Insanity

Other Diseases Cancer unknown.

Predisposing

Exciting

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No.

Duration of Existing Attack Outbreak

Other Facts or Remarks

Facts of Medical Certificates

NAME John Williams.

STATE ON ADMISSION.

Exaltation None.

Depression Melancholic expression.

Excitement None.

Enfeeblement ? Has abdomen look.

Memory fair.

Coherence coherent. Can answer questions? in monosyllables.

Delusions

Other Abnormalities

Appearance muddy complexion. an unhealthy looking lad.

Skin muddy- Hair light brown.

Eyes grey- Pupils equal & mobile.

Muscularity poor Fatness poor.

Nervous System—*Motor* - has shaky slight with a sort of Choreic movement.

Sensory

Reflex Action Normal Special Senses Seem normal

Retina

Lungs healthy.

Heart 1st sound reduplicated.

Tongue flabby Bowels Costive.

Other Organs, Abnormalities, Bruises, etc.

Appetite poor.

Urine 1030 Health trace of phos.

Menstruation

Pulse 80 fair volume. Temp. Normal.

Height 5ft. 2½ Weight 88 lb. 6.

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 Williams.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
12:11:91						This patient is very silent & has an idiotic expression - he will only answer questions in mono-syllables & in an unintelligible voice. His head has slight choreic movements. Give Castor oil this morning as his bowels are costive.
16:11:91						No change in the patient except that he speaks a little louder & answers questions more quickly.
19:11:91						Mentally state - was very costive so given Castor oil.
23:11:91						Still very stuporous & has parietic shaking of the head - Speaks more but only in answer to questions.
27:1:92.						Shaky still & not recovering satisfactorily - he is not so stuporous.
29 Jan. 93						Discharged

NAME,

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

61

NAME, Thomas Niel No.

Admitted, 12:11:91 Pr. Ad.

Sex, Male. Age, 62. Marriage, Widower Occupation, Labourer

Education, Religion, Protestant.

Private or Pauper, Pauper, Mortrum Where from? Lic to Susan Adams Craigenmine Glamerton Parish

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 1 Kind

Duration Where treated at Portwilliam.

Hered. History—Insanity

Other Diseases

Prodisposing

Exciting Intemperance

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal possible.

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates I Says he has been accused of stealing money belonging to someone else named Ross this is constantly on his mind since he left home. Object like an angel who told him to leave the place he was in.

Heard voices from his house thinks in connection with a dagger has also told him he had been arranged there & that people object to him

NAME Thomas Niel.

STATE ON ADMISSION.

Exaltation None.

Depression Considerable

Excitement None

Enfeeblement Some is weak-minded in look & has a vacuous expression.

Memory poor

Coherence coherent Can answer questions? yes.

Delusions Thought his sister had an eye to his "bit things" & wished him dead.

Other Abnormalities

Appearance A weak old man with a weatherbeaten countenance.

Skin leatherbeaten. Hair grey

Eyes grey. Pupils equal & mobile.

Muscularity poor Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action Knee jerks equal. Special Senses a little deaf

Retina

Lungs R chronic bronchitis. Sibilant rales heard & a few moist sounds.

Heart. Sounds are feeble & distant Some murmur.

Tongue red. Not furred Bowels ~~costive~~ regular.

Other Organs, Abnormalities, Bruises, etc. Ears slit out at R angles to head.

Appetite poor.

Urine 1014 Acid. R

Menstruation

Pulse 72 weak compressible Temp.

Height 5ft. 8½ Weight 9 St. 4 lb.

Disease Chronic 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 ~~Fitch~~ Neil

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
13:11:91						This old man is depressed without reason & quite miserable. Says he was not well treated at home by his sister. Thought she wanted his bit things & wished him dead. He suffers from Chronic bronchitis & is rather weak.
16:11:91						Much depressed still & does not know why. Given a Cough mixture for his bronchitis.
19:11:91						In same state of depression - his bronchitis is somewhat better. He is gaining in both strength.
14:12:91						Died very suddenly this morning at 1.45 - has been ailing the fortnight & during this excitement his weak heart failed. Died.

NAME, Thomas Neil.

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

NAME, William Rankin - No.

Admitted, 14: 11: 91 Pr. Ad.

Sex, Male. Age, 54 Marriage, Married Occupation, Laborer

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Stranraer.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Several. Kind

Duration Where treated S.C.A.

Hered. History—Insanity Last admission June 1891

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 I He talks incoherently, unusual language &c. is in a very excited state. & spit in my face when I went talking to him. Sergt. McMeekan says he saw him running after respectable people in the street, catching females by bustles - dressing & stealing them he was fresh & his his dress &c.

NAME William Rankin.

STATE ON ADMISSION.

Exaltation none. (was before admission)

Depression none.

Excitement is restless

Enfeeblement none.

Memory good

Coherence coherent. Can answer questions? yes.

Delusions none expressed.

Other Abnormalities - was drinking before admission wandered about the streets using abusive language & threatening people

Appearance bald headed man.

Skin rough. Hair bristly & scanty. grey -

Eyes blue Pupils equal and mobile.

Muscularity poor. Fatness poor.

Nervous System—*Motor* normal.

Sensory

Reflex Action normal Special Senses good.

Retina

Lungs healthy.

Heart healthy.

Tongue red not furred. Bowels regular.

Other Organs, Abnormalities, Bruises, etc. Patches of eczema on legs & arms. No bruises -

Appetite poor.

Urine

Menstruation

Pulse 66- Temp.

Height 5 ft 5 E Weight 9 st.

Disease *Stone'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, William Rankin.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
16:11:91						The patient had been drinking & got abusive while wandering about the Streets especially to women. He was brought to S.C.A. & admitted after having been discharged 6 weeks. Was quiet on admission & remarked "Well you have me in your power again."
19:11:91						Is out to work & contented. Says he does not trouble him.
30:11:91						Works well at present. Says does not trouble him & is keeping better in health.
21. 5. 92.						Discharged - recovered.

NAME,

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

NAME, Charles. Craig. No.

Admitted, 16:11:91 Pr. Ad.

Sex, Age, 31 Marriage, S. Occupation, Labourer.

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? Charles Craig Tapster. 50 Lime Street Glasgow.

HISTORY.

Connection.

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 Charles Craig -

STATE ON ADMISSION.

Exaltation none.

Depression none

Excitement none.

Enfeeblement none.

Memory rather poor

Coherence Coherent. Can answer questions? yes.

Delusions of persecution Thinks I can read other peoples thoughts.

Other Abnormalities has hallucinations of sight & hearing.

Appearance A healthy looking young man.

Skin rough. Hair black

Eyes hazel. Pupils dilated - equal & mobile.

Muscularity fair Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action normal Special Senses good.

Retina

Lungs healthy.

Heart healthy.

Tongue not furred. Bowels Costive.

Other Organs, Abnormalities, Bruises, etc.

Appetite fair.

Urine

Menstruation

Pulse 80 fair. Temp. normal.

Height 5 ft 4- Weight 85 ± 6.

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.

71

NAME, Charles Craig.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
17:11:91						This man is quiet & manageable. He has a bad memory & many delusions - thinks he can read other peoples thoughts. Thinks he is persecuted & has hallucinations of sight & hearing.
19:11:91						Continues to have many delusions & hallucinations of sight & hearing - but is otherwise well ~~& bright~~ quiet & manageable
27:11:91						Is at the work mine & likes it but says he is not very strong & can't do heavy work. Still has hallucinations sight & hearing.
30:11:91						Works fairly well. His 24 hour urine 5 - Still hears voices & sees people who are not there
27:1:92.						Still has hallucinations of hearing - but says he does not now pay any attention to what the voices say.
6-2-93						Is quiet & orderly. Feeble old man. Says he is 82 years of age. He is sound with exception of feet. Likes himself well indoors
						No change in mental condition - dull, weak, delusions as before.
30-9-93						Takes turns very well at trying to invalid garden of his sanity. Is dull, listless & full of delusions.
February 10th 1897						Is now more or less a demented imbecile takes turns during which he becomes very easily excited & irritable. His physical health is poor. To be transferred.
18th 1897						Removed today to Sartlock by Transfer

NAME,

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

73

NAME, Samuel Hutchison

Admitted, 16:11:91 No.

Sex, Male. Age, 25 Marriage, S. Pr. Ad.

Education, Religion, Prot Occupation, Gas Stoker

Private or Pauper, Pauper. Where from? Anne Hutchison - Mother
13 Agnes Street. Mayhill

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Samuel Hutchison

STATE ON ADMISSION.

Exaltation none.

Depression none.

Excitement is regulation

Enfeeblement none.

Memory fair.

Coherence Coherent. Can answer questions?

Delusions Thinks his mother is killing herself - thought the pot his head cut when getting his hair cut.

Other Abnormalities

Bodily

Appearance a weak looking man thin spare

Skin white-smooth. Hair head shaven.

Eyes Pupils L. > R. Reacts slightly.

Muscularity poor Fatness poor

Nervous System—*Motor* Paralysis of Rt facial nerve.

Sensory

Reflex Action normal Special Senses good.

Retina

Lungs healthy.

Heart healthy.

Tongue furred. Bowels regular

Other Organs, Abnormalities, Bruises, etc. Large blotchy scar vertex of head.

Appetite fair.

Urine

Menstruation

Pulse 70 Temp.

Height 6ft. 1½ Weight 10 St.

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.

75

NAME, Samuel Mutchinson —

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
17:11:91						Says he is going home tomorrow. is quiet & many both. but does not realize his position here. Sleeps well & has a good appetite.
17:11:91						He always wants his penis examined with wh there is nothing wrong. — Paralysis same condition as when on admission — head improving.
27:11:91						Insane condition. is excitable rather & persistent in telling wrong on his complaints.
30:11:91						Rt eye has been inflamed & there is a small corneal ulcer present due to irritation from paralytic exposure.
2:12:91						Transferred to Worcester Asylum Lunacy.

NAME,

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

77

NAME, Alexander Mitchell — No.

Admitted, 16:11:91 — Pr. Ad.

Sex, Male. Age, 66 Marriage, Single. Occupation, Manufacturer

Education, Religion, Protestant

Private or Pauper, Where from? Govan Par. 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

Suicidal

Dangerous

Duration of Existing Attack Upwards of 30 years.

Other Facts or Remarks

Facts of Medical Certificates

NAME Alexander Mitchell

STATE ON ADMISSION.

Exaltation None.

Depression None.

Excitement None.

Enfeeblement None.

Memory Fair.

Coherence Coherent. Can answer questions?

Delusions That he is owner of large property - & that the Govn Parochial Board owe him large sums of money.

Other Abnormalities

Appearance A shattered & broken man.

Skin Smooth. Hair Grey.

Eyes Dim. Pupils

Muscularity ~~Fair~~ poor Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action Normal. Special Senses Good

Retina

Lungs Some inactive rhonchi.

Heart ~~Fair~~

Tongue Bowels

Other Organs, Abnormalities, Bruises, etc.

Appetite Fair.

Urine

Menstruation

Pulse Temp.

Height 5 ft 6 3/4 Weight 7st. 8.

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.

79

NAME, Alexander Mitchell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
17:11:91						Mr Mitchell insists examination + demands in a polite way to know why he is confined here + also demands to see the papers. He is in good health + Seems upset + ~~pu~~ Expresses his delusions freely.
19:11:91						Assumes state - upright Studious manner when none of the friends are by - but if he gets hold of any there is persistent in his declarations that he is wrongfully confined + demands the liberals He ~~com~~ writes Voluminous letters on the subject + uses lengthy legal phraseology -
26:11:91						Mr Mitchell is in the same condition wh. is ~~ch~~ chronic one with him - always writing letters + issuing Writs + demands + to see the papers authorising his detention here.
15:1:92.						Is at Kinmount - does a great deal of reading + keeps up his diary - walks in the park + is always in time for meals. He seems as contented as it is possible for a man in his State of mind to be.
6-2-93						Did not get on very well at Kinmount. & was sent back to 2nd. floor, but he has retired the cricket in 3rd. Division. Clings fiercely to the signed giving his name. Was not sent to Kinmount after Christmas & has been doing ~~ch~~ night duty this time. A single elderly demented debrided man - easily managed.
3-9-93						He returned from Kinmount - behaves well himself & avoids ~~ass~~ associates that led to ~~his~~ his ~~ad~~ admission by addressing anyone he meets telling them he is the King of Canada". Carries large quantities of MSS. about with him - evidently dissertations on Political subjects

27 · 4 · 96

NAME,

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

81

NAME, Robert McGregor. No.

Admitted, 17:11:91 Pr. Ad.

Sex, Male Age, 44 Marriage, Married. Occupation,

Education, Religion,

Private or Pauper, Where from? City Parish.

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 Yes.

Dangerous Yes.

Duration of Existing Attack 3 months.

Other Facts or Remarks

Facts of Medical Certificates

NAME Robert McGregor.

STATE ON ADMISSION.

Exaltation is talkative.

Depression none.

Excitement little -

Enfeeblement -

Memory poor.

Coherence Coherent sometimes Can answer questions? Yes but keeps about the book

Delusions about money - thinks someone owes him £30,000 -

Other Abnormalities He has much confusion of ideas.

Appearance a strong big man but with a pale face.

Skin pale. Hair dk brown.

Eyes hazel. Pupils somewhat contracts sluggish -

Muscularity good. Fatness poor

Nervous System—*Motor* Muscles about pretty much there is coordinate movements.

especially when he talks.

Sensory

Reflex Action K.J. very quick & quick Special Senses good.

Retina

Lungs healthy.

Heart ~~healthy~~ 1st Sound impure -

Tongue jerky but not tremulous Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Appetite good.

Urine 1010 Acid. deposit of phosphates.

Menstruation

Pulse 66 fair & good. Temp. normal

Height 5 ft. 10½ Weight 10 St

Disease G. P. *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 McGregor.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
18:11:91						This patient has always an air of violence since admission - but is very well behaved. She is partially a G.P. but the fine motor symptoms are not well marked.
20:11:91						Is very noisy at night. Given 30 gr. Sulfonal which kept him quiet but wild although it did not make him sleep much. His voice is hoarse from much speaking.
22:11:91						This man is quiet & orderly talkative & states he feels well. His facial easily managed.
30:11:91						Still talkative but quiet & orderly. Voice hoarse. Speech ~~[illegible]~~ pareticc. Takes his food well. Is sleeping better now.
14:12:91						Mumbles to himself still but is much quieter. Had a syphilitic membrane occluding meatus of urethra which was cut. On right stricture is from meatus stretched by graduated bougies. - Given I.P.S.
27:1:92						Has had no difficulty in passing water since last report - does not talk much now - Speaks to himself & cannot pay attention to questions. Has no idea where he is. Memories of time.
6-2-93						A G.P. in 3rd. stage. Mentally dirty. He spits his teeth to an extent that makes me think. He eats this "grubs" all the week he can get & smells very much of them - but they do not seem to hurt him in the least.
15-5-93						Mental condition very far gone. Can speak so that he can be understood, quite lost to his surroundings.
23-5-93						He is getting gradually worse - more & more excited. Still spends his teeth in a most disgusting manner. Speaking with difficulty. Died

NAME,

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

85

NAME, Donald McDonald — No.

Admitted, 19:11:91 — Pr. Ad.

Sex, Male. Age, 36 Marriage, Married - Occupation,

Education,

Private or Pauper, Pauper. Religion,

Where from? Mrs McDonald 15 West Scotland St, Govan.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Donald McDonald.

STATE ON ADMISSION.

Exaltation none.

Depression Dull dim low spirits.

Excitement none.

Enfeeblement none.

Memory good

Coherence Coherent. Can answer questions? yes.

Delusions Of suspicion - thought people intrigued to cause difference between his wife & himself

Other Abnormalities

Appearance Old man "run down"

Skin pale. Hair

Eyes hazel. Pupils Rt > Lt.

Muscularity poor. Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action Knee Jerks active. Special Senses good.

Retina

Lungs healthy.

Heart healthy.

Tongue a little tremulous hot fissured Bowels normal

Other Organs, Abnormalities, Bruises, etc.

Appetite good.

Urine 1022. Slight alk. deposit of phos.

Menstruation

Pulse 75. fair. Temp.

Height 5 ft. 7 3/4 Weight 8 St. 10.

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, Donald McDonald.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
20:11:91						This patient is depressed & has delusions of suspicion – is very reticent as regards events which happened before his admission – he slept well last night & seems in rather better spirits this morning –
26:11:91						Is much better not so depressed – is a good violinist & likes the violin keeps the gallery lively –
30:11:91						Keeping forward – tongue is furred good appetite – Still alittle suspicious – Talks hopefully will – is looking a great deal better
14:12:91						Keeping very well indeed – does not express his delusions readily –
27:1:92.						Somewhat depressed – expresses no delusions & his "suspicions" look has left him to a great extent.
6-2-93						Very delirious spirits the shower & the chronic state. Tells that is one big cushion in centre of Session which he's kept here. A good violinist.
30-9-93						Gets very excited & violent at times & will shout & curse night long. Very feeble indifferent to his & is making no progress.

25. 3. 96

NAME,

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

NAME, ~~Margaret Cameron or McDonald~~ No.

Admitted, 22. 11: 91

Sex, ~~Female~~ Age, ~~64~~ Marriage, ~~Widow~~ Pr. Ad.

Education, Religion, Occupation,

Private or Pauper, ~~Pauper~~ Where from?

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME ~~Margaret Cameron~~ McDonald.

STATE ON ADMISSION.

Exaltation ~~none~~

Depression ~~none~~.

Excitement ~~pretties somewhat~~

Enfeeblement ~~much. Can't walk from one object to another - tells by pointing~~ ~~stairs & says may invalid thing~~.

Memory fair.

Coherence ~~coherent when spoken~~ Can answer questions? ~~yes~~.

Delusions ~~many delusions latent of a fixed nature~~.

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, etc.

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, Mrs

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

NAME,

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

93

NAME, Archibald Fraser No.

Admitted, 26:11:91 Pr. Ad.

Sex, Male Age, 55. Marriage, Widower Occupation, Slater.

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? Govan.
29 Brown St. S.S. Glasgow.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Archibald Fraser.

STATE ON ADMISSION.

Exaltation a good deal - a high spirits - very happy

Depression none.

Excitement a little restless.

Enfeeblement none (?)

Memory good

Coherence coherent. Can answer questions? yes

Delusions

Other Abnormalities takes epileptic fits - about twelve times during these

Appearance a fairly healthy man -

Skin clear. Hair grey hair

Eyes hazel Pupils dilated & unequal - responsive.

Muscularity fair - Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action normal Special Senses

Retina

Lungs healthy.

Heart 1st sound accentuated.

Tongue white. Bowels

Other Organs, Abnormalities, Bruises, etc.

Appetite good.

Urine 1020. no albumen.

Menstruation

Pulse ~~60~~ 76. Temp.

Height 5 ft. 10. Weight 95 lb.

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, Archibald Fraser.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
27:11:91						'Archie' is in high Spirits but immediately at this one's other. he is an epileptic & when he takes a number of fits he gets into a very excited state.
28:11:91						The patient is very much improved - Still in high spirits has taken no fits since admission -
14:11:91						Always talking when he is going away - full of impulses - & has a little mania. Seems to have an idea of his position
6-2-93						Takes an interest in the daily papers likes his friends frequently call to him. He is at all visited. Gets very excited & invents all the cures of London stock to descend in his Coronation Lord.
30-9-93						He was in very good spirits for some time past. does quite not the slightest trouble. Confined in manner, but seems quite able to look after himself, if he were not for his impulsive turn.
February 4th 1897						has been troubled for some weeks past with swelling of the feet & legs. about 10 days ago this got rather worse & she was confined to bed. This swelling has been "better & worse by turns" since this. Today he has swelling of the scrotum as well. The heart sound show some weakness of 1st sound & his general aspect is that of an aortic disease case. There is marked accentuation of 2nd sound. Mentally he is as cheery as ever. Still low over with a 'twist'. Scrotal swelling improving slowly. General cond. still bad. Bronchitis very marked crepts & rales all over chest
8th						

NAME,

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					was seen at 5 P.M. seemed to be in the same condition at 9 ult. at 8 P.M. as ditto. at 11 P.M. he had an attack of difficulty breathing with increased pulse & tendency of heart failure was given whiskey & strophanthus &c & rallied considerably & again returned home at the usual hour
					Died

97

NAME, John Dickman — No.

Admitted, 26:11:91 — Pr. Ad.

Sex, Male. Age, 35 Marriage, married. Occupation, Spirit dealer

Education, Religion,

Private or Pauper, Pauper Where from? Govan.

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

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME John Dickman -

STATE ON ADMISSION.

Exaltation Considerable talkative

Depression None.

Excitement restless.

Enfeeblement None.

Memory Good.

Coherence Coherent. Can answer questions? yes.

Delusions

Other Abnormalities

Appearance Sickly man - muddy complexion -

Skin muddy Hair & Mo. brown

Eyes hazel - Pupils quick. Unequal.

Muscularity Fatness

Nervous System—*Motor* Says he has some difficulty in walking - Can't be certain because he walks going & knows of the scalding of his scrotum.

Sensory Complains of cramps in the legs at night.

Reflex Action K.J. Can't be elicited Special Senses Has sun burn effects before eyes.

Retina

Lungs healthy.

Heart 1st Sound in pure mitral murmur.

Tongue fur. Bowels

Other Organs, Abnormalities, Bruises, etc. Left eye black. Bruise on left side of chest his scrotum & the insides of the thighs are scalded -

Appetite Good.

Urine

Menstruation

Pulse 72 Soft. Temp.

Height 5' 11½ Weight 12 St.

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 Dichman

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
27:11:91						This man is in high spirits through drinking spirits - he has had one or two slight attacks of D.T. He complains of his urine & the last week has had dribbling of his urine for the last week. Does not realise when told that he is in an Asylum. Slept fairly well last night. Is quiet to day
30:11:91						Much quieter - urine does not dribble now & scalding of the scrotum & inside of the thighs is greatly improved & gives him little discomfort.
14:12:91						Inside of thighs & scrotum all right now. Very quiet & manageable in every way - reads a good deal.
21:12:91						Discharged recovered.

NAME,

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

101

NAME, Thomas Ferguson - No.

Admitted, 27: 11: 91 Pr. Ad.

Sex, Male Age, 31 Marriage, Occupation,

Education, Religion, Protestant

Private or Pauper, Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 5th attack. Kind Similar

Duration Where treated C.R.I. trial

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 Thomas Ferguson

STATE ON ADMISSION.

Exaltation Considerable in light Spirits

Depression none.

Excitement is restless & excitable

Enfeeblement none.

Memory Good.

Coherence always Coherent but incoherency Can answer questions? yes.

Delusions

Other Abnormalities Answers questions but rambles on incoherently afterwards repeats words wh. ~~have~~ have no connection with each other but. each is suggested by the sound of the preceding.

Appearance Unhealthy looking Lad. Hair DK brown.

Skin clear

Eyes Pupils Quick & responsive.

Muscularity fair. Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action normal Special Senses Good

Retina

Lungs healthy.

Heart healthy.

Tongue clean. Bowels regular

Other Organs, Abnormalities, Bruises, etc.

Appetite Good.

Urine Nil. Dark.

Menstruation

Pulse 81 fair volume Temp.

Height 5 ft. 6½ Weight 108.

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 Ferguson -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
24 : 11 : 91						This man is in high spirits incoherent rambles on saying strings of words & parts of sentences. Takes Spirits in saying that he knows the ways of the Institution.
30 : 11 : 91						Still in the highest spirits - Shakes hands with anyone he can get at. takes his food and sleeps well.
14 : 12 : 91						Still maniacal & incoherent in high Spirits
27 : 1 : 92.						Not sowing - but very restless - Complaining about being kept here so long. Says a boy at a dance catch & did as my cuddy -
21 · 4 · 92						Discharged. recovered.

NAME,

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

105

NAME, Alexander Jardine. No.

Admitted, 27:11:91 Pr. Ad.

Sex, Male. Age, 40 Marriage, Married. Occupation,

Education, Religion,

Private or Pauper, Dumfries Where from? Dumfries (Nothhill.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Alexander Jardine.

STATE ON ADMISSION.

Exaltation none.

Depression Considerable says he is not fit for work because he is so depressed. & gives the cause as indigestion.

Excitement none

Enfeeblement none.

Memory good

Coherence Coherent. Can answer questions? yes.

Delusions

Other Abnormalities

Appearance a depressed looking man. "run down" in health

Skin dusky - Hair dark brown. Light brown -

Eyes grey - Pupils equal. sluggish in reaction.

Muscularity fair - Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action N.T. active. Special Senses good

Retina

Lungs healthy.

Heart healthy.

Tongue Bowels Costive.

Other Organs, Abnormalities, Bruises, etc. Complains of indigestion.

Appetite fair.

Urine 1025 Health

Menstruation

Pulse 65. Temp.

Height 5 ft 5½ Weight 9 st 10

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 Jardine.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
28:11:91						This patient has not worked for a year - has had Li dig ustion. + blames it for causing his depression -
30:11:91						Is in better spirits + says himself he feels better Still looks very melancholic Takes his food + sleeps well
14:12:91						Drop in III Dis. twice - He is in better Spirits Says he feels happier - He looks improved in health + talks of he is in better Condition than on admission -
26:2:92						Out on pass.
25-3-92						Discharged

NAME,

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					22

NAME, Louis Bloom. A Polish Jew. No.

Admitted, 25:11:91 Pr. Ad.

Sex, Male. Age, Marriage, Married. Occupation,

Education, Religion,

Private or Pauper, Pauper. Where from? Gorau

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Louis Bloom.

STATE ON ADMISSION.

Exaltation none

Depression considerable. he is unhappy about himself

Excitement none

Enfeeblement ?

Memory good
Coherence coherent. Can answer questions? yes.

Delusions

Other Abnormalities Spits a great deal

Appearance a weak lothy man.

Skin dark Hair black

Eyes one grey one hazel. Pupils equal reactive.

Muscularity fair. Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action normal Special Senses

Retina

Lungs healthy.

Heart 1st sound replaced by a soft murmur. beats regular.

Tongue red. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Remarks of bruises.

Appetite good.

Urine 1016 well.

Menstruation

Pulse ~~64~~ 64 fair volume Temp. normal

Height 5ft. 4½ Weight 8 stone

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, Louis Bloom

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30:11:91						This man is depressed says his wife would not work before admission - speaks English well but with a foreign accent. Went to Russia two years ago from which he expelled because of his country.
10:12:91						Says that when he was in Polish Russia - he was used about doing work. Is in same state. Spits and talks to himself. Does so in a violent manner. Always asks for cigarettes.
27:1:92						Still spitting most energetically. Is out working often complains of the work being too heavy for him - invents many reasons why he should not work.
12.9.92						Discharged Recovered

NAME,

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

113

NAME, John Ronaldson. No.

Admitted, ~~7th~~ 3:12:91 Pr. Ad.

Sex, Male. Age, 40 Marriage, Occupation,

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Oran.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME John Ronaldson.

STATE ON ADMISSION.

Exaltation none

Depression Considerable. is dull stupid. blames world behind feet.

Excitement none.

Enfeeblement none.

Memory good.
Coherence coherent. Can answer questions? yes
Delusions Suspects people of speaking about him & conspiring against him.

Other Abnormalities

Appearance aman rundown in health
Skin clear. Hair
Eyes grey Pupils equal & responsive.
Muscularity poor Fatness poor.
Nervous System—*Motor*

Sensory

Reflex Action present equal. Hyperactive. Special Senses
Retina
Lungs ~~healthy~~ slight prolongation of expir. at apex.

Heart – Sounds tumultuous – Left ventricle dilated. pulsation in epigastrium
Tongue flabby Bowels costive
Other Organs, Abnormalities, Bruises, etc.

Appetite fair
Urine 1014
Menstruation
Pulse 80 Temp. 98·4
Height 5ft 6. Weight 8 st. 2.

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.

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NAME, John Ronaldson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
4:12:91						This man slept fairly well last night - he was confined in Murray Park Asylum for 11 months. He has some depression. Before admission had delusions of suspicion. His brother who was admitted same day has same delusions.
14:12:91						Still has delusions of suspicion - health improving.
27:1:92						He is at work - Still very suspicious. but quiet & manageable. persistent in his enquiries about getting home.
1-2-93						At work - it is quite safe to let him employ himself.
4-10-93						Some. weeks. he has little if anything to say for himself in making any progress.

1.8.95

NAME,

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

NAME, George Ronaldson. No.

Admitted, 3:12:91

Sex, Age, 31 Marriage, S. Pr. Ad.

Education, Religion, Prot. Occupation,

Private or Pauper, Pauper. Where from? Oban.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Geo. Ronaldson.

STATE ON ADMISSION.

Mental.

Exaltation None.

Depression Some

Excitement None

Enfeeblement None

Memory

Coherence Can answer questions? yes.

Delusions I thought the neighbours put gravy stuff into the pipes of the house delusions of suspicion

Other Abnormalities

Bodily

Appearance Anæmic man. Sickly look.

Skin clear. Hair light brown - red moustache

Eyes grey - Pupils good - mobile.

Muscularity poor Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action present Special Senses poor.

Retina

Lungs healthy.

Heart healthy.

Tongue flabby. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

Appetite good

Urine 1020 no albumen -

Menstruation

Pulse 86. weak Temp. normal

Height 5ft 2. Weight 7St. 2.

isease *Skae's Classification*

eneral Bodily Health and Condition

PREDOMINANT FEATURES.

A ute Deli- ion and In- herence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochon- dria.	F Strong Suicidal Impulses.	G Remittency, or Inter- mittency.	H Choreic movements.	I Hallucina- tions.	J Enfeeble- ment.

NAME, George Rowlson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
4:12:91						This patient says it's his mother's blame that he is kept here. He only came to accompany his brother & did'nt know accounts that he was certified. He slept most of the night both nights.
12:12:91						Keith stronger & has a better color. in same condition mentally. delusions & suspicion still present
27:1:92.						In III Division. very quiet – does. housework. Speaks very little & gives unsatisfactory answers to questions is very reticent
6-2-93						asks every day most persistently. "any letter news for me" Is very desirous to get away. Otherwise is orderly & gives nothing trouble. Much cutter than his mother & those he talks to little
4-10-93						Quiet, well-minded. works any mail in the house. He will never be any better than he is.
7-10-93						Discharged by minute of Board

NAME,

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

121

NAME, John Samuel Dunn No.

Admitted, 5:12:91 Pr. Ad.

Sex, Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Where from? Swan.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME John Samuel Dunn.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Considerable restlessness. tries to speak but cannot.

Enfeeblement

Memory

Coherence Can answer questions? Simple ones.

Delusions

Other Abnormalities is aphasic.

Bodily

Appearance a well nourished young man. Hair dk brown.

Skin ruddy. Pupils equal & natural.

Eyes brown Fatness fair.

Muscularity fair.

Nervous System—*Motor* Rt hemiplegia with aphasia - can move his left leg & arm slightly - face not twisted.

Sensory

Reflex Action Special Senses

Retina

Lungs health.

Heart irregular in rhythm

Tongue white fur. Bowels

Other Organs, Abnormalities, Bruises, etc. All superficial reflexes increased - but. Rt knee jerk & plantar reflex ~~Left~~ Left. - Ankle clonus ~~Left but~~ Rt. present no reply left side not on left

Appetite fair.

Urine 1025 albumen

Menstruation

Pulse 70 irregular - bounding Temp. normal.

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.

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NAME, John Samuel Dunn-

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
6:12:91						This man has Rt. hemiplegia - with aphasia can answer 'yes' & 'no' but little else - tries to speak but cannot remember words to say - knows age
8:12:91						This patient cannot move his right arm & leg with freedom - can talk more - tells readily how he is.
14:12:91						Is now up & going about. Can walk quite steadily & speaks correctly too - but slowly. has been complaining of a pain in his back - & one of the lumbar Sp. ms was found to be painful on pressure. This pain is passing off.
1:1:92.						This man has not been improving. & from the character of his speech. & his general appearance - he is undoubtedly a G.P. His gait is unsteady
26:1:92						His disease is progressing very slowly. He is pleasant when he helpful in dusting & doing little odd jobs - Often asks when he is going to the convalescent home but is easily satisfied & seems not to mind a refusal.
15.8.92						Died from a congestive attack.

NAME,

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

125

NAME, David Turnbull. No.

Admitted, 7:12:91 Pr. Ad.

Sex, M. Age, 81. Marriage, Occupation,

Education, Religion,

Private or Pauper, Where from?

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME David Turnbull

STATE ON ADMISSION.

Exaltation none.

Depression ~~none~~ some. Says he will never get better.

Excitement none.

Enfeeblement much

Memory some.
Coherence coherent. Can answer questions? yes.
Delusions none.

Other Abnormalities

Appearance Old worn old man.
Skin ~~white~~. Hair grey.
Eyes grey. Pupils unequal sluggish.
Muscularity poor Fatness poor
Nervous System—*Motor* Right foot cannot support him owing to his hip.
Sensory

Reflex Action quick K.J. Special Senses
Retina
Lungs slight Chronic bronchitis.

Heart - sounds irregular Bloss. Arteries very atheromatous.
Tongue slightly furred. Bowels regular.
Other Organs, Abnormalities, Bruises, etc. Confined to bed. ~~Catheter~~

Appetite fair.
Urine 1016. health.
Menstruation
Pulse 60 irregular in rythm Temp.
Height Weight

Disease *Skae's Classification*
General Bodily Health and Condition

PREDOMINANT FEATURES.

A ...nte Deli... ...m and In... ...herence.	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.

127

NAME, David Turnbull.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
8th 12 91						This is a very weak old man with very atheromatous arteries - He is very thin & emaciated - & cannot support himself on his legs.
11:12:91						Died to day of old Age.

NAME,

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

129

NAME, John Craig jr. No.

Admitted, 7: 12: 91 Pr. Ad.

Sex, Age, Marriage, Married - Occupation,

Education, Religion,

Private or Pauper, Groan - Where from? Groan -

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME John Craigie

STATE ON ADMISSION.

Exaltation none.

Depression Melancholic expression.

Excitement none

Enfeeblement none.

Memory Good.

Coherence Coherent. Can answer questions? Yes. slowly.

~~Delusions~~ says he has been doing no work lately - but has been thinking a great deal about how matters have been going on.

Other Abnormalities She is very slow & apprehension. His attention is much weakened - says he left this ward yesterday - but doesn't know where || She is now whether she is dead or not

Appearance

Skin Hair grey.

Eyes grey - blue Pupils Equal & mobile.

Muscularity fair Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action present Special Senses

Retina

Lungs Healthy harsh at apex - normal otherwise.

Heart 1st Sound accentuated.

Tongue pale flabby moist & thick Bowels normal.

Other Organs, Abnormalities, Bruises, etc.

Appetite fair.

Urine 1020 Albumen.

Menstruation

Pulse 88. 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 Craigie -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
8:12:91						This man has little depression - but his mind is greatly confused & he takes a long time to answer simple questions. He is slow in all his movements. He slept well last night - says that he does not know whether his wife is dead or not although she was left her yesterday - He says he knows he is in an Institution of some sort but has no idea where
12:12:91						Still much confused - looks melancholic.
26:1:92.						A little better - but has the same confused look - his eyes are rather prominent - Not much depression
1:3:92.						This man is not improving - he is still melancholic - very morose - his wife visits him daily but her visit did him harm - she refused to see her for a day or so afterwards -
4.4.92						Discharged by minute of Parochial Board (Edin) (relieved)

AME,

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

133

NAME, George Bell. No.

Admitted, 12:12:91 Pr. Ad.

Sex, Age, 41 Marriage, Occupation, Ry. Engineer

Education, Religion, Protestant.

Private or Pauper, Private £25 Where from? Lochaber.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated OMJ.

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First. Mental

Bodily

Recent. Mental

Bodily

Insane Habits and Propensities

Suicidal doubtful.

Dangerous No.

Duration of Existing Attack 15 months.

Other Facts or Remarks

Facts of Medical Certificates

NAME George Bell.

STATE ON ADMISSION.

Exaltation none

Depression yes

Excitement none

Enfeeblement

Memory good

Coherence Coherent Can answer questions? yes

Delusions Thinks he has ruined his relations & friends & that he is the

Other Abnormalities

Appearance a fair health man sharp features.

Skin dark Hair light brown.

Eyes grey Pupils Equal & mobile.

Muscularity fair. Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action patellar present (R & L) Special Senses good.

Retina

Lungs healthy.

Heart healthy.

Tongue clean. Bowels Regular

Other Organs, Abnormalities, Bruises, etc.

Appetite good.

Urine

Menstruation

Pulse 75. Temp. Normal.

Height 5ft 7¾ Weight 9 st.

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.

135

NAME, George Bell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
14:12:91						The man has added this delusion since he left last year: he is afraid that he is going to be tried for causing a Rly accident but gives a very confused account of it- cannot tell which accident. He is well in health & seems to be pleased to come back
26:1:92.						Is out working & seems quite contented - still has his delusions but does not talk much about them.
21. 5. 92.						Discharged recovered.

NAME,

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

137

NAME, Thomas ~~George~~ Gibson — No.

Admitted, 14:12:91 Pr. Ad.

Sex, Age, 30 Marriage, Occupation, Hawker

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Mr. Gibson 86 Bell St. Coffs Harbour

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind Transferred from

Duration Where treated Fitzroy Asylum.

Hered. History—*Insanity* C.R.D. previously

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes.

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Thomas ~~George~~ Gibson

STATE ON ADMISSION.

Exaltation none

Depression Considerable.

Excitement none

Enfeeblement none

Memory

Coherence Can answer questions?

Delusions Thinks he has ruined himself that his body is steadily wasting away

Other Abnormalities

Appearance A coarse featured man.

Skin Coarse - harsh. Hair Auburn.

Eyes Dim Pupils Equal. Reacts

Muscularity fair. Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action present Equal. (K.J.) Special Senses Normal.

Retina

Lungs Healthy.

Heart Healthy.

Tongue flabby. Tremulous. Bowels Regular

Other Organs, Abnormalities, Bruises, etc. Remains of ~~bruise~~ abrasion on breach. Knee + blisters on each heel

Appetite poor.

Urine 1020 Faint Albumen -

Menstruation

Pulse 72. fair Temp.

Height 5ft 11½ Weight 9 St. 7.

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.

139

NAME, Thomas George Gibson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
15:12:91						He has many delusions - is suicidal + a most determined escapist. Typical dual depression + insane
18:12:91						Says his body is wasting away, wants to be Killed.
20:12:91						He has "Completed ruined himself + there is very little of him left."
30:12:91						As many delusions as ever.
15:1:92.						Melancholic + Suicidal requires strict watching.
26:1:92.						The "Missing Link" to day — wishes his Coffin prepared.
15.9.92						Discharged Recovered

NAME,

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

141

NAME, James Morris. *No.*

Admitted, 16.12.91 *Pr. Ad.*

Sex, *Age,* *Marriage,* Married. *Occupation,* Collier

Education, *Religion,* Prot.

Private or Pauper, Pauper. *Where from?* Glenmorganland.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME James Murrie.

STATE ON ADMISSION.

Exaltation

Depression very dull + depressed - Says he has been depressed for years.

Excitement None

Enfeeblement None.

Memory good
Coherence Coherent. Can answer questions? yes slowly.
Delusions Says his wife has 14 children +

Other Abnormalities

Appearance A thin unhealthy looking man.
Skin Hair dark. thin - dry - neutral tint
Eyes ~~dim~~ brown. Pupils equal sluggish.
Muscularity poor Fatness poor.
Nervous System—*Motor*

Sensory

Reflex Action K.J. equal Special Senses
Retina
Lungs Healthy.

Heart ~~healthy~~ Sounds feeble No murmur.
Tongue furred tremulous Bowels
Other Organs, Abnormalities, Bruises, etc.

Appetite fair -
Urine 1030 Copious deposit of urates.
Menstruation
Pulse 75 weak. Temp.
Height 6 ft. 5 in Weight 8.
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, James Morrie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
16:12:91						This patient says he has been depressed for years & cannot assign any cause – slept fairly well last night
18:12:91						Still depressed – Shows a apprehension – Seems much preoccupied –
26:12:91						Depression still continues – but he does not allow it to recall it – His health is improving somewhat & he is laying on some flesh.
15:1:92						In same state.
26:1:92						Says he is all right – wants to go home. has some confusion when spoken to – & looks a little melancholic.
6-2-93						No change in James. He is getting quite demented. Is disturbed at night in his chair, quite oblivious to anything. Circulation and appetite are very good.
4-10-93						Quiet, inactive & tries. He has no energy to do anything. Sits with hands deep in pockets & head on breast sleeping or dreaming. Is not improving.
29/3/94						Is childish in disposition easily annoyed or the reverse has acne rosacea – does no work.
18/2/95						Yesterday patient's abdomen was noticed to be distended excessively with flatus. Every endeavour was made to relieve this by means of turpentine enemas &c but without avail. Vomiting could not be prevented. A very little was obtained through a hypodermic needle passed through abdominal wall into the intestine. Patient died today about midday.
20.2.95						A post mortem examination of the abdomen was made today. The usual incision was made from the sternum to the pubis and further examination of the abdominal organs were examined. There was found to be marked evidences of asphyxia the result of distension of the abdomen pressing upon the lungs. There was some (not much)

NAME,

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					fluid in the abdomen. The small gut was much distended with wind. & at the caecum was a large quantity of semi-solid faeces. Below this the gut was empty. There was a very large amount of gall stones in the gall bladder. The brain & urinary organs were not examined A short incision was made over the region of left inguinal hernia.

145

NAME, James Niven *No.*

Admitted, 15: 12: 91 *Pr. Ad.*

Sex, Male. *Age,* 23 *Marriage,* S. *Occupation,*

Education, *Religion,* Prot.

Private or Pauper, Pauper. *Where from?* Shotts.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME James Nixon

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression some.

Excitement none.

Enfeeblement none

Memory good.
Coherence Coherent Can answer questions? Very slack

Delusions

Other Abnormalities is extreme suspicious & frightened. thinks steps to drink

Appearance a confused. lad.
Skin coarse Hair Dk brown.
Eyes grey. Pupils Good. & sluggish.
Muscularity poor Fatness poor
Nervous System—*Motor*

Sensory

Bodily

Reflex Action R.I. Good & equals. Special Senses Normal.
Retina
Lungs healthy.

Heart ~~healthy~~. Sounds weak murmur
Tongue flabby Tremulous Bowels regular
Other Organs, Abnormalities, Bruises, etc. bruise on bridge of nose

Appetite good.
Urine 1024 copious deposit of urates.
Menstruation
Pulse 80 weak Temp.
Height 5ft 5. Weight 85L.10

isease *Shae's Classification*

neral Bodily Health and Condition

PREDOMINANT FEATURES.

A te Delir- ria and In- herence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochon- dria.	F Strong Suicidal Impulses.	G Remittency, or Inter- mittency.	H Choreic movements.	I Hallucina- tions.	J Enfeeble- ment.

147

NAME, James Niven.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
16:12:91						This patient is much confused – very suicidal drowsy frightened. He has been dumfounded steadily stupid & drunk. takes a long time to answer questions dis does is worthless – Slept fairly well last night – & took a good breakfast.
4:1:92.						James Niven is upset dull better has lost his nervousness to a great extent
20:1:92						to all right unless drink soon be discharged.
30:1:92.						Discharged Recovered.

NAME,

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

149

NAME, James O'Reilly - No.

Admitted, 17:12:91 Pr. Ad.

Sex, M. Age, 44 Marriage, Married Occupation, Painter

Education, Religion, R. C.

Private or Pauper, Pauper. Where from? Lanark.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME James C. Reilly.

STATE ON ADMISSION.

Exaltation none.

Depression some.

Excitement none

Enfeeblement none

Memory good.
Coherence coherent. Can answer questions?
Delusions none expressed.

Other Abnormalities Says he has not been able to work for a long time. Speech is slurring.
Appearance a weak looking man dusky complexion.
Skin dusky coarse Hair black.
Eyes brown. Pupils equal & mobile.
Muscularity poor. Fatness poor.
Nervous System—*Motor*

Sensory

Reflex Action K. J. exaggerated. Special Senses Normal.
Retina
Lungs healthy.

Heart Sounds feeble with murmurs
Tongue trembles slightly furred. Bowels regular
Other Organs, Abnormalities, Bruises, etc.

Appetite fair.
Urine S.G. 1020 no albumen.
Menstruation
Pulse 72. weak. Temp.
Height 5ft 4½ Weight 85½-9.
Disease *Slade'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.

151

NAME, James O'Reilly -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, Rec.	PROGRESS OF CASE
18:12:91						This patient has the appearance of a G.P. he has slurring speech. Handwriting is tremulous. The knee jerks are exaggerated. but there is no unsteadiness in walking. He is depressed & shows apprehension — has not felt fit for work for a long time
26:12:91						A well marked G.P. has slurring speech is slow in movements & shuffles in his way getting about well contented. He is easily pleased & facile — Speech very well marked. Insane stock. pupils are unequal & gait is a little unsteady Knee jerks increased.
15:1:92.						
8 Mar. 92						Has had a stroke of paralysis. Right arm & leg paralysed. mouth drawn. Eyes show conjugate deviation to right side. Unconscious, breathing laboured. Difficulty in swallowing.
9 Mar. 92						Condition similar. Pulse fairly good. Bowels opened freely. small quantities of spirits given.
10th. 92						Still unconscious
11 Mar.						Getting weaker. condition as above.
12 Mar.						In same state, swelling very difficult.
13 Mar. 92						Died
						P.M. 4 hours only.
						Scalp very thick & adherent to skull — which was also much thickened. Dura & pia like consistency veins all over rather greatly congested. Brain weighed 48 ozs, slightly adherent on left side over motor area, otherwise came off quite freely.
						Sections of brain exhibited nothing abnormal, except slight enlargement of ventricles.

NAME,

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

153

NAME, Jessie Jackson Williamson - No.

Admitted, 19:12:91

Sex, Male. Age, Marriage, Pr. Ad.

Occupation, Schoolmaid

Education, Religion, Prot.

Private or Pauper, Pauper. Where from? ~~Hamilton~~ Hamilton.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Jem Jackson Williamson.

STATE ON ADMISSION.

Exaltation much – & very happy – think he is in heaven.

Depression

Excitement

Enfeeblement

Memory fair.

Coherence Sometimes Can answer questions? yes.

Delusions that his soul is in heaven Separate from his body.

Other Abnormalities

Appearance a thin young man. poor complexion.

Skin clear. Hair

Eyes brown. Pupils equal & small.

Muscularity poor. Fatness poor.

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal Special Senses normal

Retina

Lungs healthy.

Heart healthy.

Tongue trembles Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Appetite poor.

Urine

Menstruation

Pulse 65. Temp. normal

Height 5ft 9. Weight 105 L.

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, Jesse Jackson Williamson -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
21st Dec.						This man says he is in heaven - that his soul is separated from his body - he is in high spirits & very happy & slept none during first night of his admission - but slept well last night.
23: 12: 91						Still much excited Says he is in Heaven - still he is extremely happy & contents - talks continuously Religious Subjects.
26: 12: 91						Very much excited - & practically in same condition Takes his food well - but hurried.
31: 12: 91						A little quieter - & he is laying on flesh perceptibly not in Heaven now.
6: 1: 92.						Getting quieter - & is passing a little now. Can talk coherently now & tell about himself in a sensible manner
12: 1: 92						Much better. Comes to the dances now - & seems to enjoy himself.
16: 1: 92						Still keeping much better - Sings well - can carry a bass dance - but seems to have an exaggerated idea of his abilities -
26: 1: 92.						He is still very "high" but quite sensible - From his brother's account this is his normal condition. He has always been a talkative man - forward - anxious to take the lead in everything - "like a Schoolmaster.
14-3-92						Discharged on pass.
7-4-92.						Discharged by minute of Hamilton Parochial Board

NAME,

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

157

NAME, Patrick Lyon — No.

Admitted, 22:12:91 — Pr. Ad.

Sex, Male. Age, 27 Marriage, Married Occupation,

Education, Religion, R.C.

Private or Pauper, Pauper Where from? Govan.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Patrick Egan -

STATE ON ADMISSION.

Exaltation

Depression Melodic melancholic - very dull

Excitement none

Enfeeblement

Memory

Coherence Can answer questions? only on plant.

Delusions has hallucinations of sight

Other Abnormalities

Appearance

Skin Dusky - Hair light brown

Eyes grey - Pupils equal & mobile.

Muscularity Oft to E poor Fatness ~~Stout~~. poor -

Nervous System—*Motor*

Sensory

Reflex Action K.J. quick active - Special Senses

Retina

Lungs Respiratory sound prolonged at apices -

Heart Heart healthy.

Tongue Not furred Bowels Costive:

Other Organs, Abnormalities, Bruises, etc. Has a slight Stricture - was admission was found to have retention of urine - has scar (linear) on R temple + scar across bridge of nose

Appetite Good.

Urine 1024 Sediment - phosphates present

Menstruation

Pulse 76. Temp.

Height 5 ft 6 E Weight 8 St. 10.

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.

159

NAME, Patrick Lagan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
23:12:91						This man was found this afternoon from retention of urine - two gallons of which were drawn off by catheter. A slight stricture was found about 2½ ins. from the meatus in front of the triangular ligament. He cannot assign the original cause. Kept quiet all last night - but slept little.
				(Stricture dilated)		
24:12:91						Made water himself yesterday & this morning passes quite right - has.
30:12:91						Has had no more retention - will not speak & remains seated all day in a semi-stupor condition - He takes no notice whatever of what goes on around him -
26:1:92						Still in same Semi-Stupor state -
4.9.92						He is quiet, taciturn, seldom speaks to any one, and is confined to bed.
10.9.92						He has a consolidated patch at the base of his left lung: his temperature occasionally rises to 101°.
20.9.92						He is talking much more than he used to do. He remembers about his father and mother still enough and thinks it will be a pity to go home to them as he will only be a burden to them. He has forgotten that he has a wife and denies that he was ever married.
1.10.92						Discharged by Minute of Parochial Board

NAME,

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

161

NAME, Joseph Laurie. No.

Admitted, 24:12:91 Pr. Ad.

Sex, Male. Age, Marriage, Occupation,

Education, Religion, Prot.

Private or Pauper, Pauper. Where from?

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

Duration of Existing Attack

Other Facts or Remarks — Answers

Facts of Medical Certificates

NAME Joseph Lauzi

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement

Memory fair.

Coherence coherent. Can answer questions? yes.

Delusions as to what caused his stricture says smith's silver pieces down his back.

Other Abnormalities Rambles on & tells symptoms of his ailment - has delusions regard to a stricture he has.

Appearance a thin man rundown.

Skin coarse. Hair light brown.

Eyes grey blue Pupils equal & sluggish.

Muscularity poor Fatness poor.

Nervous System—*Motor* Seem normal

Sensory

Reflex Action prompt & equal Special Senses

Retina

Lungs healthy.

Heart - Sounds feeble no murmurs. -

Tongue white coated Bowels

Other Organs, Abnormalities, Bruises, etc.

Appetite fair -

Urine 1020 acid

Menstruation

Pulse 81 weak Temp.

Height 5 ft 5". Weight 6'10

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, Joseph Lawie -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
25: 12: 91						Shortly after admission this man took an epileptic fit. He is very much run down in health.
28: 12: 91						Complains of peculiar sensations in his back & chest. Says it is like mercury running down his back. is melancholic - & has many suppositious ailments.
16: 1: 92.						Still very depressed - & complains a great deal more on symptoms now / another
26: 1: 92.						He is still thin - Says he feels better. has had no more fits - just a single one within an hour after admission.
28 9·92						Discharged Relieved

NAME,

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

165

NAME, Geo W. Muir. No.

Admitted, 24:12:51 Pr. Ad.

Sex, Male Age, 37. Marriage, Occupation,

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? Dunrisdeer

HISTORY.

Connection.

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 George Wallace Muir -

STATE ON ADMISSION.

Exaltation none

Depression dull & depressed. Speaks little

Excitement none

Enfeeblement none

Memory good

Coherence Coherent Can answer questions? yes.

Delusions probably has delusions & perception.

Other Abnormalities is very reticent

Appearance Melancholic looking - muddy complexion -

Skin muddy - Hair dk brown.

Eyes grey - Pupils equal & mobile -

Muscularity fair - Fatness fair -

Nervous System—*Motor*

Sensory

Reflex Action present & equal all round Special Senses good.

Retina

Lungs healthy.

Heart - action tumultuous.

Tongue not furred. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

Appetite fair -

Urine

Menstruation

Pulse 84. good. Temp. normal.

Height 6 ft 10½ Weight 10 st. 12.

isease *Skae's Classification*

eneral Bodily Health and Condition

PREDOMINANT FEATURES.

A ute Delu- n and In- herence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochon- dria.	F Strong Suicidal Impulses.	G Remittency, or Inter- mittency.	H Choreic movements.	I Hallucina- tions.	J Enfeeble- ment.

Mental.

Bodily

167

NAME, George Wallace Muir.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
25:12:91						This man is dull & depressed – probably has delusions of suspicion – but is very reticent – he slept well last night & takes his food well.
28:12:91						In same state mentally.
20:1:92.						Some better. depression not so apparent speaks very little
26:1:92.						Says he feels some better but is still dull. has a good appetite takes sound at night.
20-2-93						He had severe attack of bronchitis in middle of night. Checked by Eucalyptus Regular temp. evidently affected.
1-3-93						Head getting weaker. eyes etc very dull-seeming. Resting at night – feeding & taking etc. Takes his food well.
15-3-93						Mentally getting more reduced. Yet takes particularly interest. "How are you George?" "Oh – not bad."
28-3-93						Died

NAME,

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

169

NAME, James McNaught. No.

Admitted, 25:12:91

Sex, Male. Age, 72 C.J Marriage, Pr. Ad.

Education, Occupation,

Private or Pauper, Pauper. Religion,

Where from? Holywood.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME James McNaught.

STATE ON ADMISSION.

Exaltation

Depression is much depressed. Says there were difficulties about carrying on the Post Office & assigns these as the cause.

Excitement None

Enfeeblement Some

Memory ~~good~~ fair.

Coherence Coherent Can answer questions? Yes.

Delusions

Other Abnormalities

Appearance a hearty old man. healthy appearance

Skin coarse. Hair Light brown mixed with grey - dark.

Eyes grey Pupils Equal & active.

Muscularity poor Fatness fair -

Nervous System—*Motor*

Sensory

Reflex Action present & equal Special Senses normal

Retina

Lungs healthy.

Heart - intermittent in action misses one beat in every 6 — 10 -

Tongue Clean. Bowels Costive.

Other Organs, Abnormalities, Bruises, etc. Has always felt tumour on back neck & large Lymphatic Glands - Left side.

Appetite fair.

Urine 1011 acid.

Menstruation

Pulse 62 - intermittent. Temp. normal.

Height 5 ft. 4 E Weight 9 Stone.

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, James McNaught.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30 : 12 : 91						This man is very dull & depressed & cannot assign a reasonable cause – blames bother he had in connection with the Post Office –
1 : 1 : 92						No change in this mans mental condition days he is as dull as ever & that this is not the place for him
26 : 1 : 92						Still dull & depressed – his bowels are costive – but relieved with Castor oil . His hernia – is causing painful – on making him lie down in bed.
17 : 2 : 92.						Yesterday McNaught complained of pain – was put to bed – Temp. 101°. pain in hernia & also in thigh as before no dulness . diarrhoea present . pil P. C. Op. for in first ~~temp~~ & poultices applied . temp. at night 102° poultices continued . and Liq. Op. 3vi. given every two hours – this morning temp. was normal & patient was rather drowsy – Hernia was reduced as far as possible when patient was put in bed . and he did not rise & keep it up himself.
17 : 2 : 92						Died at 8 P.M.

NAME,

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

173

NAME, George King. *No.*

Admitted, 26 : 12 : 91 *Pr. Ad.*

Sex, Male *Age,* *Marriage,* *Occupation,*

Education, *Religion,*

Private or Pauper, Pauper. *Where from?* Hamilton.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME George King.

STATE ON ADMISSION.

Exaltation none.

Depression none.

Excitement Religious delusions -

Enfeeblement none.

Mental.

Memory fair.
Coherence Coherent. Can answer questions? yes.
Delusions

Other Abnormalities Hypochondriacal -

Appearance a thin man dark - Sallow complexion -
Skin Sallow. Hair black and bald
Eyes grey - Pupils Rt > Lt.
Muscularity poor Fatness poor
Nervous System—*Motor*

Sensory

Bodily

Reflex Action Knee Jerks active. Special Senses Myself cannot hear watch ticking pressed with ear
Retina
Lungs health.

Heart health. Bruit Distant Murmur
Tongue clean - Bowels Costive -
Other Organs, Abnormalities, Bruises, etc.

Appetite fair -
Urine 1020 - deposit purple.
Menstruation
Pulse 68 beats Temp. normal
Height 5ft 4½ Weight 7 · 4.
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.

175

NAME, George King -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30:12:91						This man is melancholic – depressed principally owing to his sense of shame. He was sent through drink but that has left him. He takes his food well – but did not sleep well last night.
1:1:92						This patient is getting rather maniacal & his depression seems to be leaving him. When asked a question he looks up quickly & answers with a bright face.
26:1:92.						Not ready to recollect occurrences – sleeps well at night & eats heartily.
1·4·92.						Much improved: excitement abated:
1·5·92.						Quiet, sensible and well behaved.
25·6·92.						Discharged recovered.

NAME,

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

177

NAME, Daniel Spainer. No.

Admitted, 29:12:91 Pr. Ad.

Sex, Male. Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Pauper. Where from?

HISTORY.

Connection.

Disposition

Habits

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

Facts of Medical Certificates

NAME David Trainer.

STATE ON ADMISSION.

Mental.

Exaltation None.

Depression Considerable

Excitement Restless with nervous.

Enfeeblement

Memory Good.

Coherence Coherent. Can answer questions? yes.

Delusions None.

Other Abnormalities Says he has been taking a drop too much drink.

Bodily.

Appearance A healthy looking man with rather a dark complexion.

Skin Coarse. Hair fair.

Eyes grey Pupils Good - sluggish in reaction.

Muscularity fair Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action K.J. Good active. Special Senses normal

Retina

Lungs Emphysematous at margins. Some sibilation on chest generally.

Heart Sounds feeble no murmur.

Tongue furred. Bowels costive

Other Organs, Abnormalities, Bruises, etc.

Appetite good.

Urine 1026 ac. deposit of urate.

Menstruation

Pulse 78 rather weak Temp.

Height 5ft 6 ½ Weight 10 st 2 lb

Disease *Stoe'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, Daniel David Grainer –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30:12:91						This Man is rather Melancholic more than otherwise. Before admission he was much addicted to the Cause being drink. he himself freely confesses it.
1:1:92						Says he is no better as dull as ever. there being no organic cause. takes his food well.
15:1:92.						Has a little Bronchitis. thinks he is going to die. put to bed.
20:1:92.						Alittle better. complaining as I do dull about himself
~~24:1:92~~						
24:1:92.						Is up this afternoon for the first time. felt tired but is no worse.
26:1:92.						Is much Cheerier. up all day now. takes his food well. & sleeps well at night.
25:2:92.						He is rather better. gaining Strength. Her constitution is not good. but he depressed now.
28.9.92						Transferred to Ireland Ward

VA E,

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

181

NAME, Arthur Killit - No.

Admitted, 30:12:91 Pr. Ad.

Sex, Male. Age, 21 Marriage, S. Occupation Labourer.

Education, Religion, R.C.

Private or Pauper, Pauper. Where from? Govan

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other

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 Arthur Kellet

STATE ON ADMISSION.

Mental.

Exaltation Has had a vision thus exalted ideas

Depression none.

Excitement he is "agitated" frettful. goes into various peculiar positions with no seeming object.

Enfeeblement

Memory impaired.

Coherence Coherent sometimes Can answer questions? yes very slowly

Delusions Thinks he saw a vision.

Other Abnormalities He is resistive. will stand & look at a picture for a long time (& other objects) & very obstinate when told to come

Appearance a thin man - dusky complexion away from it.

Skin muddy Hair brown.

Eyes grey Pupils equal & mobile.

Muscularity poor Fatness poor.

Nervous System—*Motor*

Sensory

Bodily

Reflex Action R.P. present equal. Special Senses normal

Retina

Lungs healthy.

Heart - action weak & murmur.

Tongue clean Bowels loose.

Other Organs, Abnormalities, Bruises, etc.

Appetite bad.

Urine 1026 phos.

Menstruation

Pulse 72. Temp. normal

Height 5 ft. 4 3 Weight 7 stone

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.

183

NAME, Arthur Kellet.

DATE.	Tempernt. Morn.	Tempernt. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30:12:91						This man says he is "agitated". He goes into peculiar positions & assumes obstinate. Says he saw a vision – He is very slow in answering questions requires Stimulation. His memory is defective & power of attention greatly diminished. At present he says his head is sore. He slept well last night.
15:1:92.						Much better. Belongs less to absurd attitudes. Answers questions quicker. Still has a good deal of confusion – Looks at both sides.
25:2:92.						He is improving – does not speak much as yet – Seems very contented.
10-1-93						Has been improving gradually. Is not working a seam as well as ever he will be.
2?3?93						Discharged

NAME,

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

185

NAME, Robert Gair No.

Admitted, 31:12:91 Pr. Ad.

Sex, Male Age, 22 Marriage, Single Occupation,

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Belgium -

Transferred from Greenock.

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated Greenock Parochial Asylum

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 Robert Gair -

STATE ON ADMISSION.

Exaltation Says he feels 'brisk'

Depression None

Excitement None

Enfeeblement None.

Mental.

Memory fair.

Coherence Coherent. Can answer questions? Yes.

Delusions Thinks he is annoyed by a phrenologist.

Other Abnormalities Says he hears voices.

Appearance a thinnish lad -

Skin dark. Hair brown.

Eyes grey. Pupils equal & reactive

Muscularity poor Fatness poor

Nervous System—*Motor*

Sensory

Bodily

Reflex Action diff. to elicit but present. Special Senses good.

Retina

Lungs Healthy.

Heart healthy - but slow in action.

Tongue Clean. Bowels Normal

Other Organs, Abnormalities, Bruises, etc.

Appetite fair

Urine 1020 Acid. &c.

Menstruation

Pulse 69 Temp.

Height 5 ft. 4 ½ Weight 8st. 2.

isease *Skae's Classification*

eneral Bodily Health and Condition

PREDOMINANT FEATURES.

A ute 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 Gair -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
1:1:92						This boy seems in fair bodily health. says he has felt rather "brisk" for a long time. his general spirits & complains of having headaches sometimes. He is quiet, wants many baths & takes his food well.
16:1:92.						Not nearly so 'brisk' now - & does not complain of headache now. This quiet & gives no trouble.
26:1:92.						Improving - works outside.
6-2-93						Very little change. Has made no progress lately.
4-10-93						Quiet, speaks very little. & it is only with greatest difficulty he can be got to take any interest in anything. Had his father seeing him a few days ago. He was quite unmoved & allowed him to pull his pockets about without seeing a shave. Going stationary.
6-95						Transferred to Stathwood.

NAME,

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

189

NAME, Thomas Sherlaw. No.

Admitted, 6:1:92.

Sex, Male. Age, 27. Marriage, S. Pr. Ad. Occupation, Labourer.

Education,

Private or Pauper, Pauper Religion, Protestant

Where from? Lanark.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated Bothwell 1886.

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 Thomas Sherlaw.

STATE ON ADMISSION.

Exaltation

Depression

Excitement Excitable & nervous.

Enfeeblement

Mental.

Memory good.

Coherence coherent. Can answer questions? yes.

Delusions

Other Abnormalities Before admission had been drinking a good deal of beer - & got very violent & excited - took off his clothes - & refused to put them on again.

Appearance A man down in condition - thin & anaemic.

Skin clear. Hair brown

Eyes grey. Pupils equal & sluggish.

Muscularity poor. Fatness poor

Nervous System—*Motor* normal

Sensory normal

Reflex Action Knee Jerks present & equal Special Senses

Retina

Bodily

Lungs healthy.

Heart healthy.

Tongue furred in a patchy manner Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Appetite poor.

Urine ac. 1030 - deposit of urates.

Menstruation

Pulse 80 small & vol Temp. normal

Height 5ft 6 - Weight 8st 5lbs.

isease *Skae's Classification*

neral 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.

191

NAME, Thomas Sherlaw

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
7:1:92						This man is quite quiet now. Says he has been drinking beer a good deal & that put him "off it". He was treated for insanity in Bothwell Asylum in 1886 - What kind is not known. He slept well last night. Eats is rather off his food at present.
20:1:92.						Skin skin & anaemic. Mind in condition - is always asking when he is to get home. He is rather confused & suspicious - Now takes his food well
6-2-93						Does a little knitting & seems fairly sensible. Has no desire to get home
4-X-93						Very much as before - quiet - sensible to speak to. Seems to have no desire to move from here. Is now working in the tailor's shop.

27. 5. 95

NAME,

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

193

NAME, James Wells. No.

Admitted, 6:1:91 Pr. Ad.

Sex, Age, 33 Marriage, Single. Occupation, Shoemaker

Education, Religion, Protestant.

Private or ~~Pauper~~, Pauper. £25 Where from? Lochmaben

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME James Wells.

STATE ON ADMISSION.

~~Exaltation~~ / Talkative - Speaks incoherently about religious subjects -
↑ Says he has been driven to destruction.

Depression

Excitement very restless.

Enfeeblement

Mental.

Memory fair when questions are pushed.

Coherence incoherent mostly. Can answer questions? Sometimes

Delusions

Other Abnormalities

Appearance A fairly developed man with a pock-marked face.

Skin pock marked copper on face Hair brown.

Eyes grey. Pupils Sluggish. equal

Muscularity fair Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action Knee jerks active. Special Senses good.

Retina

Bodily

Lungs Healthy.

Heart Healthy.

Tongue tremulous Slightly furred Bowels regular.

Other Organs, Abnormalities, Bruises, etc. 2 cuts on right hand. (one on ulnar side, one on radial side) Blister on Left heel Pock marked appearance.

Appetite fair.

Urine Ac. Sp. gr. 1022. Normal amount.

Menstruation

Pulse 78. Temp. Normal

Height 6 ft. 7. Weight 10 St 4.

isease *Skae's Classification*

eneral Bodily Health and Condition

PREDOMINANT FEATURES.

A ute 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 Wells.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
7:1:92.						James says he has been "driven to destruction". Is talkative on Religious subjects. He was rather restless last night. & did not sleep well.
20:1:92						He is rather better. Not so melancholic. Sleeps well at night now. Status has gone better.
26:2:92.						He is improving slowly but nevertheless talkative. Works a little.
6-2-93						A Devil of a man with no fear of the worst terrors ever in man's mouth. His highest oaths seem pedestrian. His quiet he is versatile & ridiculous singing himself - always songs of Moore's - a style which he carries about with him carefully preserved.
9-X-93						He seems going well lately - cannot speak without calling anybody down to. Works very hard with the mixture. But is as deft as can be, his machine fingers.

5. 1. 96

NAME,

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

197

NAME, John Learmonth — No.

Admitted, 6:1:91 — Pr. Ad.

Sex, — Age, 58. — Marriage, Married — Occupation, Ploughman

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Govan.

HISTORY.

Connection.

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 John - Learmonth.

STATE ON ADMISSION.

Exaltation Great. is continually shouting singing praises at the top of his voice - sometimes throwing & breaking by way of change.

Depression None.

Excitement Great very restless, persistent & boisterous.

Enfeeblement None.

Memory —

Coherence is coherent. Can answer questions? Yes.

Delusions Many fleeting.

Other Abnormalities

Appearance A weak man - much emaciated. -

Skin ~~dark yellow~~ muddy - Hair brown.

Eyes Grey. Pupils Rt. > Left.

Muscularity very poor Fatness very poor.

Nervous System—*Motor*

Sensory

Reflex Action K.J. present Equal Special Senses —

Retina

Lungs Crepitation heard all over Rt lung. Mostly open. Apex moist sound at Left apex. (Examination incomplete owing to noisiness

Heart very weak - no murmur

Tongue can't be seen Bowels Costive.

Other Organs, Abnormalities, Bruises, etc. Has Rt Inguinal Hernia - Large cicatrix on lower ⅓ of Rt shin - thickening of ankle joint. probably due to old Compound fracture.

Appetite Good.

Urine

Menstruation

Pulse 78. Temp.

Height 6ft 7. Weight 95 lb.

Disease *Slade'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.

199

NAME, John Learmonth.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
7:1:92						This man is in a very bad way - is very weak & in a state of acute hilarious mania - He sings continuously stopping between every 2 words to take breath. His lungs are in a very bad condition probably Phthisical - but on examination he was so noisy that it was impossible to come to a decided conclusion regarding this state. Immediately on admission he was fed with the tube & given stimulant. He was having all night - & this morning continues in the same condition has taken his own accord a good plateful of porridge Stimulant & extra diet to be continued.
8:1:92.						John Learmonth is rather better today - not so pale - extremities still not so cyanosed. He requires to be spoon fed but takes the food pleasantly - Stimulants continued He has talked himself hoarse - is therefore much quieter although talkative.
25:2:92.						John Learmonth is now quite well - & except for his bodily health wh. is not very good is quite well He has gained flesh a little & will soon go home. His Phthisis is very chronic - Discharged Recov.
2:3:92						

WARD,

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

201

NAME, John Stewart. No.

Admitted, 8:1:92. Pr. Ad.

Sex, Male. Age, 38 Marriage, Married Occupation, Labourer.

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? Blantyre.

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. *Kind*
- *Duration* *Where treated*
- Herod. 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 John Stewart.

STATE ON ADMISSION.

Exaltation

Depression Much depression & cannot tell reason.

Excitement

Enfeeblement

Memory Good.

Coherence Coherent. Can answer questions? yes.

Delusions Suspicion - thought his neighbours persecuted him -

Other Abnormalities is very suspicious looking -

Appearance a thin anaemic man - weak

Skin Clear. Hair dark brown -

Eyes brown. Pupils Equal & sluggish in reaction.

Muscularity fair - Fatness poor.

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action K.J. Equal Special Senses good.

Retina

Lungs Expiration prolonged at both apices - approaches to bronchial breathing. Friction heard in Rt Mammary region & pain complained of there - hiccough

Heart Weak murmur

Tongue Flabby moist Furred a little. Bowels Normal

Other Organs, Abnormalities, Bruises, etc.

Appetite poor

Urine 1020 Acid

Menstruation

Pulse 60 Weak. Temp. 98.4

Height 5ft 4½ Weight 98 lbs. 2.

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, John Stewart

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
9:1:92						This patient is melancholic - looks suspicious & round as if he were afraid of those near him - He slept fairly well last night - has a poor appetite & does not take his food well.
24:1:92.						He is better - not so nervous now - but still melancholic.
26:1:92.						His suspicion both has gone - but he is still depressed - takes his food well & sleeps well at night.
11.4.92						Discharged - recovered.

NAME,

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

205

NAME, John Fisher - No.

Admitted, 9:1:92. Pr. Ad.

Sex, Age, 48 Marriage, married Occupation,

Education, Religion,

Private or Pauper, Pauper - Where from? Cranford.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind Lisley -

Duration Where treated Lunatic -

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 John Fisher.

STATE ON ADMISSION.

Exaltation None.

Depression Some.

Excitement None

Enfeeblement

Mental.

Memory Good.

Coherence Coherent Can answer questions? Yes.

Delusions

Other Abnormalities Complains of noises in his head - has hallucinations of hearing - sight.

Appearance A thick set man - hairy

Skin Clear. Hair Grey - (Chestnut sandy)

Eyes Grey - Pupils Equal & mobile.

Muscularity Fair. Fatness Fair

Nervous System—*Motor* Normal

Sensory Normal

Bodily

Reflex Action K.J. present Equal Special Senses Good.

Retina

Lungs Healthy.

Heart Healthy.

Tongue Furred Bowels Regular

Other Organs, Abnormalities, Bruises, etc.

Appetite Fair.

Urine

Menstruation

Pulse 72. Temp. Normal

Height 5-ft 5½ Weight 9 St 10

isease *Shaw's Classification*

eneral Bodily Health and Condition

PREDOMINANT FEATURES.

A ute 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.

207

NAME, John Fisher -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
10:1:92.						This man has hallucinations of sight & hearing has little depression - but is melancholic in climate he is in good bodily condition - Slept well last night.
20:1:92.						Complains of a cough. Chest sounds - Given cough mixture.
26:1:92.						Says he is better now. Has no expression or delusions - is inclined to be melancholic - & complains of hallucinations of sight & hearing -
6-2-93						Out working every day & says quite at home. Is still troubled by voices working in him.
15. 7. 93						Further has attacks of pneumonia. He began to complain of pain on right side which was followed by gradual inflammation which soon spread & involved the whole lung. The disease is running its course. Is very ill indeed. It seems unstill discharging. John gets my initials at this. [illegible] is being burned if anything is done with the real nature. He calls on his "Sacred Spirits" to do harm this presented. Is [illegible] pain is now quite better this at working "spirits" still working in & cause "pressure" on him.
24-10-93						

24. 5. 95

NAME,

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

207

NAME, John Fisher -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
10:1:92.						This man has hallucinations of sight & hearing - has little depression - but is melancholic in class. he is in good bodily condition - slept well last night.
20:1:92.						Complains of a cough - chest sore - given cough mixture.
26:1:92.						Says he is better now - this morn expresses no delusions - is still class the melancholic - & complains of hallucinations of sight & hearing -
6-2-93						Out working roughly & says quite well now. Is still troubled by "spirits" working in him.
15-7-93						Under his old delusion of "spirits". He says "spirits" of men are making pleasure with his penis & gradually implanting their own penis. Says the penis is small then. Is not improving. Still discharging. John gets my initials at this. When man is being dressed it mostly is done with the most natural. He calls on his "spirits" & do know this presently. Is still delusion man is now quite well this at working "spirits" still working in & causes "penis" in him.
4-10-93						

24. 5. 95

NAME,

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

NAME, *No.*

Admitted, *Pr. Ad.*

Sex, *Age,* *Marriage,* *Occupation,*

Education, *Religion,*

Private or Pauper, *Where from?*

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

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, etc.

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,

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

NAME,

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

213

NAME, James Ferguson. No.

Admitted, 15. 1. 92. Pr. Ad.

Sex, Male. Age, 17½ Marriage, Single Occupation,

Education, Religion, Protestant.

~~Privateer~~ Pauper, Stoney Kirk. Where from? Sandhead - Stoney Kirk.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME James Ferguson.

STATE ON ADMISSION.

Exaltation Some

Depression

Excitement great t certain extent depressed

Enfeeblement

Memory Fair.

Coherence So far. Can answer questions? a few.

Delusions

Other Abnormalities Talks little - has a vacant look. Movements very restless before admission - refused food - persisted in taking off clothes.

Appearance a thin lad

Skin clear. Hair fair.

Eyes grey. Pupils equal responsive.

Muscularity poor. Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action Knee Jerks equal Special Senses normal

Retina

Lungs Healthy. No disease detected.

Heart Hypertrophied No murmur.

Tongue clean. Bowels normal

Other Organs, Abnormalities, Bruises, etc.

Appetite poor.

Urine 1020 acid

Menstruation

Pulse 112. Thready. 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.

215

NAME, James Ferguson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
16 1:92.						This boy is in a great state of suppressed excitement. has no idea what he is doing - his actions are rather slow & he is slow in comprehending questions. Before admission he refused his food & his clothes on going about nude - Last night he took very fair support.
19:1:92						Still much excited — pulse is stronger - he is very restless.
23:1:92						He is getting stronger but still has a great deal of excitement. talks incoherently & cannot answer questions at all
6.8.92.						Discharged recovered.

NAME,

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

217

NAME, David Ritchie No.

Admitted, 18:1:92. Pr. Ad.

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

Education, Religion,

Private or Pauper, Where from? Eaglesfield.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—None. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Influenza

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME David Ritchie -

STATE ON ADMISSION.

Exaltation none

Depression none

Excitement very restless

Enfeeblement none

Memory fair.

Coherence Coherent. Can answer questions? yes.

Delusions none expressed

Other Abnormalities He is dangerous to others

Appearance looks much older than his age.

Skin Muddy Hair Dk brown

Eyes Grey Pupils dilated & sluggish

Muscularity fair Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action present & equal Special Senses normal

Retina

Lungs healthy.

Heart healthy.

Tongue furred. Bowels normal

Other Organs, Abnormalities, Bruises, etc.

Appetite good.

Urine

Menstruation

Pulse 72. Temp. normal

Height 5 ft 10 ½ Weight 10 Stone

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.

219

NAME, David Ritchie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
19:1:92.						This man did not sleep well last night. He has no idea where he has come to. Cannot understand why he must stay here. Says he only came for a day or two's change. Before admission he was very restless & violent & would not stop in bed. His relations must have gone mad. He is a little suspicious.
23:1:92.						Practically in the same condition - takes his food well & sleeps well at night. Seems to appreciate his position as a patient here. Thinks he ought to go whenever he likes - but he is very facile & easily dissuaded.
26:2:92.						He has become much easier lately. Cannot settle to anything. Very sarcastic in his speech - is disposed to be violent. His face is flushed. & this very acute in his behaviour.
22.9.92						Discharged Recovered

AME,

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

221

NAME, John McBride. No.

Admitted, Pr. Ad.

Sex, Male Age, 30. Marriage, married Occupation, Tailor.

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Goran

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME John McBride.

STATE ON ADMISSION.

Exaltation great. very happy. thinks he is a high spirit.

Depression none

Excitement great. always wants to show off his dancing & his muscles.

Enfeeblement - facility. loss of self. control. incontinuity of thought.

Memory fair -

Coherence coherent. Can answer questions? yes.

Delusions that he is very wealthy. the strongest man in the world &c. &c

Other Abnormalities

Appearance a thick-set man Small in Stature.

Skin dusky Hair black.

Eyes grey. Pupils Rt > Lt. sluggish.

Muscularity ~~fair~~ good Fatness fair.

Nervous System—*Motor* Slight tremor & incoordination seen in facial muscles. tongue alittle tremulous. Speech shows slight hesitancy -

Sensory Indistinction in Sensibility

Reflex Action Knee Jerks quick & strong. Special Senses good.

Retina

Lungs healthy.

Heart healthy.

Tongue alittle tremulous. Bowels normal

Other Organs, Abnormalities, Bruises, etc. abrasion on nose.

Appetite good

Urine

Menstruation

Pulse 96. rather weak Temp. normal

Height 5ft 12 in Weight 97 lt.

Disease General paralysis *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 McBride

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
19:1:92.						This man is a typical General Paralytic in the first Stage. – full of exalted delusions – noisy excited – Shows tremulous use of muscles & slurring speech to a slight degree – he is having at night sleeps little – takes his food well.
24:1:92.						Very much excited & boisterous restless during – getting hoarse with talking so much – given a large dose of Castor oil.
26:1:92.						Much quieter now – Sits still quietly for a while & does not talk so much – has his exalted delusions in abeyance / happy & contented.
26:2:92.						Has very exalted delusions – often much excited – Says he is going to Oxford & Cambridge & that he has brought horses from the Phoenix Park to run races. he is going to win the Derby.
20.9.92						This G.P. is confined to bed, very shaky on his legs, talks incoherently & demented. at times is noisy and resps.
6.2.93						Confined constantly to bed: is quite demented. Has a great habit of throwing off the clothes, always lies & exhibits himself. Feeding a simple mental existence. Get splendid.
3.3.93						Very much the same condition he has been for months – dull listless takes interest in nothing. Has to be fed & dressed & undressed.
15.5.93						Has had a severe attack. & it seems as if he were going to die. Breathing stertorous & quite unconscious.
21.5.93						Died.

AME,

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

225

NAME, Charles English. No.

Admitted, 22:1:92. Pr. Ad.

Sex, Male. Age, 25 Marriage, Married. Occupation, Labourer

Education, Religion, Protestant

~~Private~~ or Pauper, Govan Com. Where from? 100 Eaglesham Street Govan.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Influenza.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes.

Duration of Existing Attack 2 days.

Other Facts or Remarks

Facts of Medical Certificates

NAME Charles English.

STATE ON ADMISSION.

Exaltation none.

Depression Some he is despondent.

Excitement none.

Enfeeblement none.

Memory impaired

Coherence coherent. Can answer questions? yes.

Delusions none elicited.

Other Abnormalities He is stupid & confused. does not seem to realize where he is.

Appearance thin man - pain down - good complexion:

Skin rough. Hair dark brown

Eyes Pupils equal & mobile.

Muscularity poor. Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action normal Knee Jerks. Special Senses good.

Retina

Lungs Puerile breathing all over chest especially at apices - has a cough.

Heart Sound pure - no murmur.

Tongue Slightly furred. Bowels Active.

Other Organs, Abnormalities, Bruises, etc. Is suffering from influenza - perspires a great deal has pain in back & throughout body.

Appetite not good.

Urine Sp. gr. 1010 - Alb. no albumen.

Menstruation

Pulse 80. Compressible. Temp. 102°.

Height 5ft 8. Weight 9st. 2.

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.

227

NAME, Charles English.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
23:1:92.	102.	101.8				This man is depressed. he is suffering from an acute attack of influenza. Epithelium of respiratory passages to a slight degree affected. Skin temp. is up. & his pulse 85. Temperature he perspires a great deal from Axillae.
24:1:92	101.5.	100.				Pains not so severe. but practically in same state. Temperature a little lower. He does not express the delusions noted in the Medical Certificate.
26:1:92.						The temperature is now normal & the attack of Influenza is abating. for 2 days he has been taking 2 mm. carbolic acid thrice daily. & the treatment seems to have been effective.
26:2:92.						English is perfectly well now & will be discharged Shortly,
29-2-92						Discharged

NAME,

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

NAME, Robert Coltart. No.

Admitted, 24:1:92. Pr. Ad.

Sex, Male Age, 51 Marriage, Single Occupation, Shepherd

Education, Religion, Protestant.

Private or Pauper, Dalry Parish. Where from? Blackmark Dalry

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Robert Collart.

STATE ON ADMISSION.

Exaltation none.

Depression none.

Excitement none.

Enfeeblement none.

Memory poor

Coherence coherent. Can answer questions? yes.

Delusions thinks he is being poisoned.

Other Abnormalities

Appearance healthy man

Skin coarse. Hair iron grey

Eyes grey Pupils equal & mobile.

Muscularity fair Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action quick & good Special Senses good.

Retina

Lungs healthy.

Heart 1st sound impure - no murmur

Tongue clean tremulous Bowels normal.

Other Organs, Abnormalities, Bruises, etc. upper part of sternum very prominent

Slight hesitancy of speech present - gait is a little unsteady.

Appetite fair.

Urine acid. 1028 Sp. g. no albumen

Menstruation

Pulse 60. Temp.

Height 5 ft. 8. Weight 108. 4.

Disease *Slade'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 Colbert.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
26:1:92.						This patient has the delusion that he is poisoned - the medical anticipate on that he is subject to fits of wild excitement & that he is very dangerous. He has been quiet ever since admission: takes his food well & sleeps fairly well at night.
13:2:92.						Colbert has been quiet all along - he has a somewhat vacant look. Seems quite contented with his surroundings -
26:2:92.						He keeps pretty better - does not speak about being poisoned now.
5-12-92						Quiet. walks much by self. is very peculiar in manner. talks with rather amusing accent. Likes to read the papers.
3-3-93						Bdy. walks very pains attack of bilious pneumonia taken removed first home. Is progressing favorably. is coming to see.
5-5-93						He got worse attack & is not able outside again.
4-8-93						He is as peculiar as ever - walks his constantly from first to last & says it is how he is going. when asked what he is for he says says "Hats warm dress shirt & the reason"
27th Oct 1899:- 5th Feby 1900:						Sent to Farm Annexe Returned from Farm Annexe. He requires attention as regards cleanliness occasionally.
July 28th 1900:-						In fair health: in 3rd Div: He sleeps well as a rule. He is generally quiet and sitting idle and quite contented "smiling all round". Every few weeks he has a turn of mild excitement & when he sings and crows to himself and keeps tying wearing his hands — no change
January 26th 1901						In fair health: There is no change mentally: Every few days at present he sings some of the old Boer songs in a high pitched voice. He speaks little when spoken to and is easily managed

AME, Robert Colthard.

	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
	May 30th		1902			Infair health: There is no change in anyway mentally. Is easily managed. Every 3 or 4 weeks he has raised festive way of singing clapping his hands and stamping to time. Talk is rambling incoherent and he is very weak in memory.
190	July 10th					No change mentally. In fair health.
190	July 15th					Continue in 3rd Div. exhibits mentally talk: to be untidy at times unless carefully dressed. Keeps in fair health.
190	March 1st					No change mentally & keeps in fair health.

Ad 7 Annexe.
March 1905

233

NAME, Hugh Duffy. No.

Admitted, 27:1:92. Pr. Ad.

Sex, Age, 40 Marriage, Married Occupation, Labrer.

Education, Religion, Roman Catholic

Private or Pauper, Pauper. Where from? City Parish Gl—

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

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Hugh Duffy.

STATE ON ADMISSION.

Exaltation

Depression

Excitement Noisy & excited sometimes. he is quiet at present.

Enfeeblement

Memory

Coherence Can answer questions!

Delusions Thinks policemen are conspiring against him.

Other Abnormalities He tells awful tales of illtreatment by the police - how they mauled & kicked him.

Appearance a bloated aristocrat!! Redrose

Skin rough. Hair dark brown hair -

Eyes grey. Pupils rather contracted Sluggish, equal

Muscularity poor. Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action Knee jerks cannot be elicited Special Senses normal.

~~Pulse~~

Lungs healthy.

Heart healthy!

Tongue furred. Bowels open

Other Organs, Abnormalities, Bruises, etc.

Appetite not good.

Urine

Menstruation

Pulse 85. Temp. normal

Height 5 ft 7½ Weight 8 Stone 6

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.

235

NAME, Hugh. Daffy.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
28:1:92.						This man has been convicted at least 19 times. He suspects the police of conspiring against him. Tells long stories of the ill treatment received at their hands. He slept well last night - has been drinking & got much cold but is quiet now.
13:2:92						Hugh Daffy at first said this was better than being in Gaol but now thinks that it is more comfortable than the length of his sentence & then he cannot see Interpretation as to how long he will be kept. He is a regular Gaol-bird. always complaining about something.
26:2:92.						Same state - says he would far rather be under a previous Sentence than take the uncertainty of this place
24.5.92.						Discharged - recovered.

NAME,

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

237

NAME, David Wilson No.

Admitted, 27:1:92. Pr. Ad.

Sex, Age, 30 Marriage, Married Occupation, Plumber.

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Govan Combination.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME David Wilson.

STATE ON ADMISSION.

Exaltation

Depression

Excitement restless.

Enfeeblement

Memory

Coherence Can answer questions?

Delusions many delusions. thought at one time he was Jack the Ripper - had delusions of suspicion against his fellow workmen. thought they wants to do away with him - thinks the world is soon coming to an end. Hears voices all he says theirs his delusions.

Appearance Spare anaemic man

Skin clean Hair dk brown

Eyes brown - Pupils equal & reactive.

Muscularity poor Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action K.J. both legs ++ Special Senses

Retina

Lungs Respiratory Sounds harsh at both apices.

Heart normal

Tongue clean Bowels Costive.

Other Organs, Abnormalities, Bruises, etc. Sometime ago, he amputated L leg by - probably operation - it is shorter than right. & left trochanter seems atrophied.

Appetite fair -

Urine

Menstruation

Pulse 80. Temp. normal

Height 5ft 6½ Weight 9 st.

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.

239

NAME, David Wilson -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
28:1:92.						This man twists everything he sees & hears in delusions he is very suspicious of those around him - thinks all their actions are directed towards him - He did not sleep well last night - has a poor appetite at present. Came on Saturday last he was discharged from Woodilee Asylum.
13:2:92						He develops delusions daily - often thinks some villainous plot is afoot - looks at often windows & doors & runs any little [illegible] he sees.
21.A.92						Discharged - recovered.

NAME,

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

241

NAME, Alexander James Arthur. No.

Admitted, 27:1:92. Pr. Ad.

Sex, Age, 18 Marriage, Single Occupation, Sailor (cabinet maker)

Education, Religion, Protestant

Private or Pauper, Pauper Lanark. Where from? 20 Bath St. Glasgow

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Alexander James Arthur.

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement

Memory Not good.

Coherence Coherent. Can answer questions? yes.

Delusions

Other Abnormalities Incomplete response account of himself — Short before admission attempted about £50 with forged.

Appearance a lad with a vacant expression —

Skin clear. Hair Light brown.

Eyes grey. Pupils equal & mobile.

Muscularity fair - Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action Knee jerks equal active Special Senses very deaf

Retina

Lungs Healthy.

Heart Some murmur - but irregular in rythm - every 4th or 6th beat a little delayed

Tongue a little furred. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Appetite fair -

Urine

Menstruation

Pulse 54 v. hard Temp. normal.

Height 5 ft 3 - Weight 8 St 4.

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 James Arthur

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
28:1:92.						This lad seems weak-minded – he is deaf. He cannot give any account of his friends – & seems confused – & has not any "bump of locality" Seems to have no idea where he is. Slept well last night
13:2:92.						Owing to this lad's deafness it is very difficult to test his mental condition: He mopes out & work.
26:2:92.						Arthur has written a letter to one of his friends stating that he is much depressed & has suicidal tendencies – but he admits having attempted suicide by poisoning –
21.4.92.						Transferred to Lunacy Asylum.

NAME,

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

NAME, ~~Alexander Hutchison~~ George Carmichael No.

Admitted, 25: 1: 92. Pr. Ad.

Sex, Age, 46. Marriage, Married. Occupation,

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? Kirkmahoe.
Auchencairn Kirkmahoe

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME ~~Alexander Hutchison~~ Geoge Carmichael.

STATE ON ADMISSION.

Mental

Exaltation none

Depression much.

Excitement none.

Enfeeblement none

Memory good.

Coherence coherent Can answer questions?

Delusions Talks along slow about a boy worrying some cattle of his - attempts compensation from the army man for them — as the cause of his depression.

Other Abnormalities Says he got "discharged yesterday (by his wife) as incurable

Bodily

Appearance an anaemic thin man.

Skin pasty. Hair dk brown.

Eyes grey. Pupils equal + mobile.

Muscularity poor Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action K.J. increased quick. Special Senses good.

Retina

Lungs healthy.

Heart healthy.

Tongue furred. Bowels Costive

Other Organs, Abnormalities, Bruises, etc. Scar - 1½ in long ½ in broad on external aspect of right leg

Appetite poor.

Urine

Menstruation

Pulse 72 Temp.

Height 5 ft 8. Weight 10 St 12.

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 Hutchison~~. George Carmichael.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
29:1:92.						Is in pretty much same condition this morning - did not sleep well. Thinks his wife has "discharged" him -
30:1:92.						very much same this morning. talks incoherently - does not understand where he is at all. His appetite is v poor & he sleeps badly.
13:2:92.						This mean is ~~much better~~ a little better - he speaks now a little but is very melancholic & quiet - his excitement has gone. His general health wh. was very bad on admission is now improving.
14.3.92						Discharged Relieved

NAME,

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

249

NAME, David Henshaw. No.

Admitted, 29:1:92. Pr. Ad.

Sex, Male. Age, 51 Marriage, Married Occupation, Spirit Sa. man.

Education, Religion,

Private or Pauper, Pauper Where from? City-Parish Glasgow

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

Duration of Existing Attack

Other Facts or Remarks Has been drinking + is said to have D.T. lately.

Facts of Medical Certificates

NAME David Hinshaw -

STATE ON ADMISSION.

Exaltation none.

Depression Some but not very apparent

Excitement none.

Enfeeblement none

Memory poor

Coherence Coherent Can answer questions? yes.

Delusions That this is a poorhouse in Renfrewshire.

Other Abnormalities He is much confused - memory very poor - cannot give a proper account of his preceding life - has no idea where he is.

Appearance an old man - (much older looking than his age)

Skin Smooth - Hair grey -

Eyes blue. Pupils equal. sluggish.

Muscularity fair - Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action K.J. equal active. Special Senses good.

Retina

Lungs Healthy.

Heart Healthy.

Tongue clean. Bowels loose

Other Organs, Abnormalities, Bruises, etc.

Appetite poor

Urine

Menstruation

Pulse 78 Temp. normal.

Height 5 ft. 5½ Weight 108 lb. 2.

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.

251

NAME, David Hewshaw.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30:1:92						This man was violent + excited before admission - his drinking bout has left him much confused - with no clear idea of his late actions or his surroundings. He is quiet + manageable now - slept fairly well last night - has a poor appetite.
11:1:92.						He is much better now can talk clearly + connectedly -
6.4.92						Discharged recovered.

NAME,

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

253

NAME, Robert Steel Bell No.

Admitted, 2:2.92. Pr. Ad.

Sex, Age, 34 Marriage, Married. Occupation, Baker

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Govan.
192 Dumbarton R. Partick.

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

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Robt Stuart Bell.

STATE ON ADMISSION.

Exaltation none.

Depression none.

Excitement a little restless.

Enfeeblement none.

Mental.

Memory good.

Coherence coherent. Can answer questions? yes.

Delusions that he is sent here as a detective - (develops his admission) thinks his friends played a trick on him.

Other Abnormalities he is confused. has little recollection of the events which happened immediately before his admission. has been drinking.

Appearance a healthy man - well developed.

Skin good complexion. Hair fair.

Eyes grey. Pupils equal & responsive.

Muscularity fair - good Fatness fair.

Nervous System—*Motor*

Sensory

Bodily

Reflex Action Knee jerks active. Special Senses good.

Retina

Lungs healthy.

Heart healthy.

Tongue a little furred. Bowels costive.

Other Organs, Abnormalities, Bruises, etc. He stammers badly

Appetite good.

Urine 1026 - deposit urates - scanty -

Menstruation

Pulse 80. Temp.

Height 5 ft 6 - Weight 11 St 10.

Sense *Stone'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 Steel Bell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
4:2:92.						Since this patient was admitted he has been making enquiries as to how long he will be kept. He is very suspicious of his friends & thinks they have played a trick on him - Sometimes he thinks he must have been sent to play the part of a detective.
11:2:92.						Quite quiet - but thinks a great deal & seems a little suspicious - Has not developed any specific delusions - Cannot remember the events which happened immediately before his admission.
13:2:92.						This mans is quite illegible here. His statement is rather worse since admission - during his slight excitement it was better - He does as he has always done - according to his wife's account.

Discharged Recovered.

NAME,

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

257

NAME, George Macfarlane Kerr. No.

Admitted, 3: 2: 92.

Sex, Male Age, 14½. Marriage, Single Pr. Ad.

Education, Religion, Prot. Occupation,

Private or Pauper, Private £25 Where from? 13 + 16 Gordonstoun Strauraer.

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

Duration of Existing Attack

Other Facts or Remarks Epileptic - since childhood

Facts of Medical Certificates

NAME George Macfarlane Kerr.

STATE ON ADMISSION.

Exaltation –

Depression –

Excitement A resistive at present. – during his fits after them he gets unmanageable.

Enfeeblement somewhat confused & slow in answering questions

Mental.

Memory fair.

Coherence coherent. Can answer questions? yes.

Delusions

Other Abnormalities

Appearance a fresh complexioned looking lad.

Skin clear Hair brown hair.

Eyes brown Pupils equal & mobile.

Muscularity fair. Fatness fair.

Nervous System—*Motor*

Sensory

Bodily

Reflex Action K. J. increased. Special Senses good.

Retina

Lungs healthy.

Heart healthy.

Tongue a little furred. Bowels costive

Other Organs, Abnormalities, Bruises, etc.

Appetite fair.

Urine 1026 – deposit of phosphates. Normal

Menstruation

Pulse 80. Temp.

Height 5-7½ /. Weight 7 – 9 –

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.

259

NAME, Joseph George Macfarlane Kerr.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
4:2:92.						Takes epileptic fits - these attacks of [illegible] & resistive cum after them. Has not been sensitive to admission but that is passing off now.
11.2:92.						Has taken no fits - as yet. Says they are a nuisance & quite [illegible]
10-XII-93						Quiet. is quite into the routine of the house. Admitted sick & take his fits regularly
3-3-93						No change.
4-X-93						Is very much [illegible] - does anything [illegible]. Takes his fits as usual. Very violent to [illegible] & always refers to — Knife that was stolen from him in Stornoway. Greedy at meal times & steals if he gets the chance.

29. 7. 95

NAME,

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

261

NAME, James Paisley. No.

Admitted, 3:2:92. Pr. Ad.

Sex, Age, 60. Marriage, Single Occupation, Labourer

Education, Religion, Prot.

Private or Pauper, Private 1/25 Where from? Buccleuch St. Infirmary

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME James Paisley

STATE ON ADMISSION.

Exaltation

Depression

Excitement Great restlessness - with intervals of apparent excitement.

Enfeeblement —

Memory —

Coherence —

Can answer questions? Will not speak

Delusions —

Other Abnormalities

Appearance A very bruised man indeed.

Skin Much bruised & grazed. Hair Scanty - grey.

Eyes blue Pupils Equal & mobile.

Muscularity fair. Fatness fair.

Nervous System—*Motor* There seems the left facial paralysis - but attempts at examination impossible today - Hemiplegia.

Sensory

Reflex Action Knee Jerks & Plantar Special Senses —

Pelvis defæcation all right.

Lungs Some bronchitis on left lung - Resonance on percussion -

Heart Sounds distant & murmurless

Tongue will not protrude it. Bowels Costive.

Other Organs, Abnormalities, Bruises, etc. Bruises - on - right side of forehead - Sternum right Clavicle - each elbow (large) Several on each forearm - Large one on outer side of left thigh above knee. Several small on right leg.

Appetite Retype black. Cut on back of head 1 in. long.

Urine

Menstruation

Pulse 80. Temp. 100·5°

Height 5' 6". Weight 11 · 11

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, James Paisley.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
4:2:92		(100·5) 99.				This patient is much bruised. He lies in bed & is very restless – will not speak – is drowsy & seems to be suffering from slight concussion of brain – besides his other injuries. Left side of face seems paralysed – but at present it is impossible to make a proper examination.
5:2:92						He is quieter today – but talks incoherently – with great difficulty can be persuaded to take sufficient food.
11:2:92.						He is up now says he feels very sore & aches. Can speak better but seems to have a little difficulty in recollecting words yet. His excitement has gone & he is quiet enough when not disturbed much.
13:2:92						A little confusion is left & he has a melancholic expression – he is greatly improved & can talk quite sensibly – but speaks slowly with a 'cautious' speech.
10-12-93						Addresses me in very dignified way – comes quite close to me & kisses it into your face. Says he knows it is time that he is ill. Says not working as regular but is at work to-day. Speaks still in slow scanning accent & is making progress steadily.
3-5-93						Quiet, civil & good. Inclined to be talkative at times. At work on his farm.
4-X-93						Put his finger into one little toe & kept cattle enough of mine on them & never let out the claw. Is not improving
February 18th 1897						This patient is now a big fat unhealthy looking dement. His health has always been good. He cannot answer any question correctly except his own name. His stupid rambling incoherent. In dirty in his habits
11th Dec 1897						Died today.

NAME,

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

265

NAME, Samuel Simon- No.

Admitted, 4:2:92. Pr. Ad.

Sex, Male. Age, 25. Marriage, Occupation, Painter

Education, Religion, Jewish.

Private or Pauper, Pauper. Where from? Govan-

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Samuel Simon.

STATE ON ADMISSION.

Exaltation –

Depression –

Excitement –

Enfeeblement –

Memory –

Coherence –

Can answer questions? will not speak.

Delusions –

Other Abnormalities He is in a stuporous condition will not speak. or do any thing he is asked. very restless.

Appearance a dark complexioned man - regular features.

Skin dark.

Hair black brown hair.

Eyes blue

Pupils equal & sluggish.

Muscularity good.

Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action

Special Senses

Retina

Lungs healthy.

Heart healthy.

Tongue –

Bowels Costive.

Other Organs, Abnormalities, Bruises, etc.

Appetite none.

Urine

Menstruation

Pulse 78.

Temp.

Height 5ft 4½

Weight 887.9.

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 Simon.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
6:2:92.						This man is in a state of melancholia stupor he will not speak - is very restless & with difficulty can be kept to take food. He seems quite conscious as to what is going on round him.
8:2:92.						Still fed with tube but is speaking a little now.
9:2:92.						Looks alittle more tidy - & is quite sensible cannot tell what has been wrong with him
10:2:92.						Very pleasant now to talk to. Says he is quite right & wishes home. Takes his food well now & has good appetite - In a great state of delight because he has been given a bed now to his mind
13:2:92.						He goes about now ~~most~~ in the gallery (sick room) free - is very pleasant. Looks when awake & seems all right.
25-2:92.						Discharged Recovered.

NAME,

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

NAME, James Douglas M'Clymont. No.

Admitted, 23:2:92. Pr. Ad.

Sex, M. Age, 46 Marriage, Married. Occupation, Draper Hawker.

Education, Religion,

Private or Pauper, Private £25 Where from? 38 High Street Dalbeattie.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME James Douglas McClymont.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression great.

Excitement great. is restless

Enfeeblement

Memory can't be tested

Coherence incoherent. Can answer questions?

Delusions that he is conspired against

Other Abnormalities this is a great state of fear & very suspicious

Bodily.

Appearance a thin man much emaciated Complexion very pasty.

Skin Hair grey scanty.

Eyes grey. Pupils equal & active.

Muscularity very poor. Fatness very poor

Nervous System—*Motor*

Sensory

Reflex Action K. J. increased. Special Senses

Retina

Lungs —

Heart feeble. Inorganic murmur

Tongue much furred Bowels Costive.

Other Organs, Abnormalities, Bruises, etc.

Appetite very poor.

Urine 1022. ac. with. very dark

Menstruation

Pulse 90. Temp. Normal

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.

271

NAME, James Douglas McLymont.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
24:2:92.						The patient is in a very weak state indeed. He has no appetite & is with difficulty persuaded to take enough nourishment. He is restless & does not sleep well. Gives Whisky & Stomachic mixture.
25:2:92.						McLymont is rather better & does not require his food so much. He is extremely suspicious & sometimes very restless.
7.5.92.						Discharged recovered.

NAME,

Tempera. Morn.	Tempera. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

273

NAME, Michael McCafferty. No.

Admitted, 24:2:92. Pr. Ad.

Sex, Age, 27. Marriage, Single. Occupation, Lab-

Education, Religion, R.C.

Private or Pauper, Pauper Where from? Shotts.

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

Facts of Medical Certificates

NAME Michael McCafferty.

STATE ON ADMISSION.

Exaltation

Depression Some.

Excitement None.

Enfeeblement

Memory good.

Coherence Coherence. Can answer questions? yes.

Delusions

Other Abnormalities Says he has pains in his head. & that he is afraid to work because impulses come over him to attack his fellow workmen.

Appearance

Skin rough Hair dk brown.

Eyes blue Pupils equal and mobile.

Muscularity fair. Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action K.J. active Special Senses good

Retina

Lungs Comparative dulness in R^t Apex. Coarse Crep. at that part end of inspiration. A few Sibilant râles heard all over Chest.

Heart Sounds normal no murmur.

Tongue slightly furred - tremulous. Bowels Costive.

Other Organs, Abnormalities, Bruises, etc. A few small ulcers only. & an slight past (emphysema) on Chest. Traces of Syphilis.

Appetite fair.

Urine

Menstruation

Pulse 84. Temp. normal

Height 5 ft. 7½ Weight 11 St. 4.

isease *Skae's Classification*

eneral 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.

275

NAME, Michael McCafferty.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
25:2:92.						This patient complains of pains in his head and acknowledges his homicidal impulses persist. Says he is afraid to work on that account. He was in force for some time some relief again past last December. He has done little work since that. He takes his food fairly well. & slept well last night.
15·4·92						Very much better: gives no trouble: works well. is cheery and says he is now better: general health good.
7·6·92						Discharged recovered.

AME,

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

277

NAME, Peter Sinclair. No.

Admitted, 25:2:92. Pr. Ad.

Sex, Age, Marriage, Occupation,

Education, Religion, Protestant.

Private or Pauper, Pauper Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration Where treated Montrose.

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 Peter Sinclair.

STATE ON ADMISSION.

Exaltation has slight exaltation.

Depression none.

Excitement a little restless.

Enfeeblement none.

Memory good

Coherence Coherent Can answer questions? yes.

Delusions

Other Abnormalities when he gets any drink - he gets much excited. has been drinking lately

Appearance a healthy. intelligent looking man -

Skin clear. Hair grey.

Eyes grey. Pupils equal and mobile.

Muscularity fair - Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action Knee jerks equal Special Senses good

Retina

Lungs Comparative dulness in Rt apex - ~~appreciable~~ Bronchi. resicular breathing.

Heart Healthy.

Tongue Clean - Bowels Costive a little.

Other Organs, Abnormalities, Bruises, etc. bruise - over sacrum - got during a drinking bout.

Appetite good.

Urine 1024 Roseburner acid -

Menstruation

Pulse 66 - Temp. normal.

Height 5' - 6½" Weight 10 - 2.

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.

279

NAME, Peter Sinclair.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
27:2:92.						This man suffers from Mania ē Potū. was taken in Morningside and seems to have been a great favourite there as he was much pampered. Consequently he complains of the treatment here & wishes exhibition is very helpful to the attendants.
9.3.92						Discharged Recovered

AME,

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

281

NAME, John Anderson - No.

Admitted, 27: 2: 92. Pr. Ad.

Sex, Age, 62. Marriage, Married Occupation, Engineer.

Education, Religion, Protestant.

Private or Pauper, Pauper: Private House. Where from? Hamilton

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. *Kind*
- *Duration* *Where treated*
- Hered. History—*Insanity*
- *Other Diseases* Epileptic.
- 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 John Anderson.

STATE ON ADMISSION.

Mental

Exaltation

Depression None.

Excitement very restless.

Enfeeblement none

Memory poor.

Coherence coherent. Can answer questions? yes

Delusions

Other Abnormalities Looks suspicious & around. seems very much afraid.

Bodily

Appearance a healthy man.

Skin clean Hair grey.

Eyes blue. Pupils equal and mobile.

Muscularity fair. Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action Knee jerks present Special Senses ~~fair~~ a little deaf.

~~Retina~~ difficult to elicit

Lungs Healthy.

Heart Healthy.

Tongue a little tremulous furred. Bowels costive.

Other Organs, Abnormalities, Bruises, etc. Small bruise on left shin.

Appetite fair.

Urine 1010 very pale. acid watt

Menstruation

Pulse 80. Temp.

Height 5ft 7. Weight 10. St.

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.

283

NAME, John Anderson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
25:2:92.						This man is an Injunct & seems to have over-worked himself - He is very despairing - has a poor memory cannot tell when his - He slept well last night.
20-X-93						His wife has been ill & he speaks of her. She finds keeping separated of this - they spend to pay for him. He is now in first stage. He is an epileptic - is re-received after his fits - spending very his pretty last fit. Is not improving.

Disch.

NAME,

Tempert. Morn.	Tempert. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

285

Exc.

NAME, Peter McDonald No.

Admitted, 27:2:92. Pr. Ad.

Sex, Male. Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Pauper Where from? Sterling District Asylum Lambert

HISTORY.

Disposition

Habits

Previous Attacks—No. Transferred from Kind

Duration S.D.A. Where treated Lambert

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 Peter McDonald

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement

Memory good

Coherence coherent. Can answer questions? yes.

Delusions has delusions of suspicion against Dr Mcpherson - the superintendent of L.D.A.

Other Abnormalities

Appearance wealthy looking man.

Skin Clear Hair dk brown.

Eyes blue Pupils equal and mobile.

Muscularity fair - Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action knee jerks equal Special Senses good except slight deafness.

Retina

Lungs Healthy,

Heart Healthy.

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, etc.

Appetite good

Urine 1015 ac acid.

Menstruation

Pulse 70 Temp.

Height 5 - 6½ Weight 9 St 4 -

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.

287

NAME, Peter McDonald.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
28:2:92.						This man was transferred from Larbert - he has taken a great antipathy to the Medical Superintendent there. She made it a time of disquiet - otherwise he is a nice man but subject to unreasoning suspicion -
6-2-93						Peter is still invisible at times. He has given no trouble here. He is often rather distrait. He is not working just now, but has been indoors for long time previously finger still being crooked.
15.5.93						Transferred to Larbert.

NAME,

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

289

NAME, John Smith. No.

Admitted, 29:2:92 Pr. Ad.

Sex, Age, 64 Marriage, married. Occupation, Miner

Education, Religion, Protestant.

~~Pauper~~ or Pauper, Subject. Where from? Motherwell

87 New Logans Road.

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

Duration of Existing Attack Afew months.

Other Facts or Remarks

Facts of Medical Certificates

NAME John Smith.

STATE ON ADMISSION.

Exaltation none

Depression some. because of the bother his hallucinations cause him.

Excitement sometimes excited.

Enfeeblement — ?

Memory fair.

Coherence coherent. Can answer questions? yes.

Delusions that a man talks to him - makes him shake. causes his feet to be cold & warm as the case may be.

Other Abnormalities has many hallucinations of hearing.

Appearance a fairly healthy man.

Skin rough Hair grey.

Eyes Pupils unequal.

Muscularity fair. Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action normal Special Senses Catarct of left eye dec.

Retina

Lungs healthy.

Heart rapid. Irregular.

Tongue slight tremor Bowels Costive.

Other Organs, Abnormalities, Bruises, etc.

Appetite fair -

Urine

Menstruation

Pulse 95. Temp. normal

Height 5/4 6½ Weight 95 st. 9.

Disease *Stoddart'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.

291

NAME, John Smith.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
1:2:92.						John Smith is very subject to hallucinations of hearing. He believes there is a man near him who speaks to him. & who comes him to shake it a certain way. He is very amusing in describing his hallucinations.
6.3.92						His feet and legs are slightly oedematous. No change in his mental condition.
5.6.93						John's head is constantly in motion. He says it is due to men working on him. & that if I do not go away for my holidays again, they will trouble working on me also.
4-X-93						Hallucinations as. Spirits are always going to work wonders with John. & "on the S. too". The dreadful things that John threatens are very amusing. His head is still kept in constant motion. He is evident communicating with the Spirit

29.5.95

NAME,

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

NAME, Robert Mills - *No.*

Admitted, 2:3:92.

Sex, *Age,* 26 *Marriage,* *Pr. Ad.*

Occupation, School-teacher

Education, *Religion,*

Private or Pauper, Priv. £25 *Where from?* ~~Kirkbean~~. Kirkcudbright.

HISTORY.

Causation.

- Disposition
- Habits
- Previous Attacks—No. *Kind*
- *Duration* *Where treated* C.R.I. 1890 Glen Stuppose
- 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 Robert Mills -

STATE ON ADMISSION.

Exaltation He is much excited - other people about is are excited too - prowls as if he was teaching

Depression none.

Excitement Great. Progressive.

Enfeeblement Severe

Memory —

Coherence Incoherent Can answer questions? No -

Delusions —

Other Abnormalities

Appearance a man rundown in health.

Skin dusky - Hair Dk. brown.

Eyes Grey - Pupils dilated thyroid.

Muscularity poor Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action Very active K.J. Special Senses

Retina

Lungs Lengthened inspiration at apices - dull, tranquil on percussion

Heart Rapid -

Tongue — Bowels Costive.

Other Organs, Abnormalities, Bruises, etc. —

Appetite poor.

Urine

Menstruation

Pulse 90. Weight in Volume 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.

295

NAME, Robert Mills -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
2:3:92.						This man is extremely excited cannot answer questions & talks quickly incoherently. He is very costive & give 10 gr Calomel. He was under treatment before in 1890. Under Dr Stephenson.
4.3.92						He was excited and restless yesterday. Was shouted incessantly & attempted to attack those around him. He slept none last night and was very excited this morning. This evening is rather quieter and talks more coherently.
7.3.92						At present he is in a similarly maniacal condition. Is noisy and restless day and night.
17.3.92						He now much quieter.
19.11.92						Discharged.

NAME,

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

297

NAME, William Hood McKinlay No.

Admitted, 4th March 1892 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, Pauper Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One Kind

Duration Where treated Not under treatment.

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Doubtful

Dangerous Yes.

Duration of Existing Attack A few days.

Other Facts or Remarks He has been insane more or less for over a year, but has continued to work at his trade until a few days ago.

Facts of Medical Certificates I. Stupid, incoherent, has delusions, cannot look after himself, is unmanageable, and at times outrageous.

II. As above.

NAME William Lloyd McKinlay.

STATE ON ADMISSION.

Exaltation

Depression He is depressed and miserable. says he wishes to go to hell.

Excitement He is very excitable and restless. and at times becomes suddenly impulsive. jumps up off his seat and tries to strike some one.

Enfeeblement He looks partially demented

Memory

Coherence Generally incoherent Can answer questions? Some.

Delusions That he is going to Hell at once.

Other Abnormalities

Appearance A young lad with sallow complexion.

Skin dirty Hair Dark

Eyes brown Pupils Equal. react. contract

Muscularity fair Fatness poor

Nervous System—*Motor* Great restlessness.

Sensory

Reflex Action Special Senses

Retina

Lungs apparently normal. A proper examination cannot be made owing to restlessness of patient

Heart No murmur detected

Tongue dry furred Bowels Costive

Other Organs, Abnormalities, Bruises, etc. No bruises

Appetite nil

Urine healthy

Menstruation

Pulse 85 weak Temp.

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

Disease *State'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.

299

NAME, William Hood McKinlay

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
5·3·92						He was restless and noisy all last night: to-day shouts at the pitch of his voice that he wants to go Hell, assaults the attendants & nurses found. Has been a good purge.
7·3·92						He is being fed with the tube: is much quieter and sleeps better at night. Sometimes becomes restless and excited. shouts that he is going to hell.
14·3·92						He is in a stupid dazed condition: on being spoken to says he is going to heaven. Sometimes he becomes a little restless and noisy. He is not taking food well.
6-VII-92						a silly expression - getting fatter. sits all day & also in bed.
6·2·93						Willie gets at nothing & likes a "chew". Little or no improvement in mental condition.
4-X-93						Very much the same - dull & listless - mildly demented - gets at nothing in the grass but "squad" is very fond of his "chew". Not improving
23rd June 1898:—						Transferred to day to Hawthorn

NAME,

Tempernt. Morn.	Tempernt. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

NAME, Richard Portous No.

Admitted, 5th March 1892 Pr. Ad.

Sex, Male Age, 48 Marriage, Married Occupation, Ploughman

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Dunsyre.

HISTORY.

Cessation.

Disposition

Habits

Previous Attacks—No. Three Kind

Duration Where treated Bothwell

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

Other Facts or Remarks Has been the cause to be the terror of country side. Some years ago he was taken to Bothwell Park guarded with rope round feet, so tight that one foot got gangrenous had to be amputated. He used Inspector Opdenyer.

Inspector wants him kept here as long as possible, as when outside, he is the head of all.

Facts of Medical Certificates I. Excited appearance, incoherence; has an delusion that either his wife or himself should be put into the other world.

II. Has attempted to injure his wife.

NAME Richard Porteous

STATE ON ADMISSION.

Exaltation None

Depression He is moody, taciturn, and depressed.

Excitement He is irritable and excitable.

Enfeeblement None

Memory Good

Coherence Coherent Can answer questions? yes.

Delusions That he, or his wife should be killed.

Other Abnormalities

Appearance A pompously built man

Skin Hair dark

Eyes blue Pupils equal, react. contract

Muscularity good Fatness good

Nervous System—*Motor* Reflexes.

Sensory Normal

Reflex Action Normal Special Senses Healthy

Retina

Lungs healthy.

Heart, action rapid: 1st sound lengthened.

Tongue dry and coated with a white fur Bowels regular.

Other Organs, Abnormalities, Bruises, etc. Left leg amputated in its lower third: good stump. No bruises

Appetite fair

Urine healthy

Menstruation

Pulse 104. weak Temp.

Height 5ft 11 in Weight 12 St 10 lb.

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 Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, Richard Porteous.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
7.3.92						This patient has a good appetite and sleeps well at night. He is taciturn, moody & easily irritated. He has various delusions e.g. that he & his wife ought to be killed.
17.3.92						He is often noisy and troublesome at night: occasionally is impulsive and violent, striking out at those around him: at other times is quiet, and talks sensibly. His bodily health continues fair and he has a good appetite.
6-VI-92						At present very well - tidy & neat. Makes himself useful in helping at feeding, cleaning knives &c.
4-X-93						He clears in Richardson's last note - Looks quiet - very sensible - & seems quite at home. Speaks now & again [illegible] outside. He is at times very [illegible] He has no control whatever during the last year.
5.7.95						Dick is still of considerable use. He is correct in his temper he is apt to become a little excited but on the whole he has improved a good deal. At times he helps at nights.
3.6.96						Dick is definitely employed at night to assist the night watch and is very useful at it. He is kind and considerate to the patients
31.10.96						Richard was discharged recovered.

NAME,

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

305

NAME, Patrick Mullen No.

Admitted, 11th March 1892 Pr. Ad.

Sex, Male Age, 57 Marriage, widower Occupation, Labour.

Education, Religion, Roman Catholic

Private or Pauper, Pauper Where from? City Parish, Glasgow.

HISTORY.

Occasion.

Disposition

Habits

Previous Attacks—No. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing Injury to head about 14 years ago.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates I. Demented, quite incapable to taking care of himself. His daughter states that he is afraid of some one killing or poisoning him.

II. Dull & demented – unable to answer questions or make any coherent remarks

NAME Patrick Mullen

STATE ON ADMISSION.

Exaltation None

Depression None

Excitement None.

Enfeeblement Absolutely demented and dead to the world.

Memory None

Coherence —— Can answer questions? No.

Delusions None.

Other Abnormalities He is in a moribund condition.

Appearance That of a dying person.

Skin pale, cold, clammy. Hair dark.

Eyes conjugate deviation to left side, brown Pupils immobile left smaller than right

Muscularity poor Fatness poor

Nervous System—*Motor* He is unable to stand – almost unable to sit: muscular power appears to be feeble: the muscles are in a state of tonic contraction.

Sensory sensation to pain and touch is blunted.

Reflex Action Normal. Special Senses

Retina

Lungs Bronchitis in both lungs. Resp 14.

Heart's action very feeble and slow: 1st sound almost inaudible

Tongue Bowels

Other Organs, Abnormalities, Bruises, etc.

Appetite Nil

Urine

Menstruation

Pulse 40 weak Temp (mouth) 95. Therm. will not register.

Height Weight

Disease *Shae'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.

307

NAME, Patrick Mullen.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
			40.			
12·3·92			30	30 27.		On admission yesterday evening he was put to bed wrapped in warm blankets, hot bottles placed around him in the endeavour to warm him up: hot drinks & whisky administered: they have had no effect and although surrounded with hot bottles his body is quite cold. He is unconscious: is able to swallow when food placed in the back of his mouth.
13·3·92						No registration of temp. has been taken, and last night his body felt as if at about 80°7: it actually felt colder than articles in the room. Pulse last night was 27. very weak: Resp 12. He gradually sank and died at 2·30 A. M. this morning.

NAME,

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

309

NAME, George Aitken No.

Admitted, 18th March 1892 Pr. Ad.

Sex, Male Age, 20 Marriage, Single Occupation, None

Education, Religion, Protestant

Private or Pauper, Private £25. Where from? Father, Wm Aitken, Sandon Vil Dumfries

HISTORY.

Constitution.

Disposition

Habits has been unable to learn any trade

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Epilepsy since childhood

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes.

Duration of Existing Attack Several months

Other Facts or Remarks Is an epileptic

Facts of Medical Certificates I. demented appearance. stupid: defective memory. Is unmanageable, at times violent and dangerous.

II. Inability to learn a trade; imbecile appearance. Is unmanageable when the fits are approaching.

NAME George Aitken

STATE ON ADMISSION.

Exaltation None

Depression None

Excitement None

Enfeeblement Dull and stupid looking.

Memory defective

Coherence Coherent Can answer questions? Yes.

Delusions None

Other Abnormalities He had a slight epileptic fit in the waiting room.

Appearance coarse featured, demented looking.

Skin Hair Fair

Eyes grey Pupils equal, react. contract

Muscularity good Fatness good

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Healthy

Retina

Lungs Healthy

Heart Healthy

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, etc. Slight bruise on bridge of nose

Appetite good

Urine healthy

Menstruation

Pulse 76 Temp.

Height 5 ft 4½ in Weight 108 lbs 4 lbs.

Disease Epileptic insanity *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.

311

NAME, George Aitken.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
20.3.92						He has had no fits since admission. He is slow and stupid and so far has shown no signs of improvement.
10-12-92						Is quiet & easily managed. Gets outside work. Takes fits that very much. & is more confused & makes effort than. Has a long dull expression & marked slowness of speech.
3-3-93						Is not improving. He is a good worker & very complaining man. A great deal for writing letters.
4-8-93						George is very much exhausted now feeling & takes his fits regularly. is very well & quiet. Returns there is pleasant & active & takes interest in work. Cognitive condition as ever.

25. 9. 95

NAME,

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

313

NAME, James Wood. No.

Admitted, March 28th 1892 Pr. Ad.

Sex, male Age, 34 Marriage, married Occupation, Miner

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Govan.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing previous attack.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous at times

Duration of Existing Attack three months.

Other Facts or Remarks the subject of chronic bronchitis.
Transfered from Ayr District Asylum.

Facts of Medical Certificates

Dr. Wallace. Demented in speech & conversation;
at times excitable incoherent and
violently maniacal.

NAME James Wood

STATE ON ADMISSION.

Exaltation none

Depression slightly depressed

Excitement none

Enfeeblement slight

Memory good

Coherence quite coherent Can answer questions? Yes

Delusions

Other Abnormalities

Appearance pale faced: anæmic.

Skin healthy Hair dark & scarce

Eyes bluish grey Pupils equal responsive.

Muscularity fair Fatness fair.

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal Special Senses healthy

Retina

Lungs sonorous & sibilant râles: expiration prolonged.

Heart Sounds healthy & full.

Tongue furred Bowels

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises.

Appetite food

Urine Sp. gr. 1020: normal.

Menstruation

Pulse 80 Temp. normal.

Height 5 Ft. 6 in. Weight 9 st. 2 lbs.

Disease *Stat's Classification*

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

A Acute Delirium of 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.

NAME, James Wood.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
31·3·92						Keeps well: eats and sleeps well: remains quiet and is quite coherent.
2·4·92.						In good health: mental quietude: does a little work inside.
6·4·92.						Health improving: appetite good: writes a good deal to friends. Of fair composition: speaks sensibly: expression of face weak.
15·4·92.						Not so well as he was. Looks excited and stupid and is very lazy: he does not correspond with his friends so much as he did.
30·4·92.						Not much better: requires careful watching.
1·5·92.						Bears a very suspicious look: eyes watery: he is not so diligent as he was, and not so anxious to correspond with his friend
1·6·92.						He is lazier than he was: he has a heavy, cunning, scheming aspect: mental processes sluggishly performed:
1·7·92.						No improvement since last entry.
1·8·92.						Looking a little brighter: he appears more anxious for work
27·8·92.						Discharged by minute of Board.

NAME,

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

317

NAME, James Mc Donald No.

Admitted, March 30th 1892 Pr. Ad.

Sex, male Age, 38 Marriage, single Occupation, labourer

Education, Religion, Protestant

Private or Pauper, pauper Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. no Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities impulsive

Suicidal doubtful

Dangerous yes

Duration of Existing Attack not known

Other Facts or Remarks Epileptic

Facts of Medical Certificates

I Dr Kirk. subject of delusions: policeman took the clothes off him: threw himself out of a window and cannot say why.

II Dr Campbell. dull stupid look: hesitates in answering questions: memory defective.

NAME James Mc Donald.

STATE ON ADMISSION.

Exaltation none

Depression none

Excitement none

Enfeeblement slight

Memory good

Coherence quite coherent Can answer questions? Yes intelligently.

Delusions that he is has been grossly wronged.

Other Abnormalities

Appearance healthy looking man

Skin dusky Hair dark

Eyes bluish grey. Pupils equal responsive.

Muscularity good Fatness fair

Nervous System—*Motor* normal

Sensory normal

Reflex Action tendon reflex exaggerated Special Senses normal.

Retina

Lungs healthy.

Heart strong and pure.

Tongue coated Bowels costive.

Other Organs, Abnormalities, Bruises, etc. slight splenic enlargement.
No bruises.

Appetite fair

Urine Sp. gr. 1025 no alb. & sugar.

Menstruation

Pulse 100 Temp. normal.

Height 5 Ft. 11 in. Weight 8 st. 2 lbs.

Disease *Shaw'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.

319

NAME, James Mc Donald

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
2·A·92.						Keeps well: has had no fits: declares that he has been wronged by everybody.
6·A·92.						Gives little trouble: health remains good declares he should not be here.
8·A·92.						Writes a great deal of 'Poetry': is looking better than on admission: quiet.
18·A·92						Colour very much improved: no fits: behaves decorously: appetite good.
30·A·92.						Still Keeps well.
20·5·92.						Walking inside: he occasionally grumble at his confinement: general health has improved very much.
31·5·92.						Discharged recovered.

NAME,

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

321

NAME, John Kirkpatrick. No.

Admitted, March 31st 1892. Pr. Ad.

Sex, male Age, 36 Marriage, married Occupation, iron-driller

Education, Religion, Protestant.

Private or Pauper, pauper. Where from? Partick, Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing Epilepsia.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities nervous & excitable.

Suicidal no

Dangerous yes

Duration of Existing Attack a few days.

Other Facts or Remarks said to be epileptic.

Facts of Medical Certificates

I Dr Campbell. wild excited look: does not know why he was in police office.

II Dr Kirk. nervous agitated incoherent: cannot explain why he does not go to work.

NAME John Kirkpatrick.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression none.

Excitement nervous and excitable.

Enfeeblement slow to answer questions and not very intelligently.

Memory a little impaired.

Coherence good. Can answer questions? Yes.

Delusions hears voices from under the floor.

Other Abnormalities

Bodily.

Appearance dusky complexion

Skin healthy Hair dark.

Eyes grey. Pupils pupils equal active.

Muscularity good Fatness very fair.

Nervous System—*Motor* normal.

Sensory

Reflex Action normal Special Senses normal.

Retina

Lungs healthy

Heart healthy

Tongue coated Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

no bruises.

Appetite good.

Urine normal.

Menstruation

Pulse 86 good Temp. normal.

Height 5 Ft. 8 in. Weight 10 st.

Disease *Slade'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.

323

NAME, John Kirkpatrick.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
2·A·92.						In good health: has hallucinations of hearing voices under the floor which keep him restless at night.
6·4·92						Restless and noisy especially at night. Wild excited look.
11·A·92.						Very much quieter: sleeps well at night: is working well outside: more sensible when spoken to: memory improving.
20·4·92.						Very much better: is pleasant and cheery and is a very good and diligent worker.
30·A·92.						Still continues to improve.
20·5·92.						In good mental and bodily condition.
~~17~~ 13·6·92						Discharged recovered.

CASE.

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

325

NAME, Henry Weir No.

Admitted, April 1st 1892 Pr. Ad.

Sex, male. Age, 20 Marriage, Single Occupation, gardener.

Education, Religion, Protestant.

Private or Pauper, pauper. Where from? Moffat.

HISTORY.

Connexion.

Disposition

Habits

Previous Attacks—No. one attack before. Kind

Duration Where treated C. R. I.

Hered. History—Insanity

Other Diseases

Predisposing previous attack.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous may become so

Duration of Existing Attack 2 weeks.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Mono. rambling excited: was left a large estate but cannot get possession of it.

II Dr Hutkin incoherent and rambling: mental exaltation

NAME Henry Weir.

STATE ON ADMISSION.

Mental

Exaltation Slight exaltation.

Depression none.

Excitement Talkative.

Infeeblement –

Memory good.

Coherence quite coherent Can answer questions? Yes intelligently.

Delusions

Other Abnormalities

Bodily

Appearance healthy looking lad.

Skin healthy Hair brown

Eyes grey Pupils equal responsive.

Muscularity good Fatness good.

Nervous System—*Motor* normal.

Sensory

Reflex Action Knee reflex diminished Special Senses normal.

Retina

Lungs healthy

Heart healthy

Tongue coated Bowels regular

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite good.

Urine normal.

Menstruation

Pulse 80 good Temp. normal.

Height 5. Ft. 6½ in. Weight 9 st.

Disease *Stoc's Classification*

General Bodily Health and Condition good.

PREDOMINANT FEATURES.

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.

327

NAME, Henry Weir

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
5·4·92.						Talkative: considers himself of great importance easily managed: works outside.
10·4·92.						Colour much improved: weight increasing: not so talkative:
15·4·92.						Rather more talkative: expresses delusions about the police force and Jack the Ripper. Talks as if he were of great importance and a typical case of adolescent insanity.
30·4·92.						Continues the same.
15·5·92.						He is variable in mood: sometimes he is taciturn and takes no notice of anyone, at other times he is obtrusive. His general health is improving.
15·6·92.						Not so well mentally as he was: does not obtrude himself on one's attention as he did at first: smiles with sardonic expression when spoken to: general health improving.
7·7·92.						His mental condition is unstable: at times he is communicative, and at other times taciturn: he always bears an expression of forwardness and importance. General health more robust.
7·8·92.						He is quiet and unobtrusive: he works well and his bodily health is much improved.
10-12-92						Is working down at Hanwell Field - 6 years ago. Left home. Played & spoke to 4 years with cornets.
5-5-93						Has had Pleurisy of right side with large effusion which is very gradually absorbed. Has left him very weak - at present getting gradually stronger. Mental state very much as before.
15-9-93						Has refused to work at Hanwell Field. is very reluctant in point. Kept in house. Is not taking any medicine at present. Temperature O.
4-11-93						Has been seen in bed for last few days with diarrhoea. Is very impatient & irritable & much worse mentally than he has been for some time. Both ankles & knees swollen. Heart beats fair for good.

NAME.

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					.96.

Discharged today entirely recovered as far as his mental state is concerned. His bodily health however is much worse. He seems to be tubercular to the core. For more than a year he has had tubercular disease of the right forearm & hand in the wrist and affecting the ulnar. Now are still two discharging sinuses. There is also white swelling of the left elbow which has not discharged nor been opened.
Both lungs are affected somewhat with phthisis and his cough is very hard and often makes him vomit. His bowels also are apparently tubercular, and very loose.
He looks very thin and tubercular, and does not seem as if he could live very long. Complains greatly of pain in his back at times (lumbar region)

329

NAME, Alexander Mack. No.

Admitted, 2. 4. 92. Pr. Ad.

Sex, male Age, 41 Marriage, married Occupation,

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Eastfield.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. previous attack Kind

Duration Where treated Woodilee Asylum

Hered. History—*Insanity*

Other Diseases

Predisposing previous attack

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal beginning to be

Dangerous no

Duration of Existing Attack two weeks

Other Facts or Remarks

Facts of Medical Certificates

I Dr Caldwell. unsettled aspect : rambling : says some one will kill him.

NAME Alexander Mack.

STATE ON ADMISSION.

Mental.

Exaltation none

Depression very marked depression.

Excitement none.

Infeeblement none.

Memory good

Coherence coherent Can answer questions? Yes intelligently.

Delusions of impending death: some one going to kill him.

Other Abnormalities

Bodily.

Appearance thin Pale faced man.

Skin healthy Hair brown

Eyes brown Pupils equal responsive.

Muscularity good Fatness fair.

Nervous System—*Motor* Knee reflex absent.

Sensory normal.

Reflex Action Knee reflex absent. Special Senses

Retina

Lungs healthy.

Heart an aortic regurgitant murmur: hypertrophied.

Tongue coated Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises

Appetite fair

Urine normal.

Menstruation

Pulse 76 water-hammer Temp. normal.

Height 5 Ft. 3 in. Weight 9 st.

Disease *Skae's Classification*

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

Acute Delirious 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.

331

NAME, Alexander Mack.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
5.4.92.						Exceedingly depressed: thinks he is going to [illegible]. Heart excited: V.S. and V.D. distinct at 6 [illegible].
7.4.92						Says that something is going to come over him very depressed: memory not very good: slight mental enfeeblement.
11.4.92.						Says he sees that he has been insane & that his delusions were unwarranted; does not look so pinched & care-worn.
15.5.92.						Depression has passed off: he says he is feeling quite his usual: his general health has improved very much.
7.6.92.						Discharged recovered.

VA.E,

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

333

NAME, Henry Smith — No.

Admitted, 2.4.92. — Pr. Ad.

Sex, male — Age, 50 — Marriage, married — Occupation, miller.

Education, — Religion, Protestant

Private or Pauper, pauper — Where from? Dumfries.

HISTORY.

Causation.

- Disposition
- Habits
- Previous Attacks—No. none — *Kind*
  - *Duration* — *Where treated*
- Hered. History —*Insanity*
  - *Other Diseases*
- Predisposing
- Exciting

Symptoms. Fivst.

- Mental
- Bodily

Recent.

- Mental
- Bodily

Insane Habits and Propensities

Suicidal no

Dangerous no

Duration of Existing Attack a month.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Marshall: Vacant expression: sees christ & God.

II Dr Smith: incoherent: cannot answer questions in a sane manner.

NAME Henry Smith.

STATE ON ADMISSION.

Exaltation great exaltation

Depression —

Excitement is restless and noisy : speaks much :

Infeeblement memory impaired.

Memory impaired

Coherence coherent. Can answer questions? Yes but not without delusions.

Delusions that he makes hymns to the Almighty and keeps company with angels.

Other Abnormalities

Appearance pale excitable looking man.

Skin healthy Hair dark, scarce.

Eyes blue, dilated Pupils dilated, equal.

Muscularity good Fatness fair

Nervous System—*Motor* normal.

Sensory

Reflex Action normal. Special Senses

Retina

Lungs healthy

Heart healthy

Tongue furred Bowels costive

Other Organs, Abnormalities, Bruises, etc.

No bruises

Appetite fair

Urine normal.

Menstruation

Pulse 80 Temp. normal.

Height 5 Ft. 6½ in. Weight 9 St.

Disease *State's Classification*

General Bodily Health and Condition fair.

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.

335

NAME, Henry Smith.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
5.4.92.						Restless : secretive : noisy at night : she converses with God and angels : rose out of bed & pulled down a gas-bracket.
7.4.92						restless and noisy : incoherent.
9.4.92.						A little quieter : sleeps better at night still the dupe of his delusions :
18.4.92.						Very much improved : does not now express delusions : weight increasing : expression of face much better : takes food well and walks outside.
18.5.92.						Has had another maniacal turn similar to the first : is incoherent and delusive : walking outside.
30.5.92.						In same condition : he takes his food well and rests well at night.
30.6.92.						Still talkative and delusive : restless especially at night : appetite good.
30.7.92.						Still in a state of maniacal excitement bodily health not so good as it was.
20.8.92.						Died to-day from the effects of a rapid succession of 8 severe epileptic fits.

CASE,

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

337

NAME, John Rorey. No.

Admitted, 4. 4. 92. Pr. Ad.

Sex, male Age, 20 Marriage, Single. Occupation, none

Education, Religion, Roman Catholic.

Private or Pauper, pauper. Where from? Dalbeattie.

HISTORY.

Causation.

Disposition Imbecile

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 imbecile.

Suicidal no

Dangerous at times

Duration of Existing Attack from birth

Other Facts or Remarks takes fits of anger.

Facts of Medical Certificates

I Dr Lewis: an imbecile: does not know what year it is: declares his mother is his aunt.

II Dr Bell. Subject to fits of anger.

NAME John Roney.

STATE ON ADMISSION.

Mental

Exaltation none.

Depression slight depression.

Excitement cries at smallest thing

Enfeeblement speech & memory impaired: expressionless.

Memory good.

Coherence semi-coherent. Can answer questions? Yes.

Delusions

Other Abnormalities Has been mentally weak all his days.
Has had paralytic symptoms since youth.

Bodily

Appearance coarse featured

Skin healthy Hair dark

Eyes blue Pupils equal, dilated; sluggish.

Muscularity good Fatness good.

Nervous System—*Motor* muscular excitement.

Sensory

Reflex Action normal. Special Senses

Retina

Lungs healthy.

Heart healthy

Tongue furred. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite good.

Urine great deposit of phosphates.

Menstruation

Pulse 76 Temp. normal

Height 5'F6. 5'½ in. Weight 10 st.

Disease *Slade's Classification*

General Bodily Health and Condition good.

PREDOMINANT FEATURES.

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

339

NAME, John Roney.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
7-A-92.						Same as on admission: easily managed no fits of anger: he is an imbecile.
9-A-92.						He is well and sleeps out at night. Speech very indistinct.
18-4-92.						Health improving: colour better: appetite good: cries to get home.
5-5-92.						His walk if anything is not quite so unsteady: his health has improved very much.
20-5-92.						No change.
20-6-92						General health much better: his gait is not quite so erratic: no change mentally.
30-7-92.						Discharged improved.

CASE,

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

341

NAME, John Haining — No.

Admitted, 7. A. 92. — Pr. Ad.

Sex, male — Age, 63 — Marriage, Single — Occupation, Labr.

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Duncore.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 3 previous attacks — Kind

Duration — *Where treated* Southern Counties Asylum

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 — 3 weeks.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Callender: mental depression: afraid to go out alone: his thoughts wont leave him alone.

II Dr Symington: listless attitude: knowing sensation in head: parted with his pocket knife in case he would damage himself.

AME John Haining.

STATE ON ADMISSION.

xaltation none

epression considerable depression.

xcitement none.

nfeeblement none.

emory good.

oherence quite coherent. Can answer questions? Yes.

elusions

ther Abnormalities

ppearance senile changes apparent.

kin healthy Hair grey

yes blue Pupils equal responsive.

uscularity good Fatness fair.

ervous System—*Motor* normal

Sensory

eflex Action knee reflex absent. Special Senses

otina

ungs Respiratory murmur weak.

eart sound.

ongue slightly furred Bowels regular.

ther Organs, Abnormalities, Bruises, etc.

no bruises

ppetite good (has dyspeptic symptoms)

rine normal

enstruation

ulse 80 good. Temp. normal.

eight 5 Ft. 7¼ in. Weight 9 st. 2 lb.

Di se *Skae's Classification*

General Bodily Health and Condition very fair.

PREDOMINANT FEATURES.

Acute Delirium	Delirium 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.

343

NAME, John Haining.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
9.4.92.						Dull and depressed: says he is feeling better. appetite good: quiet & manageable.
12.4.92.						Not so dull: better looking: speaks more lively: takes food well.
18.4.92.						Improving: looking better: now doing outside work.
22.4.92.						Troubled a little with bronchitis: colour much improved: depression vanishing: calm and happy: sensible and well-behaved.
28.5.92.						Discharged improved.

NAME,

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

345

NAME, John Miller — No.

Admitted, 12. 4. 92 — Pr. Ad.

Sex, male — Age, 25 — Marriage, Single — Occupation, Seaman

Education, — Religion, Protestant.

Private or Pauper, Pauper — Where from? Transferred from Ed. Royal Asylum.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none — *Kind*

Duration — *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Sunstroke.

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous no

Duration of Existing Attack fifteen months.

Other Facts or Remarks Transferred from Edinburgh Royal Asylum.

Facts of Medical Certificates

Dr Robertson: mental enfeblement: slow to answer childish replies: never speaks unless spoken to.

NAME John Miller

STATE ON ADMISSION.

Exaltation none

Depression slight depression

Excitement none.

Enfeeblement considerable : very slow to answer : evidently no independent mentation.

Memory very fair

Coherence quite coherent Can answer questions? Yes, slowly.

Delusions

Other Abnormalities

Appearance a healthy looking man

Skin healthy Hair dark

Eyes grey Pupils dilated, equal, sluggish.

Muscularity good Fatness fair.

Nervous System—*Motor* normal

Sensory

Reflex Action normal. Special Senses

Retina

Lungs healthy

Heart sounds good

Tongue furred Bowels regular

Other Organs, Abnormalities, Bruises, etc.

no bruises.

Appetite good

Urine Sp. gr. 1020 normal.

Menstruation

Pulse 68 rather feeble Temp. normal

Height 5 Ft. 5 in. Weight 8 st 9 lbs.

Disease *Stac's Classification*

General Bodily Health and Condition good.

Bodily

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 Miller.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
14·4·92						Quiet speaks none : considerable mental enfeeblement : health good.
18·4·92.						Much the same : working outside : gives no trouble.
25·4·92.						No change.
5·5·92.						Much the same : speaks none - expresses no wish : general health improving.
5·6·92.						Laughs at his own thoughts : speaks non expression heavy and suspicious : he takes his food well.
5·7·92.						No improvement mentally : working well.
5·8·92.						He is brightening up a little : he speaks when spoken to and his health is robust.
2-3-93						Still listless not improving. Works still is in good bodily health.
4-X-93						Johnson is as quiet as ever & never speaks unless he is spoken to. Is working as formerly.
26·3·96						Transferred to Hawkhead

A. E.

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

NAME, John Gillon. No.

Admitted, 13. 4. 92. Pr. Ad.

Sex, male Age, 30 Marriage, Widower Occupation, Cler

Education, Religion, Protestant.

Private or Pauper, pauper Where from? Motherwell.

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 no

Duration of Existing Attack 4 days.

Other Facts or Remarks

Facts of Medical Certificates

I Dr. Jones: answers slowly and with difficulty: stares when spoken to: sleepless and sometimes incoherent.

II Dr. Moffat: cannot identify people whom he should know: memory very bad.

NAME John Gillon.

STATE ON ADMISSION.

Exaltation none.

Depression none.

Excitement none.

Enfeeblement considerable: slow to apprehend & slow to answer.

Memory not good.

Coherence coherent. Can answer questions? slowly not intelligently.

Delusions

Other Abnormalities

Appearance stupid looking: pale faced.

Skin healthy. Hair light

Eyes blue Pupils equal, active.

Muscularity good Fatness fair.

Nervous System—*Motor* Twitchings of legs and arms when at rest: legs drag on walking: when eyes closed he reels.

Sensory Complains of dull pains in his legs at times.

Reflex Action exaggerated. Special Senses convergent Squint of left eye.

Retina

Lungs healthy.

Heart healthy

Tongue coated. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

no bruises.

Appetite fair

Urine normal.

Menstruation

Pulse 88 good. Temp. normal.

Height 5 Ft. 3 in. Weight 9 st.

Disease *State's Classification*

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

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.

351

NAME, John Gillon.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
15.4.92.						Stupid and confused: stares when spoken to. bowels very costive: restless at night.
18.4.92.						A little better: answers with a little intelligence: does not look so miserable. Sleeps well at night.
25.4.92.						Is really improved: he is stouter and has a better colour: he now speaks more affably and bears a pleasanter expression: he is quite contented and sleeps well at night: the muscular twitchings are evanescing and his gait is steadier.
28.5.92.						Discharged recovered.

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

353

NAME, James Hamilton. No.

Admitted, 14. 4. 92. Pr. Ad.

Sex, male Age, 37 Marriage, Single Occupation, Slater

Education, Religion, Protestant.

Private or Pauper, Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Alcoholic indulgence.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Buchan: has delusions about a girl whom he follows and tries to contaminate: thinks another man has had connection with her: he annoys the girl in every possible way and she is afraid of him. dangerous to others.

II Dr Wilson: says he saw a Miss Brown guilty of all indecency in a warehouse – that he injured the same girl.

NAME James Hamilton

STATE ON ADMISSION.

Exaltation none

Depression slightly depressed

Excitement none.

Enfeblement slight enfeblement.

Memory good.

Coherence quite coherent. Can answer questions? Yes.

Illusions says he was sent here to save a girl's character.

Other Abnormalities

Appearance thin and reduced in body.

Skin healthy Hair dark and thin

Eyes brown Pupils pupils equal contracted, responsive.

Muscularity not good Fatness bad.

Nervous System—*Motor* normal.

Sensory

Reflex Action normal. Special Senses

Spinal

Lungs healthy

Heart healthy

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite fair

Urine Sp. gr. 1025. A trace of albumen: urates.

Menstruation

Pulse 84 rather weak Temp. normal.

Height 5 Ft. 10 in. Weight 8 st. 10 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition bad.

Bodily

PREDOMINANT FEATURES.

A Acute delirium or 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.

355

NAME, James Hamilton

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
16-4-92.						Body reduced : feeds well, asks for something to work at : declares he was brou here to protect a girl's character from disgra
18-4-92.						Appetite very good - says he could eat more than he gets : expresses delusions about girls' misconduct : put upon Ol. Month
25-4-92.						Mental excitement subsiding : his ideas a descriptions of his recent escapade with Miss Brown are more coherent and definite : his colour is better ; but he is discontented and resents his confinement very much.
24-5-92.						Discharged - improved.

AM?,

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

357

NAME, William Ruthven — No.

Admitted, 15. 4. 92 — Pr. Ad.

Sex, male — Age, 56 — Marriage, Widower — Occupation, Labourer

Education, — Religion, Protestant.

Private or Pauper, pauper. — Where from? Dalserf.

HISTORY.

Causation.

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

Transferred from Edinburgh Royal Asylum

Symptoms. First.

- Mental
- Bodily

Recent.

- Mental
- Bodily

Insane Habits and Propensities

Suicidal — no

Dangerous — no

Duration of Existing Attack — about a year.

Other Facts or Remarks

Left sided hemiplegia (slight.)

Facts of Medical Certificates

Dr. Robertson: mental enfeblement the result of brain disease: answers slowly and stupidly: sometimes rambles incoherently.

NAME William Ruthven.

STATE ON ADMISSION.

Exaltation none

Depression mild.

Excitement none

Enfeeblement considerably enfeebled : slow to answer : stupid expression.

Memory fair

Coherence coherent Can answer questions? Yes slowly.

Delusions

Other Abnormalities

Appearance fairly healthy, moderately stout.

Skin healthy. Hair thin & greyish

Eyes brown Pupils pupils equal responsive.

Muscularity good Fatness good.

Nervous System—*Motor* paresis of left arm and leg.

Sensory

Reflex Action knee jerk absent. Special Senses

Retina

Lungs healthy

Bodily

Heart Sounds normal

Tongue furred Bowels very costive.

Other Organs, Abnormalities, Bruises, etc.

no bruises.

Appetite fair

Urine normal.

Menstruation

Pulse 84 & good tension Temp. normal.

Height 5 Ft. 7 in. Weight 11 st. 4 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

A Acute delirium or 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.

359

NAME, William Ruthven.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
17-4-92.						Considerable mental enfeeblement: answers slowly and displays no intelligence: walks perfectly well: bowels very costive: takes his meals well.
25-4-92.						No change in his condition – is now worked outside.
30-4-92.						He is obstinate when asked to do anything and labours under mental enfeeblement.
10-5-92.						No change.
7-6-92.						Took a noisy lachrymose turn to-day: he has a few delusions. His health remains good.
18-6-92.						Incoherent, stupid and delusive: has hallucinations of hearing.
18-7-92.						No improvement mentally.
11-8-92.						He is subject to excitable turns & suffers from hallucinations of sight.
3-3-93						Weak – helpless mentally – very irritable when spoken to – seeking other patients – & on the whole of very disagreable character.
4-X-93						Quiet, likes to attract attention to himself – will make remarks to any one but it is not connected. Is not improving mentally – speaks well – slow & positively recent: & misses no words in time – quite imbecile.

29. 5. 95

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

361

NAME, Patrick Barry — No.

Admitted, 16·4·92. — Pr. Ad.

Sex, male — Age, 26 — Marriage, Single — Occupation, miner

Education, — Religion, Roman Catholic.

Private or Pauper, Pauper. — Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Transferred from Midlothian and Peebles District Asylum.

Symptoms. First.

Mental

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous Yes.

Duration of Existing Attack 18 months.

Other Facts or Remarks

Facts of Medical Certificates

Dr Mitchell: irritable and impulsive: insane delusions of unseen agency.

NAME Patrick Barry.

STATE ON ADMISSION.

Exaltation none

Depression mildly depressed.

Excitement none

Infeeblement considerable : stupid, slow to answer.

Memory fair

Coherence coherent Can answer questions? Some but slowly.

Delusions

Other Abnormalities

Appearance healthy looking man.

Skin healthy Hair reddish

Eyes blue Pupils equal dilated sluggish.

Muscularity good Fatness good.

Nervous System—*Motor* normal.

Sensory

Reflex Action normal. Special Senses

Retina

Lungs healthy.

Heart healthy

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc. No bruises.

Appetite fair.

Urine normal.

Menstruation

Pulse 64 fair strength Temp. normal.

Height 5 Ft. 3¾ in. Weight 9st 12 lbs.

Diet

Skae's Classification

General Bodily Health and Condition good.

PREDOMINANT FEATURES.

A Acute delirium or 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, Patrick Barry.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
19·4·92.						Labours under mental enfeeblement: speaks very little and then with an effort: intellectual faculties in abeyance: works outside and gives no trouble: general health very good.
24·4·92.						Just the same – expresses no wish – quite apathetic
30·4·92.						His general health is robust: he is stout and ruddy: he cannot converse reasonably and he has the symptoms of mental enfeeblement.
5·5·92.						No change.
15·5·92.						In good bodily health: easily managed.
16·6·92.						No improvement.
16·7·92.						Dull and stupid – he seems to care for nothing but tobacco.
12·8·92.						Showing slight improvement: he talks exceedingly little.
3·3·93						Quiet, dull & taciturn. works outside, his wife says much as
4·X·93						No improvement.

28·5·95

21

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

NAME, Archibald Greive. No.

Admitted, 22. A. 92. Pr. Ad.

Sex, male Age, 59 Marriage, single Occupation, Medical

Education, Religion, Protestant.

Private or Pauper, Private. Where from? Langholm.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. a previous attack Kind

Duration Where treated C. R. D.

Hered. History—*Insanity*

Other Diseases

Predisposing Influenza

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

Facts of Medical Certificates

I Dr Maling: states he has no clothes & cannot get out of bed: dirty in habits.

II Dr Thomson: restless anxious excited moves about & stares around with no definite object.

NAME Archibald Grieve.

STATE ON ADMISSION.

Exaltation —

Depression great depression.

Excitement —

Enfeeblement considerable; attention impaired.

Memory good.

Coherence coherent. Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily

Appearance broken down and debilitated.

Skin healthy Hair very scarce, white.

Eyes blue Pupils contracted sluggish.

Muscularity fair Fatness poor.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action knee jerk diminished. Special Senses

Retina

Lungs healthy.

Heart sounds pure.

Tongue furred. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite poor.

Urine normal.

Menstruation

Pulse 80 fair tension Temp. normal.

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

Disease *Stoc's Classification*

General Bodily Health and Condition bad.

PREDOMINANT FEATURES.

A Acute Delirium or 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.

NAME, Archibald Grieve.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
24·4·92.						Miserable depressed and restless: says there is no hope for him: attention impaire restless at night: filthy in habits - bowels and bladder evacuated irrespective of locality or position.
30·4·92.						Very depressed still: restless and dirty in habits: sleeps better at night and takes his food better: he says he feels a little better.
5·5·92.						Not quite so depressed: he plays a little at draughts: his general health shows a little improvement.
10·5·92.						Much the same.
20·5·92.						Habits cleaner; cheeks have a better colour and he is appreciably stouter. He says he feels better.
3·6·92.						Still continues to improve.
3·7·92.						Bodily health much better: he is stouter & has more colour in the face: habits cleaner: restlessness subsided: depression not so marked: he seems to take no interest in anything.
3·8·92.						Slowly improving.
6-XII-92						Still depressed - expression seems to be creeping on his natural features like a mist. He has no energy, answers in a mechanical way, seems to have quite a dislike to himself.
4-X-93						Never speaks unless spoken to - is dull & listless, & seems to find interest in newspapers. ~~He is~~ He has no energy to do anything. He carries himself stoop & daily rattles with medicine - like vomiting. Complains of pain of his stomach. Habits quite clean. Does not take care of himself.
2·3·94						Patient has been getting gradually worse & seems to have had another shock affecting the right side & making his speech worse.
6·3·94						Is much better now though there is still some paralysis of the right side.
17·4·94						Is much worse again. Seems to

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					Have had another apoplexy. Is very defective in speech & semi comatose. Patient continued to get more comatose & died this afternoon.

369

NAME, William Wilson. No.

Admitted, 22. 4. 92. Pr. Ad.

Sex, male Age, 54 Marriage, married Occupation, Coppersm.

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. two Kind

Duration Where treated Govan Parochial Asylum.

Hered. History—Insanity

Other Diseases

Predisposing previous attacks

Exciting drink.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack 3 weeks.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Taylor: dazed and stupid: does not know what he is doing or where he is: dangerous.

II Dr Barnes: delusive & stupid: declares that people abuse his wife: violent

NAME William Wilson.

STATE ON ADMISSION.

Mental.

Exaltation mild exaltation

Depression —

Excitement talks with great gusto of his drinking habits.

Infeeblement considerable.

Memory good.

Coherence semi coherent. Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily.

Appearance pale and pinched.

Skin healthy Hair dark + grey.

Eyes blue. Pupils equal. sluggish.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal.

Sensory

Reflex Action Knee jerk diminished. Special Senses

Retina

Lungs healthy.

Heart Sound

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

no bruises.

Appetite poor

Urine normal

Menstruation

Pulse 78 good tension Temp. normal.

Height 5ft. 2 in. Weight 7st. 6 in.

Disease *Skae's Classification*

General Bodily Health and Condition Very bad.

PREDOMINANT FEATURES.

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.

371

NAME, William Wilson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
24·4·92.						Body much reduced : debauched cough : appe improving : quiet and inoffensive : rests well at night, and is quite contented.
30·4·92						Last night he was very boisterous and excited — slept little : to-day he is qu he talks incoherently about his wife and family : he is very pinched looking an his general health is decidedly bad.
5·5·92.						No change.
26·5·92.						Confined to bed with Acute Lobar Pneumonia : respirations 40. pulse 12 temp 104°.
27·5·92.						Slept well last night : temp 102·:
28·5·92.						Respirations 40 : pulse 140 : temp. 103· cheeks cyanotic : Coughing worse.
30·5·92.						Gradually got worse and died this morn

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

373

NAME, Reginald Armstrong. No.

Admitted, 25. 4. 92. Pr. Ad.

Sex, male Age, 20 Marriage, Single Occupation, Cler

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting masturbation.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities masturbates openly and mechanically.

Suicidal yes.

Dangerous yes.

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Dewar: masturbates: hears imaginary voices. commanded to drink his urine: fear of impending danger.

II Dr Buchan: hallucinations of sight and hearing: incoherent: says a serpent is up his back.

AME Reginald Armstrong.

STATE ON ADMISSION.

altation none.

pression great depression.

citement -

feeblement -

mory good.

herence coherent. Can answer questions? Yes

lusions hallucinations of hearing.

her Abnormalities obstinate and resistive.

pearance anaemic slim.

in healthy Hair dark.

es bluish Pupils contracted equal.

uscularity poor Fatness poor.

rvous System—*Motor* normal.

Sensory

flex Action normal. Special Senses

tina

ngs apparently healthy (resists examination)

art healthy

ngue furred Bowels active.

ner Organs, Abnormalities, Bruises, etc.

no bruises.

petite fair

ine normal.

nstruation

lse 80 feeble Temp. normal.

ight 5 ft. 7¼ in. Weight 7 st. 5 lbs.

Dis e *Skae's Classification*

Gen al Bodily Health and Condition bad.

PREDOMINANT FEATURES.

A Acute Delirium or 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, Reginald Armstrong.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
27. 4. 92.						Very much depressed: taciturn and refuses to answer questions: he is very stubborn and resists when asked to do anything: he attends to the calls of nature: but he masturbates openly and mechanically: he is quite unfit to look after himself.
3. 5. 92.						In much the same condition, very depressed and resistive: pale and weak in body, and appetite capricious.
10. 5. 92.						Says he got a fright last night in bed. and that he felt very "funny". he is morose and still inclined to be resistive.
15. 5. 92.						No change.
20. 5. 92.						Does a little 'dusting' inside. Still depressed and obstinate. His health shows no improvement.
7. 6. 92.						Sent to do work outside: if anything he speaks more agreeably: he says he is feeling better.
7. 7. 92.						Has a look of suspicion – cannot look one in the face: depressed & morose: not so resistive: his eyes glistens.
25. 7. 92.						Transferred to Woodilee Asylum.

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

377

NAME, Francis Keenan — No.

Admitted, 27·1·92. — Pr. Ad.

Sex, male — Age, 22 — Marriage, single. — Occupation, Windowcleaner

Education, — Religion, Roman Catholic.

Private or Pauper, Pauper — Where from? Glasgow.

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: resistive

Suicidal: Yes.

Dangerous: Yes.

Duration of Existing Attack: one year.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Orr: Patients appearance manner & conversation all indicate mental disease: he has the delusion that he is pursued by spirits: cannot take care of himself.

II Dr Clark: irritable & nervous: sleepless: hallucinations of hearing: voices tell him to commit suicide.

NAME Francis Keenan.

STATE ON ADMISSION.

Exaltation none.

Depression mild depression

Excitement none.

Enfeeblement slight enfeblement.

Memory good.

Coherence coherent. Can answer questions? not very intelligently.

Illusions

Other Abnormalities inclined to be stubbornly reticent.

Appearance pale faced. depressed.

Skin healthy Hair dark

Eyes brown Pupils dilated equal sluggish.

Muscularity fair Fatness poor.

Nervous System—*Motor* normal.

Sensory

Reflex Action sluggish Special Senses

Spina

Legs healthy

Bodily

Heart healthy

Tongue furred Bowels regular

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite fair.

Urine normal.

Menstruation

Pulse 104 sept. Temp. 99.4.

Height 5 Ft. 5 in. Weight 9 st. 10 lbs.

Disease *Slade's Classification*

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

A Acute Delirium or 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, Francis Keenan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
29. A. 92.						Rather depressed in spirits: taciturn: he is disinclined for conversation: he sits all day & takes no interest in anything.
4. 5. 92.						Still depressed, dull and quiet, asks for nothing: his appearance is improving: has to be sent to do a little outside work.
10. 5. 92.						Is a little excited: says that women are constantly talking to him through telephones as many as nineteen at a time and that they say very bad things about him. He works outside.
20. 5. 92.						He is greatly annoyed at the telephones and uses profane language when he describes how the women speak to him. He is excited when he speaks.
30. 5. 92.						No improvement mentally.
30. 6. 92.						He suffers from monomania of unseen agency: sometimes excitable and profane very discontented: health improving.
30. 7. 92.						Still complains of the telephones speaking to him: he is noisy sometimes & very profane in language.
3-3-93						Is working for progress. mildly excited & delusions. Is not shocked by electricity & people speak to him through telephone.
4-X-93						Excitable. full of delusions of unseen agency. works outside. He is not improving.
18th June 1897:-						Transferred to Asylum to Carlton.

Tempt. Morn.	Tempt. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

381

NAME, James Buchanan. No.

Admitted, 27. A. 92 Pr. Ad.

Sex, male Age, 60 Marriage, Single (?) Occupation, Labourer

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? Balfron.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Accident (?)

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous ?

Duration of Existing Attack A few days

Other Facts or Remarks

Facts of Medical Certificates

I Dr Campbell: restless, incoherent: thinks he is looking after 20 or 30 men in a Spinning mill: does not know where he is.

II Dr Kirk: stupid: does not know where he is or why he came here; he cannot answer any question.

NAME James Buchanan.

STATE ON ADMISSION.

Exaltation moderate exaltation.

Depression –

Excitement talks a great deal and laughs much.

Enfeblement –

Memory fair

Coherence incoherent Can answer questions? Yes but immediately rambles.

Illusions that he manages a factory,

Other Abnormalities

Bodily

Appearance dusky complexioned pinched and debilitated.

Skin dusky. Hair dark, beard grey.

Eye bluish Pupils equal and active.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal

Sensory normal.

Reflex Action knee reflex diminished. Special Senses

Brain

Lungs healthy.

Heart sounds pure

Tongue furred Bowels active.

Other Organs, Abnormalities, Bruises, etc.

an open sore over left knee.

Appetite fair

Urine normal.

Menstruation

Pulse 102 weak Temp. 99°.

Height 5 Ft. Weight 6 st. 8 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition bad.

PREDOMINANT FEATURES.

A Acute Delirium or 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.

383

NAME, James Buchanan.

DATE.	Tempernt. Morn.	Tempernt. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
29. A. 92						A garrulous old man, who can be made to believe anything: he thinks he is in a factory & that the patients are the work. General health is very weak.
3. 5. 92						Confined to bed with slight swelling of ankles; rambles about spinning mills and is greatly excited.
25. 5. 92						Transferred to Larbert Asylum.

AM.

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

385

NAME, Thomas Mc Nay No.

Admitted, 28. 4. 92. Pr. Ad.

Sex, male Age, 53 Marriage, Single Occupation, none

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? Kilkenny.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Yes. Kind

Duration Where treated C. R. I. (1867)

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Alcoholic indulgence.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes } when drunk.

Duration of Existing Attack six weeks.

Other Facts or Remarks

Facts of Medical Certificates

I Dr. Coe: congenitally of unsound mind.

II Dr. Gott: excited, incoherent, evidently has been drinking.

NAME Thomas Mc Nay.

STATE ON ADMISSION.

Mental

Exaltation mild exaltation.

Depression —

Excitement —

Enfeeblement —

Memory good.

Coherence quite coherent. Can answer questions? Yes intelligently.

Delusions none expressed.

Other Abnormalities

Bodily

Appearance healthy & robust.

Skin healthy Hair dark red, bald on crown.

Eyes blue Pupils equal, active.

Muscularity good Fatness fair.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action normal Special Senses

Pupils

Legs healthy

Heart healthy

Tongue furred Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite fair.

Urine healthy.

Menstruation

Pulse 78 good Tension Temp. normal.

Height 5 Ft. 2½ in. Weight 7 st. 10 lbs.

Disease *Shaw's Classification*

General Bodily Health and Condition good.

PREDOMINANT FEATURES.

A Acute Mania 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 M^c May.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
3. 5. 92.						This is a case of alcoholic insanity. he is a little rambling in conversation. his general health is fairly good, and he takes his food well.
8. 5. 92.						Just in the same condition as on admission: gives no trouble and is working outside.
11. 5. 92.						Just the same. Cannot speak intelligently on anything and presents symptoms of mild mental enfeeblement. His general health is robust.
15. 5. 92.						No change in his condition.
16. 5. 92.						Health good: no change mentally.
16. 6. 92.						Considerable mental enfeeblement: lazy and speaks in a puerile fashion: general health good.
16. 7. 92.						No change mentally.
3-3-93						Very little when works outside constantly. Is very violent. memory very much impaired. Laughs & talks to himself when spoken to, gives odd ans. Memory is very much as before. Very impaired & very willing & do whatever can. is working at well. Never speaks unless is spoken & very little can be got out of him. & at intervals. It seems quite demented.
4-7-93						
February 10th 1900:-						In good health: works outside in garden yard & is fairly active. A demented easily managed & easily pleased: Memory very poor Sleeps & eats well.
28th March 1900:-						Died very suddenly tonight: He rose in his usual when seen at 6 on the visit & also when the attendant passed through at 10 to his room. (He was observed asleep under the attendant's window.) He was moaning at 10.30 and the patient next him thought he had a fit & asked him to call the knocked up the attendant who at once went for Dr. he was dead when seen: He was a fair

NAME,

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					was not to be at first recognised by him. Mitral murm. Hemic murmur at the left ventricle
					Died.

389

NAME, Gavin Hannah. No.

Admitted, 29. 4. 92 Pr. Ad.

Sex, male Age, 55 Marriage, married Occupation, draper

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Strathaven.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Concussion of Brain from a fall down a Stair.

Symptoms. Recent. Mental

Bodily

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No.

Duration of Existing Attack 14 days.

Other Facts or Remarks

Facts of Medical Certificates

I Dr. Dougall: raves constantly and incoherently: stupid and impatient:

II Dr. Clark: raves incoherently: eyes blood shot: does not understand questions put to him: answers on a different subject & does not know his own name.

AME Gavin Hannah.

STATE ON ADMISSION.

Mental

altation great exaltation.

epression –

citement garrulous

feeblement power of attention in abeyance.

emory a negation.

herence quite incoherent. Can answer questions? always gives irrelevant replies.

lusions innumerable and not associated.

her Abnormalities says he is very bad.

Bodily

ppearance weak, care-worn look.

in healthy Hair almost bald - beard grey.

es hazel. Pupils contracted equal, responsive.

uscularity fair Fatness poor.

ervous System—*Motor* restless.

Sensory apparently normal.

flex Action knee jerk exaggerated. Special Senses

tima

ngs bronchial catarrh.

art normal.

ngue furred, fibrillary tremblings. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

dark ecchymosed patch over sterno-clavicular junction.

ppetite fair

ine scales abundant – otherwise normal.

enstruation

lse 108 weak. Temp. 99·6.

ight 5 ft. 5 in. Weight 8 st. 4 lbs.

Disease *Shae's Classification*

General Bodily Health and Condition bad.

PREDOMINANT FEATURES.

A Acute delirium or 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.

391

NAME, Gavin Hannah.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
3. 5. 92.						This man is very talkative - his favo theme being money: his expression is blank, his speech slow and drawlin tongue is tremulous. he is very restle especially at night and he speaks so much it is difficult to get a word edgeways: his general health is bad
8. 5. 92.						No change: talks constantly and expresses great anxiety about his friend at home and yet his features show no emotion whatever: talks a great-deal about his property.
11. 5. 92.						No change: has all the appearance of the 1st stage of general paralysis.
20. 5. 92.						Talks a lot about money and sends that he must go home to draw.
30. 5. 92						No change.
5. 6. 92.						Working outside.
30. 6. 92.						Very much improved - not so talkative and not so incoherent.
6. 7. 92.						Discharged.

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

NAME, John Hutchison. No.

Admitted, 30. 4. 92. Pr. Ad.

Sex, male Age, 30 Marriage, single Occupation, Labour

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Glasgow.

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 a few days.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Wilson: has the delusion that his mother spits into his food – especially into the sugar & that that has corrupted his body.

II Dr Clark: that his mother puts spittle into his food & that his body is clogged with it

NAME John Hutcheson.

STATE ON ADMISSION.

Mental.

Exaltation –

Depression great depression.

Excitement –

Enfeeblement –

Memory good.

Coherence coherent. Can answer questions? Yes.

Delusions that his mother persisted in spitting in his meat, and that the spit is in his brain.

Other Abnormalities

Bodily.

Appearance fairly healthy looking man.

Skin healthy Hair dark.

Eyes light brown Pupils equal responsive.

Muscularity fair Fatness poor.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action normal Special Senses normal.

Pupils

Lungs healthy

Heart normal.

Tongue clean Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

no bruises

Appetite good.

Urine normal.

Menstruation

Pulse 88 small. Temp. normal.

Height 5 ft. 6 in. Weight 8 st.

Disease *State's Classification*

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

A Acute Delirium or 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 Hutchison.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
5. 5. 92.						He is depressed in spirits; declares the are Spittles in his brain & that his b is thereby corrupted: he takes his fo well and is working outside: his general health is fairly good.
10. 5. 92						Much the Same: still has delusion that his body is contaminated with Spittle: quiet and depressed: bodi condition shows a little improvemen
15. 5. 92.						No change.
25. 5. 92.						He still says that his stomach is contaminat He is depressed: he is working outside His appetite is improving.
25. 6. 92.						General health improving: quiet and well-behaved: still speaks of his stom being contaminated with Spittle.
1. 8. 92.						Slight mental improvement: he say he is feeling better.
4-X-93						Tried to wipe his night. He went in strong hyste & had to turn & run into the toilet. Dull & morose at other times.
3-X-93						Delusion - thinks everybody is against him & that th wonderful powers in. Says he hears to get up. H he insists that he has his rest & cannot do. His parents seem the position & are anxious for solution Very delusive - says his rest is not very bright. H great ideas of power & glory. Is not improving. He is in the "give-in" to run away.
February 18th 1897						Removed today to Parkhurst Hospital Transfer

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

397.

NAME, James Morton. No.

Admitted, 4·5·92. Pr. Ad.

Sex, male. Age, 31 Marriage, Single Occupation, bak

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Glasgow.

HISTORY.

Connection.

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 6 weeks.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Wallace: dull quiet & absent in manner: does not talk much: Simply answers when asked a questions: no interest in anything

II Dr Barrie: dull & reticent: sits brooding over the fire: will not converse on any subject: no idea of the value of money.

NAME James Morton.

STATE ON ADMISSION.

Mental

Exaltation none

Depression great depression.

Excitement –

Enfeblement considerable enfeblement.

Memory bad.

Coherence semi-coherent. Can answer questions? some but not intelligently.

Illusions

Other Abnormalities morose and reticent;

Bodily

Appearance pale nervous looking man.

Skin healthy Hair dark

Eyes brown. Pupils equal sluggish.

Muscularity poor Fatness poor

Nervous System—*Motor* normal.

Sensory

Reflex Action sluggish. Special Senses

Pelvis

Lungs slight catarrh.

Heart normal.

Tongue coated Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite bad.

Urine normal.

Menstruation

Pulse 86 feeble. Temp. normal.

Height 5 Ft. 7 in. Weight 9 st. 8 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition bad.

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.

NAME, James Morton.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
8. 5. 92.						Very taciturn and gloomy; sits self-[illegible] replies very slowly and with little int[illegible] his general condition is bad: he is nervous.
11. 5. 92.						Took a dangerous turn to-day and broke a window; morose and excited looking pale and nervous: masturbates often and mechanically. and is very filthy in his habits.
15. 5. 92.						No change for the better.
20. 5. 92.						There is no improvement in this patient's condition: taciturn and morose: masturbates much; dirty in habits and impulsive.
30. 6. 92.						Transferred to Ayr Asylum.

A.M.,

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

401

NAME, William Workman No.
Admitted, 7. 5. 92. Pr. Ad.
Sex, male Age, 70 Marriage, married Occupation, Cark
Education, Religion, Protestant.
Private or Pauper, Pauper. Where from? Govan.

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 dangerous
Duration of Existing Attack 3 years.
Other Facts or Remarks

Facts of Medical Certificates

I Dr Barras: he fancies his wife wishes to poison him: & that his daughters have threatened to take his life.

II Dr Taylor: fancies his wife & daughters have given him poison: & that his daughter Helen is not child of his: suspicious of his wife

NAME William Workman.

STATE ON ADMISSION.

Mental
Elitation: mildly excited.
Depression: -
Excitement: -
Enfeeblement: slight.
Memory: good.
Coherence: coherent. Can answer questions? Yes.
Delusions:
Other Abnormalities:

Bodily
Appearance: healthy but sallow.
Skin: Hair: grey.
Eyes: blue Pupils: small equal active.
Muscularity: fair Fatness: poor.
Nervous System—*Motor*: normal.
Sensory:
Reflex Action: normal. Special Senses:
Arms:
Legs: healthy.
Heart: tricuspid regurgitation.
Tongue: clean Bowels: regular
Other Organs, Abnormalities, Bruises, etc.: no bruises.
Appetite: good.
Urine: normal.
Menstruation:
Pulse: 88 strong Temp.: normal.
Height: 5 ft. 6 in. Weight: 9 st.
Disease: *Skae's Classification*:
General Bodily Health and Condition: fair.

PREDOMINANT FEATURES.

A Acute Mania-cal.	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.

403

NAME, William Workman.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
10. 5. 92.						Mildly exalted; dull of hearing, inclined to be garrulous; rests well at night; he is a man who has reached senility and is debilitated.
12. 5. 92.						Not much exalted; talks a good deal; quiet and decorous in behaviour.
15. 5. 92.						Not much wrong except physiological senility.
24. 5. 92						Discharged.

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

405

NAME, Thomas Hamilton. *No.*

Admitted, 10 · 5 · 92. *Pr. Ad.*

Sex, *Age,* *Marriage,* *Occupation,*

Education, *Religion,*

Private or Pauper, *Where from?*

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Thomas Hamilton.

STATE ON ADMISSION.

Excitation none.

Depression mildly depressed.

Excitement -

Enfeeblement -

Memory good.

Coherence coherent. Can answer questions? Yes

Delusions none expressed.

Other Abnormalities

Appearance thin but healthy looking.

Skin healthy Hair brown.

Eyes blue Pupils ~~brown~~ equal, active.

Muscularity fair Fatness fair.

Nervous System—*Motor* normal.

Sensory

Reflex Action normal. Special Senses

Bodily

Lungs healthy.

Heart normal.

Tongue furred Bowels active.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite good.

Urine normal.

Menstruation

Pulse 76 good. Temp. normal.

Height 5 Ft. 6½ in. Weight 10 St.

Disease *Skae's Classification*

General Bodily Health and Condition fair.

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.

407

NAME, Thomas Hamilton.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
12. 5. 92.						This patient is mildly depressed: he shows the slightest concern at being brought here says he was glad to leave his wife. Not delusive, and he is obedient & oblig.
15. 5. 92.						Depression gradually passing off: he is quite contented with his environments. he takes his food well, and his bodily condition shows improvement.
20. 5. 92						Depression has almost passed off. he talks affably and agreeably: he never asks about home and he is quite contented. His general health is improving.
27. 5. 92.						Still continues to improve.
7. 6. 92.						Rather depressed and taciturn: not delusive: health has improved.
7. 7. 92.						He looks much better, but he has still has a melancholic tinge of expression: he takes great interest at cards.
25. 7. 92						Discharged by minute of Board.

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

NAME, John F lood No.
Admitted, 27. 5. 92 Pr. Ad.
Sex, male Age, 26 Marriage, Single. Occupation, labourer
Education, Religion, Roman Catholic
Private or Pauper, Pauper. Where from? Glasgow

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. none. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing Epilepsy.
Exciting intemperance

Symptoms. First.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities has tried to commit Suicide several times
Suicidal decidedly
Dangerous Yes
Duration of Existing Attack a few days
Other Facts or Remarks Epileptic.

Facts of Medical Certificates

I Dr. Gould: dull & unable to give a good account of himself: suffering from the after effects of an epileptic fit.

II Dr. Dewar: forgetful: contradicts himself: more subject to epileptic fits & to alcohol.

NAME John Flood.

STATE ON ADMISSION.

Mental

Excitation none

Depression great depression.

Excitement —

Enfeeblement —

Memory fair

Coherence coherent. Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily

Appearance coarse featured, pale debauched looking.

Skin dusky. Hair dark and thin.

Eyes blue Pupils equal, active.

Muscularity good Fatness fair.

Nervous System—*Motor* normal.

Sensory

Reflex Action knee jerk absent. Special Senses

Retina

Lungs healthy.

Heart normal.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

left side of face bruised.

Appetite poor.

Urine normal.

Menstruation

Pulse 70 weak. Temp. normal.

Height 5 Ft. 7½ in. Weight 9 st. 2 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

A Acute Delirium or 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.

411

NAME, John Flood.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
28. 5. 92.						He is a depressed miserable looking being. He has a stubborn, fierce look about him. He says he has been drinking. He has very little intelligence; he can answer questions but he cannot carry on a conversation on anything. He has the look of an imbecile. His general health is weak.
1. 6. 92.						He has become much quicker and pleasanter; he is very anxious to do some work: he does not look so stubborn.
3. 6. 92.						He is much more composed; he has lost the fierce look that he had on admission. He takes his food well and he looks fresher.
10. 6. 92.						Much better: he talks more pleasantly and expresses no hatred at anyone as he is working outside. His general health shows improvement.
11. 7. 92.						Quiet and well-behaved: has a spice of mental enfeeblement: he works very well – bodily health much improved.
11. 8. 92.						Continues to do well.
26-2-93						Does chair quite freely. He is of decidedly low mental standing. Expression apathetic; seems like a little use if left to himself.
3. 3. 93						very much as he was until. Peculiar wiping gestures. He does no fits for some time. He is rather as he will be. Under large gum. Will let it is not better. Fischer
24-4-93						

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

413

NAME, John Gaughan or Munnie. No.
Admitted, 27. 5. 92. Pr. Ad.
Sex, male Age, 34 Marriage, married Occupation, old Sailor
Education, Religion, Roman Catholic
Private or Pauper, Pauper. Where from? Motherwell.

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. yes. Kind
- Duration Where treated Kirklands Asylum.
- 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 a few weeks.
Other Facts or Remarks is said to have a bullet in his body. has had Dysentery.

Facts of Medical Certificates

Dr Forrest: will not speak or answer questions: Puts himself in strange position

NAME John Guighan Winnie.

STATE ON ADMISSION.

Exaltation great. shouts out quotations from the Bible

Depression —

Excitement great.

Enfeeblement —

Memory bad. attention absent.

Coherence quite incoherent. Can answer questions? No.

Illusions innumerable - that he has to be possessed &c.

Other Abnormalities a wild excited look.

Appearance dusky complexioned, delirious.

Skin sallow Hair dark.

Eyes brownish Pupils equal active.

Muscularity fair Fatness poor

Nervous System—*Motor* constantly jumping or rolling about.

Sensory

Reflex Action cannot be tested Special Senses

Pyrexia

Lungs apparently healthy - too restless for examination.

Heart 1st sound accentuated.

Tongue thickly furred. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite very bad.

Urine Too filthy in habits.

Menstruation

Pulse 100 feeble Temp. 100°.

Height 5 Ft. 7 in. Weight 8 St. 7 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition bad.

PREDOMINANT FEATURES.

A Acute Delirium or 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.

415

NAME, John Gingham or Winnie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
28. 5. 92.						Last night he was in an acutely manic delirious condition. He was excessively restless. To-day he is the same: his lips are dry, cheeks flushed; face sweaty tongue dry: he refuses food so he has to be fed with nasal tube.
29. 5. 92.						Quieter to-day: takes a little food voluntarily - he wont take milk as he says it would pollute his spiritual nature. He lies quiet in bed, and his delirium has passed away.
1. 6. 92.						Much improved: he is pleasant and obliging. He takes his food well and is working outside.
8. 6. 92.						Very much improved: excitement and motor restlessness almost entirely absent and he looks fatter and ruddier. He is a diligent worker.
20. 6. 92.						Quiet and well behaved: talks rationally and agreeably & is very diligent.
6. 7. 92.						Discharged recovered.

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

417

NAME, Thomas Leask. No.

Admitted, 28. 5. 92. Pr. Ad.

Sex, male. Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Yes. Kind

Duration Where treated C. A. 2.

Hered. History—*Insanity*

Other Diseases

Predisposing } alcohol previous attack.

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 Thomas Leask.

STATE ON ADMISSION.

Mental

Exaltation none.

Depression great depression

Excitement mildly excited.

Enfeblement –

Memory good.

Coherence coherent Can answer questions? Yes.

Illusions of suspicion: at night he fancies people are below his bed and that they intend to murder him.

Other Abnormalities During the day he says that that has been a pure delusion, but at night he believes them.

Bodily

Appearance pale thin.

Skin dusky Hair dark

Eyes brownish Pupils equal, active.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal.

Sensory

Reflex Action diminished Special Senses

Spinal

Lungs healthy.

Heart normal.

Tongue furred. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite bad

Urine normal.

Menstruation

Pulse 80 small. Temp. normal.

Height 5 Ft. 3½ in. Weight 7 Ft. 6 in.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

A Acute delirium or 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.

419

NAME, Thomas Leask.

DATE.	Tempernt. Morn.	Even.	Pulse. Morn.	Even.	Weight, lbs.	PROGRESS OF CASE
29. 5. 92.						Restless and excited; has delusions & suspicion: he declares that there was a robber trying to get in at his window last night and he also thought that someone was under his bed. When morning comes he says that he is fully conscious that these must have been delusions. His general health is very weak.
1. 6. 92.						Still has suspicions during the night.
3. 6. 92.						He slept well last night and he says that nothing troubled him. He says that his present condition has been produced by drink. He is looking much better.
10. 6. 92.						Much better: suspicions have left him he sleeps well at night and his bodily condition is improving: does inside work.
10. 7. 92.						Continues well: he sleeps well and his delusions & suspicion have fled.
20. 7. 92.						Free from delusions. He is sensible in conversation and he is very industrious.
3. 8. 92.						Discharged recovered.

A.M.,

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

421

NAME, Alexander Henderson No.

Admitted, 31. 5. 98. Pr. Ad.

Sex, male Age, 21 Marriage, Single. Occupation, collier

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Glasgow.

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 A few days.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Johnston: restless excited & violent. Shouts loudly: says he was accused of being a ~~thief~~: many flatting delusions.

II Dr Gould: greatly excited & threatens every one who comes near him: imagines he has been robbed by his brother.

NAME Alexander Henderson.

STATE ON ADMISSION.

Mental.

Exaltation great exaltation

Depression —

Excitement noisy and threatening; looks very savage.

Enfeeblement —

Memory impaired

Coherence semi. coherent Can answer questions? Yes.

Delusions that people call him a thief to annoy him.

Other Abnormalities

Bodily.

Appearance pale and debilitated.

Skin healthy Hair red

Eyes blue Pupils enlarged equal sluggish.

Muscularity fair Fatness poor.

Nervous System—*Motor* normal

Sensory

Reflex Action knee reflex absent. Special Senses

Retina

Lungs slight catarrh, sore throat.

Heart healthy

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

no marks.

Appetite bad

Urine normal

Menstruation

Pulse 78 feeble Temp. normal.

Weight 5ft. 5 in. Weight 9 st.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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.

423

NAME, Alexander Henderson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
1. 6. 92.						Excited, restless, incoherent and threatens to strike anyone who goes near him. He looks as if he had been having a drinking bout. His general health is weak.
3. 6. 92.						Much quieter to-day: does not threaten to strike: says that people have been calling him a thief and trying to deprive his mother.
5. 6. 92.						To-day he is composed and cheery, and he looks a great deal better. He does a little inside work: his appetite is much better.
12. 6. 92.						Very much improved: incoherence and excitement have passed off and he is quiet and manageable: he is looking a great deal better.
30. 6. 92.						Continues to improve mentally: General health much improved.
20. 7. 92.						Continues well. Discharged recovered.

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

425

NAME, Alexander Carrochan No.

Admitted, 31. 5. 92. Pr. Ad.

Sex, male Age, 35 Marriage, Single Occupation, Sold

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Stranraer.

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 15 years.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Easton: incoherent; excited look: Subject to fits of violence & dangerous.

II Dr Mann: incoherent: wrong in his age & date excited & suspicious looking.

NAME Alexander Carnochan.

STATE ON ADMISSION.

Mental

Exaltation —

Depression middly depressed.

Excitement slight.

Enfeeblement —

Memory good

Coherence coherent. Can answer questions? Yes.

Illusions of suspicion.

Other Abnormalities

Bodily

Appearance Pale and thin.

Skin healthy Hair dark

Eye blue Pupils equal, dilated, active.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal.

Sensory

Reflex Action diminished Special Senses

Pulmonary

Lungs healthy.

Heart 1st sound at apex reduplicated.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No marks.

Appetite fair.

Urine normal.

Menstruation

Pulse 80 soft. Temp. normal.

Height 5 Ft. 7 3/4 in Weight 8 st. 8 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

A Acute Delirium or 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 Carmichael.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
2·6·92.						He is dull and stupid. He expresses a few delusions. He has rather an excited look at times. He works outside. Put upon Syr. Hypophosph. Co.
4·6·92.						No change. He rests well at night and his appetite is improving.
6·6·92.						Depressed with rather an excitable look: he is not quite so pale: works outside.
7·7·92.						Depressed and self-absorbed: he speaks in an anxious tone of voice: he has delusions of suspicion: bodily health not robust.
15·7·92.						Not much improved: he is stupid and confused and his memory is very bad: bodily health is improving.
11·8·92.						His bodily health is very much better not much mental improvement: he is quiet and manageable.
3·5·93						[illegible]
5·5·93						[illegible]
4·7·93						[illegible]
12·4·95.						Alex: shows no change. He is stupid and childish, but works fairly well in the tailor's shop. Constantly asks if he can get out; if so he says he won't stop out.
12·4·95						On status quo.
8·9·95.						On status quo.
12·5·96						There has been no improvement in Alex. He is still childish and silly but works in the tailors shop.

NAME,

	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						February 12th 1897. Carmichael is still working in tailors shop & works fairly well. Is a dull stupid confused & at times incoherent man "Still asking to get out": Physical health fair
						10th April 1899 removed in above condition to Dhanwar Parkhouse Lunatic Asylum

429

NAME, George Nixon. No.

Admitted, 31. 5. 92 Pr. Ad.

Sex, male Age, 61 Marriage, Single Occupation, fish-hawker.

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Upton

HISTORY.

Causation,

Disposition

Habits

Previous Attacks—No. Yes. Kind

Duration Where treated C. R. D.

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 26th Feb. 1887

Other Facts or Remarks

Facts of Medical Certificates

I Dr Easton: talks rapidly & incoherently. occasionally excited:

II Dr Mann: incoherent - has the appearance of one with weak mind.

NAME George Nixon.

STATE ON ADMISSION.

Mental.

Exaltation —

Depression —

Excitement he talks in a very excited manner.

Enfeeblement some.

Memory impaired.

Coherence incoherent Can answer questions? yes.

Delusions

Other Abnormalities

Bodily.

Appearance frail old man

Skin healthy Hair crown bald, hair grey.

Eyes grey (cataract) Pupils equal, immobile.

Muscularity frail Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action diminished. Special Senses blind in both eyes.

Retina

Lungs healthy.

Heart sounds pure.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

Appetite frail

Urine normal.

Menstruation

Pulse 76 weak Temp. normal.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition weak.

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.

431

NAME, George Nixon.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
2. 6. 92.						This patient is a garrulous old man. He has delusions, and he gets very excited when he speaks. He is blind in both eyes. His general health is weak.
4. 6. 92.						No change. He sits all day and remains quiet unless he is spoken to when he becomes rather irritable. He rests well at night.
6. 6. 92.						Quiet and manageable: talkative & incoherent when any one speaks to him
7. 7. 92						No change: when spoken to he becomes talkative and excited and says that we have no right to keep him here because he is blind.
21. 7. 92.						Loquacious when any one takes notice of him: no improvement mentally.
11. 8. 92.						No improvement: he considers he is unlawfully detained here.
4-X-93						Is not improving. All right if left alone. If crossed is very irritable & strikes out in sudden unexpected way. Very garrulous when he knows Dr. Rutherford is in room addresses him in grandiloquent terms. Quite blind. At times his memory is wonderful.
12.4.95						George is still a garrulous old man. He speaks constantly and if replied to becomes very excited and combative.
8.9.95						Condition is unchanged.
12.3.96						In statu quo
5th Sept 1897:-						Died today.

NAME,

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

433

NAME, Archibald Murray. No.

Admitted, 31. 5. 92. Pr. Ad.

Sex, male. Age, 61 Marriage, Single Occupation, Joiner.

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Stranraer.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Yes. Kind

Duration Where treated Lunat. Wards Wigtown. Poor

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 16½ years.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Easton: cunning: suspicious, has delusions.

II Dr Cochrane: suspicious look: delusive.

AME Archibald Murray.

STATE ON ADMISSION.

Mental.

xaltation –

epression simple mild depression.

xcitement –

nfeeblement –

emory good

oherence coherent Can answer questions? Yes.

elusions none expressed

ther Abnormalities

Bodily

ppearance fairly healthy appearance.

kin healthy Hair grey

yes blue Pupils pupils equal, active.

[uscularity fair Fatness fair

ervous System—*Motor* normal.

Sensory

eflex Action normal. Special Senses

etina

ungs R. M. weak.

[eart Sounds pure but distant.

ongue clean Bowels costive.

ther Organs, Abnormalities, Bruises, etc.

No marks.

ppetite fair

rine normal

[enstruation

ulse 78 soft Temp. normal.

eight 5 Ft. 8½ in. Weight 11 st.

Di ase *Skae's Classification*

Ge ral Bodily Health and Condition fair.

PREDOMINANT FEATURES.

Acu[illegible] 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.

435

NAME, Archibald Murray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
2. 6. 92.						His mental condition is that of slight imbecility. He speaks little, and he cannot carry on a connected conversation. He can answer questions rationally. His health is fair good for his years.
4. 6. 92.						No change.
6. 6. 92.						Slightly elevated in spirits; lounges on a form and says he is weak.
12. 6. 92.						Had an excitable turn to-day when he laughed to himself: he answers incoherently
19. 6. 92.						Has a self-complacent smile: he wanders about aimlessly and is very stupid: he speaks very little: he is lazy and hypochondriacal.
30. 6. 92.						No change.
20. 7. 92.						Expresses no desire and takes no interest in anything.
12. 8. 92.						Changeable: at times morose & peevish at other times communicative. He is very lazy.
4-2-93						And - Complains of pain in right ear, tries to pull it back. Deaf & dumb. Is seeing Dr Jones is able to do nothing - seems quite engrossed with his own thoughts & never speaks when spoken to. Is not improving.
11.7.96						Died of general debility at 7 a.m. today.

NAME,

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

437

NAME, John Stark. *No*

Admitted, 30. 5. 92. *Pr. Ad.*

Sex, male. *Age,* *Marriage,* *Occupation,*

Education, *Religion,*

Private or Pauper, *Where from?*

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

AME John Stark.

STATE ON ADMISSION.

altation –

pression great depression.

citement –

feeblement slight.

mory not tested

herence – Can answer questions? No

lusions whispers to himself.

her Abnormalities His attention is a negation – he does not reply when spoken to.

ppearance pale reduced in body.

in Sallow Hair dark

yes grey Pupils equal active.

uscularity poor Fatness poor.

ervous System—*Motor* normal.

Sensory

eflex Action Knee jerk exaggerated Special Senses

etina

ungs healthy.

eart normal.

ongue furred Bowels active.

ther Organs, Abnormalities, Bruises, etc.

No marks.

ppetite bad.

rine normal.

enstruation

ulse 80 weak Temp. normal.

eight 5 Ft. 3 in. Weight 8 st.

Di ase *Slade's Classification*

Ge eral Bodily Health and Condition weak.

PREDOMINANT FEATURES.

Acu Delirium ed In- coh mos.	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.

439

NAME, John Stark.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
1. 6. 92.						He is depressed and stupid: he does not reply when spoken to: his attention is completely in abeyance: he whispers to himself and works with his fingers: his bodily condition is rather weak.
3. 6. 92.						No change, mumbles to himself and is quite unfit to do anything
5. 6. 92.						Does not answer questions even after shaking him: smiles and mumbles to himself: sleeps well: appetite fair
10. 6. 92.						Had an excitable and destructive fit to-day: took off his coat to have a fight with an attendant.
15. 6. 92.						Has relapsed into his former condition of quiescence: mumbles to himself, takes no notice of anything: there is an element of stupor present.
30. 6. 92.						Stupor not so marked: he laughs when spoken to: takes no interest in anything.
15. 7. 92.						He is more lively but speaks none the bodily health more robust.
11. 8. 92.						No change: he is impulsive & occasionally violent.
15. 9. 92						He is now talking more and answers questions sometimes.
29. 9. 92						Escaped to-day and found near Caulawn
30. 9. 92						He talks quite freely today and complains of the feet being painful from the walking.
5. 5. 93						Quiet, rarely can rouse him. At times talks to himself & himself & takes no notice of anything.
10. V. 93						He got into a row this morning about drinking & fought with no result. Under normal treatment he remained, still some benefit. Is still very peculiar & drinking has ceased. At this no letter will be sent to his friends when they are taken
9. V. 93						Patient is reserved and quiet, seldom speaks. He does not do any work.
12. 4. 95						Slaty condition remains in status quo. He is indifferent and stupid
8. 9. 95						

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					Enstate Geo.
					February 9th 1897 :— Clarke is a quiet melancholic looking demented. Sits in the corner & simply vegetates. He has no initiative, does not read the papers &c He occasionally answers your questions in monosyllables but generally refuses to speak. Physical health fair.
					18th Removed today to Carlton by Transfer

441

NAME, Alexander Roy. No.

Admitted, 30. 5. 92. Pr. Ad.

Sex, male. Age, Marriage, single. Occupation,

Education, Religion,

Private or Pauper, Where from?

HISTORY.

Concerning.

Disposition

Habits

Previous Attacks—No. Yes. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting alcohol.

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 Alexander Roy.

STATE ON ADMISSION.

Exaltation slight-

Depression none.

Excitement mildly excited.

Enfeeblement -

Memory good

Coherence quite coherent. Can answer questions? Yes.

Delusions -

Other Abnormalities excited to-day but apparently the effect of drink.

Appearance fairly healthy looking.

Skin healthy. Hair light- brown

Eyes light grey. Pupils equal, active.

Muscularity fair Fatness fair.

Nervous System—*Motor* normal.

Sensory

Reflex Action normal. Special Senses

Retina

Lungs healthy

Heart normal

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No marks.

Appetite fair.

Urine normal.

Menstruation

Pulse 76 good Temp. normal.

Height 5 Ft 3½ in. Weight 86½. 2 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition fair.

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.

443

NAME, Alexander Roy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
1·6·92.						He is in a jovial mood: he considers himself of great importance and has exalted ideas. When he was sent home recently he had been taking drink and got very troublesome and noisy. He is easily managed and is doing outside work. His bodily condition is fair.
3·6·92.						Quieter. Laughs a good deal to himself, and has a sense of bien être.
5·6·92.						Talks and laughs to himself — has a high opinion of himself: manageable and works outside.
12·6·92.						No change mentally — a typical case of adolescent insanity.
12·7·92.						No improvement: talks and laughs much to himself: he is delusional and bears an aspect of extreme importance.
12·8·92.						No improvement mentally.
5·3·93						Is working in forges. He laughs and talks to himself in a silly way. Is outside working & is good natured & tractable.
9·X·93						Tried to escape a short time ago, but made nothing of it. No change.

19. 7. 95

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

445

NAME, Daniel Mc Dermid. No.

Admitted, 8. 6. 92. Pr. Ad.

Sex, male Age, 16 Marriage, single Occupation, Labourer

Education, Religion, R. Cath.

Private or Pauper, Pauper. Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Epilepsy from childhood.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous Yes.

Duration of Existing Attack 2 years

Other Facts or Remarks Subject to Epilepsy.

Facts of Medical Certificates

I Dr Wilson: incoherent: sometimes unable to answer at all and simply stares vacant: memory defective.

II Dr Fatune; incoherent: oblivious to all around him, cannot sustain conversation: total loss of memory.

NAME Daniel Mc Dermid.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression none.

Excitement none.

Enfeblement considerable: enfeebled expression of face.

Memory much impaired.

Coherence coherent- Can answer questions? yes slowly - not intelligently

Delusions none expressed.

Other Abnormalities

Bodily.

Appearance funny looking for his age.

Skin healthy Hair light-

Eyes dimish Pupils equal active.

Muscularity poor Fatness very poor.

Nervous System—*Motor* normal.

Sensory

Reflex Action normal. Special Senses

Retina

Lungs healthy

Heart normal.

Tongue clean Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

no bruises.

Appetite fair

Urine normal.

Menstruation

Pulse 70 weak Temp. normal.

Height 4 Ft. 11¾ in Weight 5 st. 4 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

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.

447

NAME, Daniel Mc Dermid.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
9. 6. 92.						A funny looking lad for his age: body condition very poor: his facial expression is weak: his memory is bad: his answers come slowly and hesitatingly: his intelligence is much below the average of his age. He has been subject to fits for years.
10. 6. 92.						Appetite good: sleeps well: no change mentally.
11. 6. 92.						No change in his condition.
15. 6. 92.						Very stupid: he occasionally talks incoherently and apparently he has aural hallucinations.
20. 6. 92.						He takes fits occasionally—almost always at night-time: he is a poor puny specimen of pubescence.
30. 6. 92.						No change: put on Pot. Brom.
20. 7. 92.						Mental enfeeblement well marked
20. 8. 92.						No improvement: gets usually worked.
5. 3. 93						In childish state. speaks very badly & has no attention. takes very bad fits.
9-X-93						Quiet, invalid confined after fits. Memory very much impaired. Body poorly developed
3/2/94						He took to bed on 5th November. was troubled very much by cough spit and occasionally hæmoptysis. Latterly on pills have been but he has become much more emaciated and died this morning at 3 a.m.

Dud

NAME

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

449

NAME, Matthew Anderson. No.

Admitted, 10 · 6 · 92. Pr. Ad.

Sex, male. Age, 33 Marriage, married Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Yes. Kind

Duration *Where treated* Greenock Asylum.

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Epilepsy.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous Yes.

Duration of Existing Attack a week.

Other Facts or Remarks Subject to Epilepsy.

Facts of Medical Certificates

I Dr Fatmue: Epileptic for 14 years: cannot answer any personal questions: total loss of memory

II Dr Johnston: dull vacant and stupid: cannot tell his own name: sense of locality and time in abeyance.

NAME Matthew Anderson

STATE ON ADMISSION.

Mental

Viciation none

Depression considerable

Excitement none

Enfeblement attention and reasoning enfeebled.

Memory very bad

Coherence Can answer questions? very few.

Delusions none expressed.

Other Abnormalities expression blank: takes a long time to understand simple questions.

Bodily

Appearance pale and weak.

Skin normal Hair dark

Eyes blue Pupils dilated equal sluggish.

Muscularity poor Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action diminished Special Senses

Retina

Lungs catarrh

Heart's sounds normal.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite fair

Urine makes abundant - no albumen

Menstruation

Pulse 64 Temp. normal.

Height 5 Ft. 2½ in. Weight 8 st. 5 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

A Acute Mania	B 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, Matthew Anderson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
11. 6. 92.						Depressed in spirits, taciturn: memory bad – he does not know when he came here – he cannot tell his own age. When interrogated he takes a long time to realise the question, and he can only answer yes or no: all mental processes are slow: his bodily condition is very weak.
12. 6. 92.						A little brighter to-day: was doing step dance when visited: slept well last night, and takes his food well.
13. 6. 92.						Quiet and manageable: stupid & depressed. appetite good. sleeps well.
16. 6. 92.						Livelier than he has been; speaks more intelligently and agreeably.
25. 6. 92.						Says he is feeling better: appetite no very good — (Tr. Nuc. Vom ℥ Liq. Calum)
10. 7. 92.						Has had no fits: intellect sharper memory improved.
10. 8. 92.						Has had a few fits since last out: he has been very stupid since:
5-3-93						Matthew Tells recent fits are two in number confused shakes after an attack. Has vacant & dazed look. Such fits are, their remarks a great loss but it this.
8-X-93						Is very much as before. Between fits will rouse & take interest in things but at he is very shaken confused after fits.
12.4.95						Under Epso. Still takes fits for time to time and is very confused after them.
8.5.95						On Stelen Epso. His chronic rheumatic arthritis bothers him greatly but is relieved by the administration of Kly Chlor.
12.6.96						On Stelen Epso.
February 12th 1897						In bed in sick room. Takes his fits regularly is confused dull & stupid after them. on the best days dull & semi demented.

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					18th June 1897 Transferred today to Gaillot

453

NAME, Patrick Bain. No.

Admitted, 11·6·92. Pr. Ad.

Sex, male Age, 35 Marriage, married Occupation, labourer

Education, Religion, R. Cath.

Private or Pauper, Pauper. Where from? Partick

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 a few weeks.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Campbell: restless, repressed excitability thinks his 'Society' is unfriendly to him through the agency of his wife.

II Dr Kirk: delusions: aural hallucinations he fell into a violent rage during my visit.

AME Patrick Bain.

STATE ON ADMISSION.

Mental

Exaltation great.

Depression —

Excitement great.

Enfeeblement —

Memory very fair

Coherence semi-coherent. Can answer questions? Yes.

Delusions that someone is trying to injure him.

Other Abnormalities

Bodily

Appearance fairly healthy looking.

Skin healthy Hair dark

Eyes light brown Pupils equal, dilated, responsive.

Muscularity fair Fatness poor.

Nervous System—*Motor* normal.

Sensory

Reflex Action normal. Special Senses

Retina

Lungs healthy

Heart normal

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

a small cut over right eyebrow

Appetite fair

Urine normal.

Menstruation

Pulse 88 fair strength. Temp. 99.°

Height 5 Ft. 6 in. Weight 9 st.

Disease *Skae's Classification*

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

A Delusions 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.

455

NAME, Patrick Bain.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
12. 6. 92.						Greatly excited, restless and talkative expresses uneasiness about 'Society money appetite fair: has a sense of brea[th]
13. 6. 92.						Was exceedingly restless, noisy and sleepless last night. – chloral XXV grs g[iven] he sang loudly and this morning h[e] declared there was a serpent twine[d] round him during the night.
14. 6. 92.						Still restless incoherent- and excited recognises 'relations' in the asylum: was sleepless last night- but- quieter than previously: appetite very good.
17. 6. 92.						He is much quieter, does not tal[k] so much: rests well at night-: appetite good: works outside
20. 6. 92.						Quiet, but still incoherent in speech: gives no trouble.
30. 6. 92.						Keeps well.
15. 7. 92.						Still inclined to be garrulous & incoher[ent]
10. 8. 92.						Much improved: he does not talk so incoherently and he is quieter.
21-9-93						Discharged

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

457

NAME, James Gillespie *N*

Admitted, 11. 6. 92. *Pr. Ad.*

Sex, male. *Age,* 42 *Marriage,* Separated *Occupation,* farmer

Education, *Religion,* Protestant

Private or Pauper, *Where from?*

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Transferred from Govan Asylum.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous Jes

Duration of Existing Attack unknown

Other Facts or Remarks

Facts of Medical Certificates

I Dr Watson: melancholia: cannot work: occasionally excited.

NAME James Gillespie.

STATE ON ADMISSION.

Agitation none

Depression much.

Excitement none.

Feebleness none.

Memory good

Coherence coherent. Can answer questions? Yes.

Illusions none expressed.

Other Abnormalities

Appearance Sallow & debilitated

Skin healthy Hair dark

Eyes blue. Pupils equal, active.

Muscularity fair Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action exaggerated. Special Senses

Retina

Lungs healthy.

Heart normal.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite capricious

Urine normal.

Menstruation

Pulse 68, good tension Temp. normal.

Height 5 ft. 6½ in. Weight 10 st. 4 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

Acute Delirium	Chronic 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.

459

NAME, James Gillespie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
12.	6.	92.				Very much depressed; says he feels miserable: no delusion expressed: general health weak: appetite capricious.
13.	6.	92.				Asks for nothing: takes no interest in anything: sleeps well: appetite better.
14.	6.	92.				No change: looks very depressed and apathetic.
17.	6.	92.				Very dejected; he is self absorbed and he takes no interest in anything.
24.	6.	92.				Still very depressed: he is taciturn and shows no interest in anything:
1.	7.	92.				General health improving: says he is feeling no better.
10.	8.	92.				No mental improvement: he is depressed and apathetic: bodily health improved.
5-3-93						Quiet, very stiff & absent paralytic gait. Speak with slow accent & no expression of countenance. Seems quite unable to walk.
9-X-93						Gillespie is quite dull. is more suitable for staying amongst friends than here. Stiff & dull & listless & speaks with great reluctance. Is unable to do anything for himself.
15/3/94						Died from General Paralysis

Died

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

461

NAME, James Allison No.

Admitted, 14. 6. 92. Pr. Ad.

Sex, male Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Pauper. Where from? Stranraer.

HISTORY.

Causation.

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

Dangerous

Duration of Existing Attack

Other Facts or Remarks Subject to Epilepsy.

Facts of Medical Certificates

NAME James Allison

STATE ON ADMISSION.

Agitation none

Depression mild

Excitement none

Enfeeblement none.

Memory good.

Coherence coherent. Can answer questions? Yes.

Illusions none.

Other Abnormalities he is a little confused — the results of a fit. he had shortly before admission.

Appearance pale, fairly healthy

Skin healthy Hair dark.

Eyes brown Pupils equal, active.

Muscularity fair. Fatness fair

Nervous System—*Motor* normal.

Sensory

Reflex Action diminished. Special Senses

Retina

Lungs healthy

Heart normal.

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite good.

Urine normal.

Menstruation

Pulse 76 good Temp. normal

Height 5 Ft. 5¼. Weight 10 St. 4 lbs.

Disease *Shaw's Classification*

General Bodily Health and Condition fair.

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.

463

NAME, James Allison.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
15. 6. 92.						Memory and attention good: he is a little confused, but apparently as the result of a fit shortly before admission. He is quiet and manageable. His general health fairly good.
16. 6. 92.						Quiet and agreeable in manner: apparently contented and happy: appetite good.
17. 6. 92.						No change.
24. 6. 92.						Keeps well: he is quite happy and contented and he never asks about getting away: he is very helpful: no fits since admission.
1. 7. 92.						In same condition.
1. 8. 92.						Sometimes irritable and quarrelsome: he has had no fits since admission.
25.9.92						Allison had two fits this morning.
30.9.92						Had no more fits: is impulsive. occ[asionally] has had several fits with fractious, is kept in bed.
3.10.92						He is much quieter now & will get up to [illegible]
5.5.93						Allison is all right between fits - at present does not have fits.
7.X.93						Seems to be taking his fits more frequently than he did. He says he knows when they are coming on some time before - feels confused & startled, which gradually fades him. He is distract[illegible] & in fairly good humour just now. He is for [illegible] - bad spell.
29.3/94						Has just had a number of fits - and has had to keep his room for two days. - When in bed he is quiet and only confused after the fits if allowed up before the fits have left him he is excitable & quarrelsome previous to fits he is irritable and excitable - confused in manner

James Allison

T. perat. Morn.	T. perat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					Continues to have fits regularly and the period between them seems to be getting much less than formerly. According to his attendant he formerly had them at intervals of from 4 to 8 months: now he sells on hazard 6 weeks without them. The condition before attack is also less marked the fits coming on without any aura or pre-fit condition. After the fits he is excitable & irritable to a marked degree. To day he is having fits.
					He is in a condition of "explosive mania" after the fits. Is confined to his room "secluded" — Is very excited and at night again "Bryne Wallis" with great effect. homicidal + dangerous —
					Has been taking fits becoming excitable at intervals: not so impulsive during them however: There are repeated days of civil excitement: His last fit took place in January when he had to be removed from the dance in an exceedingly excitable state. Lately he has had some hemicranic neuralgia & the fits have been in abeyance: no cause is to be held to the attacks.
					No excitement recently in any way. Still has the neuralgia at intervals. The fits have not been frequent lately or if present have had no manifestations
					Was today discharged recovered. He has had no recurrence of the mania for many years. Has been working quietly & pleasantly outside. Is somewhat argumentative at times. Sleeps well eats largely. He has been sent to Barlinnie Glasgow who has homicidal tendencies.

Recovered

NAME, James Leggat.

Admitted, 15. 6. 92. *Pr. Ad.*

Sex, male *Age,* *Marriage,* married *Occupation,* miner

Education, *Religion,*

Private or Pauper, Pauper. *Where from?* Leemahagow

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

AME James Leggat.

STATE ON ADMISSION.

altation none

pression mildly depressed.

citement none

feeblement none.

emory good.

herence coherent. Can answer questions? Yes.

lusions none expressed.

her Abnormalities

ppearance Pale faced, reduced in health.

kin healthy Hair dark

yes grey Pupils dilated equal, responsive.

uscularity fair Fatness poor.

ervous System—*Motor* normal.

Sensory

eflex Action normal. Special Senses

etina

ungs healthy

eart normal.

ongue furred Bowels costive.

her Organs, Abnormalities, Bruises, etc.

No bruises.

ppetite good

rine normal

enstruation

ulse 70 good strength Temp. normal.

eight 5 Ft. 4½ in. Weight 9st. 8 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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.

467

NAME, James Leggat.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
16.	6.	92.				He is mildly depressed and his mental processes are evidently slow and sluggish.
17.	6.	92.				To-day he is is more reconciled to his environments: depression not so marked: appetite good: general health fair.
18.	6.	92.				Looking cheerier: self-satisfied and well-bred.
21.	6.	92.				Improving: working outside.
28.	6.	92.				Not so depressed: he is rather taciturn: works well and his bodily condition is much improved:
5.	7.	92.				Continues to improve.
12.	7.	92.				Expression more pleasant: he speaks more readily and agreeably: says he is feeling much better.
10.	8.	92.				Continues to improve.
5.5.93						wants to get home. but is very slow & timid works fairly well outside.
30-8-93						Discharged

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

NAME, John Mc Kissock.

Admitted, 16 · 6 · 92. Pr. Ad.

Sex, male Age, 46 Marriage, married Occupation, boiler

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Govan.

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 ?

Duration of Existing Attack ?

Other Facts or Remarks

Facts of Medical Certificates

I Dr Barrie: stupid: talks incoherently: cannot give an account of himself: imagines that he is in Ayr.

II Dr Wallace: dull: stupid & incoherent: cannot give an intelligent account of himself does not know where he is.

AME John Mc Kissock.

STATE ON ADMISSION.

altation none

pression mild

citement none.

feeblement slight.

emory bad

herence semi-coherent. Can answer questions? Few.

lusions none expressed.

her Abnormalities he cannot tell his age even approximately; stupid.

ppearance pale

in healthy Hair dark

es brown Pupils equal, active.

uscularity poor Fatness poor.

ervous System—*Motor*

Sensory

flex Action normal. Special Senses right pupil irregular in outline: he is shortsighted.

etina

ngs catarrh

eart normal

ongue clean Bowels regular.

ther Organs, Abnormalities, Bruises, etc.

No bruises.

ppetite good.

rine abundant mates— no alb.

enstruation

ulse 88, good strength. Temp. normal.

eight 5' Ft. 6 in. Weight 8 st.

Di ase *Skae's Classification*

Ge ral Bodily Health and Condition weak.

PREDOMINANT FEATURES.

A Acu rium and Deli- cedence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochon- dria.	F Strong Suicidal Impulses.	G Remittency, or Inter- mittency.	H Choreic movements.	I Hallucina- tions.	J Enfeeble- ment.

471

NAME, John Mc Keesock.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
17. 6. 92.						He is mildly depressed. inclined to be shy; his memory is much impaired, and his intellectual faculties do not show much vigor. His general health is weak.
18. 6. 92.						In a happier frame of mind: when he talks he resembles a man about to burst into tears. no tremor of tongue Speech intact.
19. 6. 92.						Quiet and well behaved.
22. 6. 92.						Showing signs of improvement; gives no trouble: feeding and sleeping well.
30. 6. 92.						Still continues to improve: depression passing off and he is not so affected.
7. 7. 92.						Improving: bodily health much better
7. 8. 92.						Continues to improve but slowly.
30.9.92						He is improving slowly becoming more sleepy.
29-10-92						Discharged

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

473

NAME, James Lithgow. No.

Admitted, 22. 6. 92. Pr. Ad.

Sex, male Age, 39 Marriage, Single Occupation, Cabinet

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Lanark.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Intemperance.

Symptoms. First.

Mental

Bodily

Recent.

Mental Great mental & motor excitement.

Bodily

Insane Habits and Propensities

Suicidal Yes, made a desperate attempt recently to (cutting his throat

Dangerous Yes.

Duration of Existing Attack recent.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Ewing: has made a determined attempt at Suicide; incoherent, maniacal; despond

II Dr Prentice: he says he must end his life: incoherent and maniacal.

NAME James Lithgow.

STATE ON ADMISSION.

Excitation none.

Depression great depression

Excitement much excitement.

Enfeeblement none.

Memory good.

Coherence coherent. Can answer questions? Yes.

Delusions that he has to be sent to the bottomless pit.

Other Abnormalities he has hallucinations of hearing:
motor excitement.

Appearance healthy looking man.

Skin dusky Hair dark

Eyes blue Pupils equal, dilated, sluggish.

Muscularity fair Fatness poor.

Nervous System—*Motor* great motor excitement.

Sensory

Knee Action diminished. Special Senses

Urine

Lungs subcrepitant rales at left apex in front.
slight dulness over same area.

Heart 1st apical sound weak.

Tongue furred Bowels costive

Other Organs, Abnormalities, Bruises, etc.

three long linear cicatrices about thyroid cartilage.

Appetite fair.

Urine normal.

Menstruation

Pulse 70, soft. Temp. normal.

Height 5 Ft. 5 in. Weight 8 st. 12 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition fairly good.

PREDOMINANT FEATURES.

A Acute delirium or 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.

475

NAME, James Lithgow.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
23.	6.	92.				This patient has recently had an attack D. T. and he made a determined atte at suicide by cutting his throat: O admission he was despondent, and m excited: he is startled by aural hallucina says he has to be sent to Hell: there much motor excitement.
24.	6.	92.				Not quite so excited: says he feels better restless last night when he had aural hallucinations: sits quiet to-day.
25.	6.	92.				Showing a little improvement: has m equanimity: feeds well.
28.	6.	92.				Improving: excitement abating: d not talk so much about his dammat Doing a little inside work.
7.	7.	92.				Much improved: feeling of dread & delusions have left him and he is cheery and well-behaved: he work very well.
14.	7.	92.				Still keeping well: bodily health much better.
~~10.~~	~~8.~~	~~92.~~				Discharged recovered.

Temperature. Morn.	Temperature. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

477

NAME, William Downie No

Admitted, 23. 6. 92. Pr. Ad.

Sex, male Age, 51 Marriage, Single Occupation, Farmer

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? New Markland.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. 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 Yes.

Duration of Existing Attack about a week.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Arthur: incapable of rational conversation
delusions: likely to be dangerous.

II Dr Gemmill: incoherent. restless & delusive

NAME William Downie.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression none.

Excitement some.

Enfeeblement —

Memory bad.

Coherence incoherent Can answer questions? No.

Delusions of mistaken identity,

Other Abnormalities he is restless; intellectual faculties dull; facile and very credulous — he can be made believe anything.

Bodily.

Appearance sallow, feeble.

Skin dusky. Hair white & rather bald.

Eyes light Pupils equal, medium responsive.

Muscularity poor Fatness poor.

Nervous System—*Motor* restless; legs weak.

Sensory

Reflex Action diminished Special Senses

Retina

Lungs healthy.

Heart sounds normal.

Tongue clean Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite capricious.

Urine normal

Menstruation

Pulse 86 fair strength. Temp. normal.

Height 5 Ft. 5½ in. Weight 7 st. 12 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

479

NAME, William Downie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
24. 6. 92.						a feeble old man; muscular power much weakened; unsteady gait: he does not realize where he is: he calls on his father as if he were at home; he is delusive, facile and very credulous.
25. 6. 92.						Slept well last night: appetite improving: easily managed.
26. 6. 92.						Stupid and enfeebled: occasionally becomes restless and excitable.
30. 6. 92.						Not so restless nor talkative: sleeps better and his general health is improving.
7. 7. 92.						His memory is returning and he is more coherent in speech.
10. 8. 92.						No change since last entry: he is still incoherent & delusive.
5-5-93						[illegible] - go- lucky. talkative man. very [illegible] & has very strange ideas about things.
12-X-93						Feeble senile dement. must [illegible] to walk as stride walking, but is not able to do much.

19.7.95

NAME.

CASE

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

481

NAME, David Robertson. No.

Admitted, 23. 6. 92. Pr. Ad.

Sex, male. Age, 23 Marriage, single. Occupation, blacksmith

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Govan

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 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 yes.

Duration of Existing Attack about a week.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Barras; restless and unhabby: when questioned he makes no reply.

II Dr Taylor: unable to speak or answer questions: appears to be in a dazed stupid condition.

NAME David Robertson.

STATE ON ADMISSION.

Exaltation none.

Depression has a depressed, semi-stuporose appearance.

Excitement none.

Mental — Feeblement —

Memory bad. he cannot tell where he comes from

Coherence does not speak much. Can answer questions? if simple; he hesitates much.

Illusions none expressed.

Other Abnormalities his understanding is dull; he takes long to realize the meaning in speech; he is semi-stuporose.

Appearance pale faced, anaemic.

Skin healthy Hair reddish.

Eyes blue Pupils equal, medium, sluggish.

Muscularity fair Fatness poor.

Nervous System—*Motor* normal; he offers slight resistance.

Sensory

Bodily Reflex Action absent. Special Senses

Spina

Lungs right apex RR. is harsh exp. prolonged.

Heart normal.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite poor

Urine normal.

Menstruation

Pulse 80. soft. Temp. normal.

Height 5'. 7½. 5" in. Weight 9 st. 3 lbs.

Disease *Shae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

A Acute Delirium or 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.

483

NAME, David Robertson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
24.	6.	92.				He bears a depressed, semi-stuporose look: he can answer any simple questions and that only after much hesitation: his memory is very bad - he cannot tell where he comes from: he is slow and sluggish in all his movements, but is not resistive: he is anaemic.
25.	6.	92.				Was restless in bed last night: he speaks in a subdued voice; semi-stuporose.
26.	6.	92.				In the same semi-stuporose condition.
29.	6.	92.				No change.
3.	7.	92.				Shows signs of awakening: replies to simple questions: health improving.
10.	7.	92.				He is speaking more: expression more pleasant: appetite good: works in outside:
17.	7.	92.				Still continues to improve: he is getting much stouter and ruddier.
25.	8.	92.				Has relapsed into his former condition: he is stupid vacant & self-absorbed & does not answer questions.
7.9.92						Transferred to Perth District Asylum

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

NAME, Alexander Baxter. No

Admitted, 28. 6. 92. Pr. Ad.

Sex, male. Age, 25 Marriage, Single Occupation, Tail

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Cadder – Lanarkh.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. Kind

Duration *Where treated*

Hered. History —*Insanity*

Other Diseases

Predisposing

Exciting → hereditg

Symptoms. First.

Mental

Bodily

Transferred from Woodilee Asylum

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes.

Dangerous ?

Duration of Existing Attack from Dec. 24th 1891.

Other Facts or Remarks

Facts of Medical Certificates

I Dr Mc Munich: weak minded and silly: delus!

AME Alexander Baxter.

STATE ON ADMISSION.

altation none.

pression mild depression.

citement none.

feeblement none.

mory good.

herence coherent. Can answer questions? Yes intelligently.

lusions he says he often experiences a feeling of dread. especially during the night.

her Abnormalities

ppearance healthy looking, well built man.

in eczema of shin. Hair dark.

es dark Pupils equal, medium responsive.

nscularity good Fatness good.

rvous System—*Motor* normal.

Sensory

flex Action diminished. Special Senses

dina

ngs healthy.

art normal.

ngue clean Bowels costive.

her Organs, Abnormalities, Bruises, etc.

No bruises

ppetite good.

ine normal.

nstruation

lse 78, good. Temp. normal.

ight 5 Ft. 11½ in. Weight 11 st. 12 lbs.

Dis se *Skae's Classification*

Gen al Bodily Health and Condition fairly good.

PREDOMINANT FEATURES.

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.

487

NAME, Alexander Baxter.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
29.	6.	92.				A well built young man : middly depressed, complains of a feeling of dread which annoys him especially at night: he talks sensibly : appetite good : there is an eczematous eruption on skin.
30.	6.	92.				Restless at night : quiet and contented :
1.	7.	92.				no change.
4.	7.	92.				Quiet and well-behaved : does not look so depressed : still feeling nervous :
10.	7.	92.				Does not complain so much of the feeling of dread : health good : eczematous eruption fading.
30.	7.	92.				Depression not so marked : he sleeps better at night :
20.	8.	92.				No great change mentally : physical condition improved.
5-5-93						Sister & boys. still lies & does nothing all day. Sometimes does a little sewing.
12-X-93						Working quietly with tailors. Has great habit of snapping his fingers. Is talkative & dramatic - good deal of colour in face. Has great belief in his father's patient "starkers"

22. 5. 94

Temperature. Morn.	Even.	Pulse. Morn.	Even.	Weight, lbs.	PROGRESS OF CASE.

489

NAME, Thomas Wilson. No.

Admitted, 29. 6. 92. Pr. Ad.

Sex, male. Age, 45. Marriage, married. Occupation, Publ[illegible]

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Stanehouse.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting alcoholic excesses.

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 convalescing from an attack of Delirium Tremens.

Facts of Medical Certificates

I Dr Dougall: wild and unmanageable: hallucinations of sight: delusions.

II Dr McLean: excited: talks about things that have not taken place.

NAME Thomas Wilson.

STATE ON ADMISSION.

Excitation none.

Depression mild

Excitement slight.

Enfeeblement none.

Memory impaired

Coherence semi-coherent Can answer questions? Yes but not very correctly.

Delusions many: that all his relatives are to be buried to-day: that his wife's entrails are hanging out.

Other Abnormalities convalescent from D. T.

Appearance stout strong looking man.

Skin healthy. Hair dark, cut very short.

Eye blue. Pupils equal, sluggish.

Muscularity good Fatness extra.

Nervous System—*Motor* gait unsteady.

Sensory

Knee Action absent. Special Senses

Pupils

Lungs slight catarrh.

Heart sounds normal but feeble.

Tongue clean Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite fair.

Urine Sp. gr. 1010: loaded with albumen.

Menstruation

Pulse 108. feeble. Temp. normal.

Height 5 Ft. 8 in. Weight 12 st. 6 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition fairly good.

PREDOMINANT FEATURES.

A Acute Delirium or 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.

491

NAME, Thomas Wilson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30. 6. 92.						He is convalescent from an attack of D. He is middly dejected: he thinks this the funeral day for all his relatives: he is very delusive. He is quiet and manages general health is good.
1. 7. 92.						Slept well last night: quiet and gives no trouble.
2. 7. 92.						No change.
5. 7. 92.						Says he now sees that he was labouring under delusions and that he is feeling much better: depression has passed off and he speaks most agreeably:
16. 7. 92.						Confined to bed with Sub-acute Rheumatism
19. 7. 92.						Going about as usual: still continues to improve mentally.
20. 7. 92.						Discharged recovered.

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

493

NAME, George Alston. No.

Admitted, 29. 6. 92. Pr. Ad.

Sex, male. Age, 40 Marriage, Single. Occupation, chem.

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Bothwell.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing } unknown

Exciting }

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily Enfeeblement.

Insane Habits and Propensities

Suicidal no

Dangerous no

Duration of Existing Attack Six months.

Other Facts or Remarks

Facts of Medical Certificates

Dr Campbell: mentally enfeebled: he has hallucinations which impel him to jump on chairs and tables.

NAME George Alston.

STATE ON ADMISSION.

Elation none.

Depression some.

Excitement none.

Enfeblement some; mental acts slowly evolved: memory bad

Memory impaired.

Coherence incoherent. Can answer questions? A few if simple.

Delusions none expressed.

Other Abnormalities

Appearance weak.

Skin healthy Hair light.

Eyes blue. Pupils equal, medium, expressive.

Muscularity fair Fatness fair.

Nervous System—*Motor* normal.

Sensory

Reflex Action diminished. Special Senses

Arms

Legs healthy.

Heart's Sounds normal. but feeble.

Tongue clean Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite fair

Urine healthy.

Menstruation

Pulse 68, soft. Temp. normal.

Height 5 Ft. 6½ in. Weight 9 · 12.

Disease *Skae's Classification*

General Bodily Health and Condition feeble.

PREDOMINANT FEATURES.

A Acute Mania as in-coherence.	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.

495

NAME, George Alston.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30. 6. 92.						He is mentally obnubilated: memory impaired: there is an element of stupor in him: answers slowly and not intelligently: mental processes sluggishly performed: bodily health fair.
1. 7. 92.						Slept well last night: appetite good quiet and manageable.
2. 7. 92.						He has all the Symptoms of dementia: he speaks none; takes no interest any thing: expression fatuous:
9. 7. 92.						No change. Transferred to Roscrea well Asylum.

Temperature. Morn.	Temperature. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

497

NAME, William allan. No

Admitted, 1 · 7 · 92. Pr. Ad.

Sex, male Age, 55 Marriage, single Occupation, joiner.

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Chapelton.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing } unknown.

Exciting }

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

I Dr Dingal: he cannot give sensible replies: violent and dangerous.

II Dr Clark; excited and incoherent: attention impaired.

NAME William Allan.

STATE ON ADMISSION.

Elation —

Depression —

Excitement slight.

Enfeeblement —

Memory impaired.

Coherence incoherent. Can answer questions? Very few.

Delusions none fixed.

Other Abnormalities attention impaired; intellectual processes sluggish.

Appearance feeble for his age: capillary injection of cheeks.

Skin healthy Hair dark. Thin.

Eyes Pupils equal, responsive.

Muscularity fair. Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action diminished. Special Senses

Arms

Legs R.M. feeble.

Heart 1st Sound at apex feeble: no murmur.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

Index finger of right-hand swollen to twice the normal size: the bones are diseased — result of whitlow.

Appetite fair.

Urine Sp. gr. 1030: no alb. no sugar.

Menstruation

Pulse 80. soft & compressible. Temp. normal.

Height 5 Ft. 4½ in. Weight 8 st.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

A Acute Mania, 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 Allan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
2. 7. 92.						General condition very weak: heart fair; capillary injection of face. He is mildly excited and incoherent in talk: right little finger is hopelessly diseased (necrosis) & a foul smelling purulent fluid is exuded
3. 7. 92.						Was restless last night: he takes no food fairly well.
4. 7. 92.						Talkative and incoherent: health often down: finger dressed daily:
6. 7. 92.						Appetite not so good: he is very talkative: pulse feeble: he is very restless & resistive.
7. 7. 92.						Very much worse to-day: he is quite delirious: pulse feeble: tongue and lips dry: refuses food: temp. 97°. profuse sweating.
8. 7. 92.						Died to-day apparently from Septicaemia

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

501

NAME, William Paul. N

Admitted, 5. 7. 92. Pr. Ad.

Sex, male. Age, Marriage, married. Occupation, Shoemaker

Education, Religion,

Private or Pauper, Where from?

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME William Paul.

STATE ON ADMISSION.

Elation none.

Depression none.

Excitement none.

Enfeeblement some.

Memory much impaired.

Coherence semi-coherent Can answer questions? some.

Delusions that he has no inside.

Other Abnormalities he looks pale and contented: his speech is inclined to be slurring.

Bodily

Appearance pale and reduced in body.

Skin healthy Hair dark.

Eyes brown Pupils equal, small, active.

Muscularity fair Fatness fair.

Nervous System—*Motor* he is lame.

Sensory

Knee Action diminished. Special Senses

Spina

Lungs healthy.

Heart 1st sound at apex impure: sound weak.

Tongue clean Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite fair.

Urine pale in colour sp. gr. 1015 - no albumen.

Menstruation

Pulse 80 soft. Temp. normal.

Weight 5 ft. 6 3/4. Weight 9 st.

Disease *Shaw's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

Acute Mania or Incoherence.	Chronic Mania.	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.

503

NAME, William Paul.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
6. 7. 92.						There is some enfeeblement of mind: he is facile and delusive: says that he has a lizard inside: his heart is weak and his legs are oedematous: right pupil slightly larger than its fellow and sluggish: articulation is slow: he has difficulty in pronouncing 'r's': and he stops in the middle of a sentence: he cannot say 'Rugby's many plums' at all: there are muscular tremors of upper lip when he speaks: reflex action diminished – no ankle clonus.
7. 7. 92.						Has been confined to bed since admission. oedema of legs subsiding: appetite fairly good and he has a sense of being sick.
8. 7. 92.						Legs much better.
11. 7. 92.						Legs now all right: he is quiet & manageable: facile and delusive: he says he has no liver and that there is nothing but urine in his inside. appetite good.
25. 7. 92.						Transferred to Temple As Asylum.

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

507

NAME, John Peebles.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
10.	7.	92.				Very depressed + semi-stuporose: expression vacant: he answers slowly and with little display of intelligence: his memory is impaired: the apices of both lungs are dull to percussion: R.M. over same area is harsh & accompanied by fine sub-crepitant râles: his appetite is very poor: heart sounds are feeble — general health is very weak.
11.	7.	92.				Depressed, listless and apathetic:
12.	7.	92.				No change.
15.	7.	92.				Depressed and stupid: speaks very little: all the 'go' is out of him: he says he is feeling a little stronger: put on Ol. Morrhuae.
30.	7.	92.				Slight mental improvement: he answers questions with less hesitation: face blank, lips do not move much when he speaks: speech rather drawling: Suspicion of G.P. eliminated.
15.	8.	92.				No change mentally: physical condition much improved.
5-5-93						Depression strick- speech slow & thick- and mind is delirious
12-X-93						Helpless- lungs dull all over. Cries incoherently. Speech thick with trembling inarticulation when excited. He is unconscious of his surroundings. seems to recognise those going & coming. Delusions of grandeur seem to be entertained.
30-X-93						Discharged by Sheriff's Warrant. (Transferred to Prison).

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

509

NAME, Thomas Baillie. No.

Admitted, 14.7.92. Pr. Ad.

Sex, male. Age, 29 Marriage, Occupation,

Education, Religion,

Private or Pauper, Pauper. Where from? Blantyre.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Yes. Kind

Duration Where treated Bothwell asylum

Hered. History—*Insanity*

Other Diseases

Predisposing Previous attack.

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

NME Thomas Baillie.

STATE ON ADMISSION.

Elation very mild.

Depression none.

Excitement a little restless and nervous.

Enfeeblement —

Memory good.

Coherence coherent. Can answer questions? Yes, many.

Delusions he says he is subject to 'occult forces' and he has distinct delusions of persecution.

Other Abnormalities he has the appearance of an insane adolescent — he talks and acts as an oracle, & is self-conceited.

Bodily

Appearance pale nervous excitable.

Skin dry Hair brownish.

Eyes blue. Pupils equal, medium active.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal.

Sensory

Knee Jerks

Reflex Action normal. Special Senses

Pupils

Lungs R.M. at left apex is jerky.

Heart's sounds normal but muffled.

Tongue clean. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite fair.

Urine normal.

Menstruation

Pulse 80, soft. Temp. normal.

Height 5.4. Weight 7.5.

Disease *Shaw's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

A Acute Mania 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.

511

NAME, Thomas Baillie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
15. 7. 92.						Pale and anaemic: talks authoritatively is much conceited: has exalted ideas of himself: says he is subject to 'occult forces' and has delusions of persecution: he is nervous and he cannot look one in the face when he speaks: general health weak.
16. 7. 92.						Slept well last night: he does not speak much unless when spoken to: he gets rather excited when he begins to speak: he says that all his bones have to be broken.
17. 7. 92.						No change.
25. 7. 92.						Taciturn unless when encouraged to do so: not quite so nervous; he is working outside.
10. 8. 92.						Quiet in behaviour: very delusive still experiences the 'occult forces'. physical condition improved.
20. 8. 92.						No change since last entry.
10-12-92						Is taciturn, excited & is subject to unknown forces. Is very noisy at night & tries
5-3-93						Is working in garden works daily outside. talks to himself. Is fairly well educated & says he is a skilled
10-VI-93						Baillie is still subject to hallucinations of hearing & talks constantly to the spirits
19-X-93						very much interfering excitable & talkative at times his spirits pretty well damped by daily exercise outside.
6-95						Transferred to Hadwood

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

513

NAME, William Mc Culloch. No.

Admitted, 14. 7. 92. Pr. Ad.

Sex, male. Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Pauper. Where from? Govan.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME William Mc Culloch.

STATE ON ADMISSION.

Elation none.

Depression has a slightly depressed look.

Excitement none.

Enfeeblement expression weak: attention and memory impaired. intellectual faculties dull.

Memory impaired.

Coherence incoherent Can answer questions? Some.

Delusions

Other Abnormalities has a fatuous appearance: articulation is thick indistinct & stammering.

Appearance pale haggard look.

Skin dry Hair dark scarce.

Eye grey Pupils equal responsive.

Muscularity fair Fatness fair.

Nervous System—*Motor* he walks unsteadily with slight rocking action: muscles of hand tremulous.

Sensory

Reflex Action diminished. Special Senses

Pupils

Lungs catarrh

Heart's Sounds normal but feeble.

Tongue furred, tremulous Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises: palate ~~th~~ narrow highly arched.

Appetite fair.

Urine albuminous.

Menstruation

Pulse 80 weak Temp. normal.

Height 5 ft. 5½ Weight 9. 7.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

Acute Mania a...	Delirious 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.

515

NAME, William Mc Culloch.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
15.	7.	92.				A pale haggard looking man : palate ra[ised] highly arched : articulation indistinct, sha[king] tongue tremulous : hands shaky - choreiform incoherent and delusive : intellectual fa[culties] dull : expression fatuous : genital bo[dy] condition very weak : reflexes diminished
16.	7.	92.				Very restless talkative and incoherent tore his blankets last night : tumbl[ed]
17.	7.	92.				Still restless and excited : sleepless : appetite capricious.
19.	7.	92.				Quieter and more composed : rested well last night : appetite improving does not speak so much.
25.	7.	92.				Has had one or two epileptiform fits since admission : he is more compos & not so incoherent in speech :
10.	8.	92.				He takes fits often especially at night : he is more sensible & not so erratic in manner (Pdr. Brow.)
20.	8.	92.				His mental condition has improved he takes fits occasionally but not so often as he did.
17- Sept 91						Discharged

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

517

NAME, John Craigie. No.

Admitted, 19. 7. 92. Pr. Ad.

Sex, male. Age, 41 Marriage, married. Occupation, tinsmith

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Govan.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Yes. Kind

Duration Where treated C. R. D.

Hered. History—Insanity

Other Diseases

Predisposing

Exciting overwork.

Symptoms. First.

Mental

Bodily

Transferred from Perth District Asylum.

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

Campbell: melancholia with a tendency to refuse food.

Delicate bodily health.

NAME John Craigie.

STATE ON ADMISSION.

Excitation none.

Depression Profound

Excitement none.

Enfeeblement —

Memory cannot be tested

Coherence " " " Can answer questions? None.

Delusions

Other Abnormalities he is resistive - he won't show his tongue or open his eyes : an element of stupor present.

Appearance very weak : capillary injection of cheeks.

Skin normal. Hair white.

Eyes greyish blue. Pupils

Mentality poor Fatness poor.

Nervous System—*Motor* normal

Sensory

Reflex Action normal. Special Senses

Brain

Lungs R.M. tubular at both apices & flat to percussion. Chest circular.

Heart's Sounds normal, weak.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite poor.

Urine Sp. gr. 1020 : no alb.

Menstruation

Pulse 120, feeble Temp. normal

Height 5 Ft. 3 in. Weight 7. 4.

Disease *State's Classification*

General Bodily Health and Condition very weak.

PREDOMINANT FEATURES.

A Acute Mania & 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.

519

NAME, John Craigie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
20. 7. 92.						Profoundly depressed: attention absent: object-consciousness in abeyance: he speaks none. takes no notice of anything: he is stubborn and resistive: an element of stupor present: bodily health very good.
21. 7. 92.						In same stuporose condition.
22. 7. 92.						He speaks none and takes no notice of anything: he sits all day with his eyes closed: quite unfit to look after himself.
30. 7. 92.						No change mentally: he takes his food better.
10. 8. 92.						In same stuporose condition: he stands or sits with his eyes closed & cannot be roused to take notice of anything.
25. 8. 92.						No improvement mentally.
5-5-93						Craigie sits with head bent & hands on knees quite lost to all his surroundings. Speaks with great reluctance when spoken to. Bodily well.
12-5-93						He takes his tea a little brighter when spoken to. Has seemed to speak himself. Speaks with slow hesitating accent & has difficulty in expressing himself. Does not improve.
8.6.95						Craigie is very stupid and depressed. He never speaks and he often refuses to take his food.
12.7.96						In statu quo.
4.11.96						Patient whose mental condition has shown no improvement had a faintish attack this morning in the day room. He was given some whisky and Sp. Ammon: co. and laid on a sofa with a blanket & pillow.
5.11.96						Craigie is stronger today and back to usual but he refuses to speak still.

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					Died today of Phthisis pulmonalis.
					8.1.97
					Died

521

NAME, James Kerr. No.

Admitted, 21. 7. 92. Pr. Ad.

Sex, male. Age, 26 Marriage, Single. Occupation, Gardener

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Govan.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Brain disease.

Symptoms. *First.*

Mental

Bodily

Recent.

Mental Transferred from Edinburgh Royal Asylum.

Bodily

Insane Habits and Propensities he is a general Paralytic.

Suicidal no

Dangerous danger.

Duration of Existing Attack 2 years.

Other Facts or Remarks He was before the court for assaulting boys in the street.

Facts of Medical Certificates

Dr Clouston: excited and partially incoherent: memory very bad: delusions of having money: Bodily condition weak: all the Symptoms of G P.

NAME James Kerr.

STATE ON ADMISSION.

Elation mild.

Depression none.

Excitement some.

Enfeeblement —

Memory bad.

Coherence Quasi-incoherent. Can answer questions? Yes but irrelevantly.

Delusions many — none dominant.

Other Abnormalities he is talkative incoherent and facile; laughs much and has a simple expression.

Appearance fairly healthy looking.

Skin normal. Hair dark, (beard reddish)

Eye brown Pupils unequal, inactive, right larger

Muscularity fair. Fatness poor — and irregular in outline.

Nervous System—*Motor* walk inclined to be unsteady.

Sensory

Knee Action knee jerk absent ~~Special Senses~~ no ankle clonus.

Spina

Lungs healthy.

Heart's sounds normal, 2nd sound accentuated at apex.

Tongue foul, tremulous. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

no bruises.

Appetite good.

Urine

Menstruation

Pulse 100, soft. Temp. normal.

Height 5'. 1½ Weight 9.

Disease G. P. *Shaw's Classification*

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

A Acute Delirium and Insanity.	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.

523

NAME, James Kerr.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
22. 7. 92.						Restless excitable and incoherent: friends say he is very strong & as sound as a bell: articulation slow, slurring & hesitating: tremor of lips when speaking especially marked when he pronounces labials: incoordination of tongue: both pupils inactive: right the larger and irregular in contour: Knee jerk abs- no ankle clonus: bodily health v. g.
23. 7. 92.						Facile and manageable: appetite good.
24. 7. 92.						No change.
27. 7. 92.						He gives no trouble — he is a typical case of general Paralysis.
1. 8. 92.						Easily excited, facile & delusive works outside.
8. 8. 92.						No change.
20. 8. 92.						Walks well; he is easily irritated
14 11 92						Re-transferred to Edinburgh. (Two men of James Kerr are in Edinburgh wrongly one was sent to here. On interchange plan to day - with cases being transferred & consent of General Board of Lunacy.

Temperature. Morn.	Temperature. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

525

NAME, William Ferguson. No.

Admitted, 22. 7. 92. Pr. Ad.

Sex, male. Age, 34 Marriage, Single. Occupation, Miner.

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Shotts.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting alcohol.

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Says he has masturbated a great deal.

Suicidal Yes.

Dangerous Yes.

Duration of Existing Attack 10 days.

Other Facts or Remarks

Facts of Medical Certificates

D=Caldwell; has a wild and unsettled appearance: says he wants to make arrangements for his burial.

NAME William Ferguson.

STATE ON ADMISSION.

Agitation none.

Depression much.

Excitement some.

Enfeblement none.

Memory fairly good.

Coherence Semi-coherent. Can answer questions? Yes.

Illusions many: has hallucinations of sight & hearing sees 'old Nick' &c &c.

Other Abnormalities He is issuing from an attack of D.T. he says he knows he has delusions.

Appearance pale, anaemic.

Skin normal. Hair dark.

Eyes brown Pupils equal, dilated, sluggish.

Muscularity fair Fatness fair.

Nervous System—*Motor* normal.

Sensory

Reflex Action diminished Special Senses

Retina

Lungs healthy.

Heart sounds feeble.

Tongue furred Bowels regular

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite capricious.

Urine normal.

Menstruation

Pulse 86, feeble. Temp. normal.

Height 5'. 5½ Weight 11. 1

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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.

527

NAME, William Ferguson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
23.	7.	92.				Restless and excitable: hallucinations – Sight and hearing – the sequela of D.: he sees devils &c &c: very sleepless last night: appetite poor: health weak.
24.	7.	92.				Was restless & sleepless last night: he nervous and excitable
25.	7.	92.				Do Same condition.
27.	7.	92.				Paraldehyde given last night – he slept well: not so talkative
29.	7.	92.				Showing Signs of improvement: he is not so talkative nor so excitable: restless night: hallucinations of sight & hearing working outside to-day.
3.	8.	92.				Much better: he speaks more slowly and the excitability is passing off he is manageable & agreeable.
10.	8.	92.				Continues to improve.
20.	8.	92.				This patient has now almost completely recovered: he laughs at his former delusions: he is very sensible and agreeable in conversation.
1.10.92						Discharged Recovered

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

529

NAME, Abraham Rowand. N

Admitted, 25. 7. 92. Pr. Ad.

Sex, male. Age, 65. Marriage, Single. Occupation, Trader

Education, Religion, Protestant

Private or Pauper, pauper. Where from? Swan Co.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Excessive Liquoring.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Tried to drown himself yesterday.

Suicidal Yes.

Dangerous Yes.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

Dr Nairne: hallucinations of mem and animals.

Dr Wallace: nervous & excited: has no proper control of himself: hallucs. of sight & hearing unmanageable.

NAME Abraham Rowand.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression a tincture of depression

Excitement mild.

Enfeeblement –

Memory impaired.

Coherence coherent Can answer questions? Yes.

Delusions hallucinations of sight and hearing.

Other Abnormalities he is very hypochondriacal and nervous.

Bodily.

Appearance debauched looking.

Skin dry Hair white

Eyes blue. Pupils equal, medium, reactive.

Muscularity fair Fatness good.

Nervous System—*Motor* tremors of hands and tongue.

Sensory

Reflex Action normal. Special Senses

Retina

Lungs Bronchitis.

Heart right side hypertrophied – sounds pure.

Tongue gumed tremulous Bowels loose.

Other Organs, Abnormalities, Bruises, etc.

black eye – bruise over left brow.

Appetite fair.

Urine 1015. alb.

Menstruation

Pulse 96, strong, full. Temp. normal.

Height 5 Ft. 6½ in. Weight 11 St. 4 lbs.

Disease *Shaw's Classification*

General Bodily Health and Condition reduced.

PREDOMINANT FEATURES.

A Active 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.

531

NAME, Abraham Rowand.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
26. 7. 92.						Debauched appearance: nervous, excitable and very hypochondriacal: credulous hallucinations of sight & hearing: he is coming from an attack of D. T: passed sleepless last night
27. 7. 92.						Not so nervous: slept well last night: appetite improving.
28. 7. 92.						He says he is feeling better: he is more composed, not so hypochondriacal and he sleeps better at night.
1. 8. 92.						Much improved: his nervousness & excitability are passing off, and he says he is feeling much better.
8. 8. 92.						Still continues to improve.
20. 8. 92.						Excitement & nervousness have abated: he is comparatively well mentally.
2. 9. 92						Discharged Relieved

NAME.

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

533

NAME, Andrew Summers. N

Admitted, 28.7.92. Pr. Ad.

Sex, male Age, 28 Marriage, married Occupation, miner

Education, Religion,

Private or Pauper, pauper. Where from? Hamilton

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting excessive drinking.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes.

Duration of Existing Attack A few days.

Other Facts or Remarks

Facts of Medical Certificates

I: he stares vacantly: whistles when questioned

II: Sullen and incoherent and he does not answer questions

NAME Andrew Summers.

STATE ON ADMISSION.

Exaltation none.

Depression mild

Excitement some.

Enfeeblement –

Mental.

Memory bad.

Coherence semi coherent Can answer questions? very few.

Delusions hallucinations of hearing.

Other Abnormalities he is very stupid and stubborn: he whistles or bites his lip when spoken to: does not know where he is.

Appearance pale excited looking: debauched.

Skin dry Hair dark vertex bald.

Eyes dark grey. Pupils equal, dilated, active.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal.

Sensory

Bodily

Reflex Action Knee jerk exaggerated Special Senses

Retina

Lungs healthy.

Heart's sounds normal: sounds rather feeble.

Tongue tremulous Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite fair.

Urine

Menstruation

Pulse 110. soft & compressible Temp. normal.

Height 5'. 1 Weight 8. 2.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

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.

535

NAME, Andrew Summers.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
29.	7.	92.				He is very stupid, his memory is very bd. he thinks he is in Hamilton: mental reaction time slow: many questions he does not answer but whistles and smacks his lips. he has hallucinations of hearing: general health weak.
30.	7.	92.				Slept well last night: stupid and self absorbed: he moves his lips when asked a question: inclined to be stubborn
1.	8.	92.				No change: he is exceedingly stupid: he is very restless at night: bodily health weak:
4.	8.	92.				He never volunteers to speak: he is apathetic and stupid.
15.	8.	92.				Slight improvement; he is beginning to speak, he sleeps better at night and his appetite is ravenous.
25.	8.	92.				Pleasanter in manner & behaviour speaks more intelligently: physical condition much improved.
30.9.92						He has continued to improve and is speaking more
19.11.92						Discharged recovered.

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

537

NAME, William Miller. N.

Admitted, 29. 7. 92. Pr. Ad.

Sex, male. Age, 40 Marriage, married Occupation, miner

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Govan

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Yes Kind

Duration Where treated Smithston Asylum

Hered. History—Insanity

Other Diseases

Predisposing Previous attack. ? heredity

Exciting alcohol (?)

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes

Duration of Existing Attack 3 weeks.

Other Facts or Remarks

Facts of Medical Certificates

I excited; talking and shouting nonsense; dangerous and outrageous.

II excited; talks loudly & shouts; erratic; dangerous and unmanageable.

NAME William Miller.

STATE ON ADMISSION.

Exaltation none.

Depression mildly depressed.

Excitement none.

Enfeeblement —

Memory good.

Coherence semi-coherent Can answer questions? Yes.

Delusions many - none fixed.

Mental.

Other Abnormalities he is very reticent and dull when left alone, but when spoken to he answers tackatively and incoherent.

Appearance high cheek bones; eyes sunken; face pale.

Skin dry Hair dark.

Eyes blue Pupils equal, dilated, active.

Muscularity good Fatness poor.

Nervous System—*Motor* normal.

Sensory

Reflex Action diminished. Special Senses

Retina

Lungs healthy.

Bodily.

Heart's sounds normal.

Tongue clean Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite fair.

Urine albumen

Menstruation

Pulse 100, soft. Temp. 99°.

Height 5. 6½ Weight 10.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

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.

539

NAME, William Miller.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30. 7. 92.						He is mildly depressed and reticent when spoken he can be 'drawn out' & speak a great deal — he is then talkative incoherent and delusive: he has a very stubborn look:
1. 8. 92.						No change: appetite good.
2. 8. 92.						Eats and sleeps well.
6. 8. 92.						He looks pleasanter and he is speaking more than he did: he is working outside.
12. 8. 92.						Slight mental improvement: his expression is much better and the physical condition is more robust.
20. 8. 92.						Continues to improve.
31. 5. 92						Escaped from working party to-day
5. 9. 92						Brought back to-day.
5. 5. 93						[illegible] no change in Miller for some time. He often seems very depressed & talks incoherently & is rude when he is pleasant & speaks to [illegible]
12. 9. 93						Very unusual attire & talks in airs with great [illegible] manner. Dr Oliver seems acting the "Rev. gent" to a T. Neither [illegible] this. Habits seem fairly well latch.

8. 5. 94

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

541

NAME, Alexander Mc Dade No.

Admitted, 29. 7. 92. Pr. Ad.

Sex, male Age, 40 Marriage, married Occupation, joiner

Education, Religion, Protestant

Private or Pauper, pauper. Where from? Blantyre.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. yes. Kind

Duration Where treated Greenock Parochial

Hered. History—Insanity

Other Diseases

Predisposing previous attack.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous dangerous

Duration of Existing Attack 4 days.

Other Facts or Remarks

Facts of Medical Certificates

I Has the delusion that he has seen and spoke to the Almighty: that he knew Napoleon and Wellington & was present at Waterloo: talkative and incoherent:

II delusive: his manner and previous history point to an abnormal state of mind.

NAME Alexander Mc Dade.

STATE ON ADMISSION.

Mental

Exaltation mild

Depression none.

Excitement he is very restless

Enfeeblement –

Memory impaired.

Coherence incoherent. Can answer questions? A few.

Delusions many fleeting delusions.

Other Abnormalities he is very religious talking a lot about his Souls Salvation: he is very nervous.

Bodily

Appearance nervous, unsettled

Skin dry Hair dark.

Eyes blue + grey. Pupils small, equal, active.

Muscularity poor Fatness poor.

Nervous System—*Motor* great motor activity

Sensory

Reflex Action diminished. Special Senses

Retina

Lungs healthy.

Heart's sound at apex (1st) impure.

Tongue furred Bowels active.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite good.

Urine normal.

Menstruation

Pulse 108, soft. Temp. 99.°

Weight 6·4. Weight 8·6.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

Acc. from Delirium or 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.

543

NAME, Alexander Mc Dade.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30.	7.	92.				Nervous, talkative incoherent and excita: he has many delusions: he talks to the Almighty &c.&c: there is great mo restlessness and his facial muscles give an occasional twitch: bodily health is weak.
1.	8.	92				Talkative and incoherent – religion be his favourite topic: he is nervous and excitable.
2.	8.	92.				Working outside: he is pleasant and agreeable, and he does not speak quite so much.
6.	8.	92.				Improving – he is quieter and more sensible.
17.	8.	92.				Continues to improve: he is coherent and sensible in conversation.
25.	8.	92.				Continues well.
5-5 93						He has very talkative for some time back, is now very much more reticent & does not look well. Spirit seems dumped.
12-X-93						Mc Dade's reticence has been short lived, she is again talking the fool. She is very mischievous & cheeky, makes a very good duffer-man. Not working. Very busy at night.

29. 5. 95

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

545

NAME, Thomas Carruthers No.

Admitted, 29. 7. 92. Pr. Ad.

Sex, male. Age, 21 Marriage, Single. Occupation, ma n

Education, Religion,

Private or Pauper, Pauper. Where from?

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Thomas Carruthers.

STATE ON ADMISSION.

Elation none.

Depression mild

Excitement none.

Enfeeblement –

Memory impaired.

Coherence coherent. Can answer questions? Yes.

Delusions that he has £100,000.

Other Abnormalities he wants badly: he is rather stupid.

Appearance weak looking young man.

Skin dry Hair dark

Eyes brown. Pupils large, equal, active.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal.

Sensory

Reflex Action exaggerated. Special Senses

Spina

Limbs healthy.

Heart normal.

Tongue clean Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

No bruises. arched palate.

Appetite good.

Urine normal.

Menstruation

Pulse 88. fair tension Temp. normal.

Height 5'. 5½. Weight 8. 4.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

A Acute Delirium and other forms	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.

547

NAME, Thomas Carruthers.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30. 7. 92.						A stupid looking lad: he answers slowly and he stammers very badly: palate highly arched: he appears mildly depressed and he declares he has £100,000: bodily health is weak.
1. 8. 92.						He is depressed and stupid: appetite good.
2. 8. 92.						Working outside.
6. 8. 92.						Quiet and manageable; seems to be quite contented:
10. 8. 92.						Depressed listless and stupid; he speaks very little and he is delusional
20. 8. 92.						No change mentally: quiet and manageable.
14.9.92						This is a quiet inoffensive patient, slightly [illegible] in mind who works out of doors every day.
30.9.92						His bodily condition has much improved but he is no better mentally. He seldom utters a word to anyone.
7-XI-92						Discharged.

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

549

NAME, Peter Morton No.

Admitted, 3·8·92. Pr. Ad.

Sex, male Age, 38 Marriage, Single Occupation, Joiner.

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Carlisle.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Yes. Kind

Duration Where treated Bothwell Asylum.

Hered. History—Insanity

Other Diseases

Predisposing Previous attack.

Exciting unknown.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous Yes

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

I Accuses me of being a traitor: of having stolen money belonging to a church, by means to get to Parliament to destabilish the church.

II has the delusion that he has sinned against the church: that his Heavenly Father has cursed him the whole world: no memory of recent events: incoherent in speech.

NAME Peter Morton.

STATE ON ADMISSION.

Exaltation very much excited.

Depression none.

Excitement much.

Enfeeblement none.

Memory good.

Coherence Semi. coherent. Can answer questions? Yes.

Delusions many about the Church: hallucinations of sight and hearing: he converses with the Almighty.

Other Abnormalities he has a very excited look: he kicked a patient last night without aggravation.

Appearance Sallow, thin.

Skin moist Hair dark.

Eyes brown Pupils equal, medium, active.

Muscularity fair Fatness fair.

Nervous System—*Motor* great motor excitement.

Sensory

Reflex Action cannot be tested Special Senses

Retina

Lungs apparently healthy.

Heart's sounds normal.

Tongue furred, tremulous Bowels active.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite bad.

Urine normal

Menstruation

Pulse 120, soft. Temp. 99°.

Height 5'. 6. Weight 9. 10.

Diagnosis Acute Mania. *Stark's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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.

551

NAME, Peter Morton.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
4.	8.	92.				Restless and excitable: he kicked a patient last night without aggravation: he talks incoherently on religious subjects, about churches, conversations with the Almighty: he has hallucinations of sight & hearing: skin moist: appetite bad.
5.	8.	92.				Much excited: he talks much and is very restless and delusive:
6.	8.	92.				Sleeping better at night: appetite improving:
9.	8.	92.				Excitement slowly passing off. he sleeps better and he does not speak so much.
16.	8.	92.				Very much improved: talks sensibly behaves well; delusions gone. health much better.
23.	8.	92.				Continues well.
29.	8.	92.				Had a 'fit' to-day says he usually takes such after a drinking bout.
14.9.92						His patient is quiet and talks sensibly. He has had no more fits.
29.9.92						Peter Morton is keeping quiet & quiescable. He had no return of the excitement and no fits. His mind is slightly enfeebled.
5-5-93						Takes his fits regularly. Quiet very fortnight & is very confused & stupid after them. But is soon all right again. Between fits pleasant, takes great interest in publishing all the ills & woes he does etc.
4-XII-93						Yesterday Doctor called & spoke with an Attendant named about the writing for letter which Peter had taken from him. Doctor ordered it being very injurious. It was withdrawn after careful examination. Mr. Ormerod thinks Doctor's treatment in Newcastle shows the High Sheriff should a certain amt of vigilance, & was not injured in any way.
12-X-93						Morton has taken fits for some little time back. He had delusions & suspicions of his brothers. He left Newcastle again he will go to Bristol. He wishes his letter writing purge. But is so interested as one man does he likes to see well fed & looked

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					24 · 6 · 95

553

NAME, James Mc Court — No

Admitted, 3. 8. 92 — Pr. Ad.

Sex, male — Age, 30. — Marriage, Single — Occupation, Labourer

Education, — Religion, Protestant

Private or Pauper, Pauper. — Where from? Govan

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. — *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 yes

Duration of Existing Attack unknown.

Other Facts or Remarks

Facts of Medical Certificates

I delusive and incoherent: says he is a 'doer' he seems to have been drinking.

II delusive and incoherent: thinks he is related to Jack the Ripper: he sees & hears nothing near him: hears voices.

NAME James McCourt.

STATE ON ADMISSION.

Mental

Exhilaration very much exalted.

Depression none.

Excitement much.

Enfeeblement none.

Memory impaired

Coherence incoherent Can answer questions? Very few.

Delusions that he is a worm — many religious delusions — he thinks he is the devil.

Other Abnormalities he is very talkative and excited.

Bodily

Appearance pale and reduced in body.

Skin dry Hair dark.

Eyes brown Pupils dilated equal, sluggish.

Muscularity fair Fatness poor.

Nervous System—*Motor* normal.

Sensory

Knee Action normal. Special Senses

Spinal

Lungs healthy.

Heart's sounds normal.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite fair.

Urine normal.

Menstruation

Pulse 88, small. Temp. normal.

Height 5'. 8. Weight 10. 2.

Disease Acute Mania. *Skae's Classification*

General Bodily Health and Condition weak.

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.

555

NAME, James Mc Court.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
4.	8.	92.				Loquacious restless and incoherent in speech: he declares he is a woman, that the devil is on his back &c. Hallucinations of sight & hearing.
5.	8.	92.				Very restless at night – he gets up out of bed and wanders about the sick-room: he is stupid and incoherent and his expression is blank and curious.
6.	8.	92				Still restless at night: Probably do.
9.	8.	92.				Sleeps better: quiet apathetic & stupid
16.	8.	92.				Sleeps soundly at night: takes his food fairly well: he speaks very little and he has a self-absorbed vacant stupid expression
23.	8.	92				Not improving.
30.9.92						There has been no improvement in this man's condition lately. He is quiet and stupid, answers questions intelligently & seldom speaks to any one. He is in good bodily health.
18th Jan. 92						(Has fixed emaciated attack, & right side slightly paralysed.)
5-5-93						Mc Court has been at working for some time past. His demeanour is same, & often falls into a state of profound somnia, when he will neither speak nor do anything. At this he is at present. In general very stupid
1-8-93						His discharge by Mr. Monteith Board.

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

557

NAME, Joseph Leigh. No.
Admitted, 3.8.92. Pr. Ad.
Sex, male. Age, 46 Marriage, married Occupation, labourer.
Education, Religion, Protestant
Private or Pauper, Pauper. Where from? Hamilton

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. none 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 dangerous
Duration of Existing Attack a few days.
Other Facts or Remarks

Facts of Medical Certificates

I Violent and subject to delusions: imagines he is pursued by an evil spirit & prompting him to murder people.

II Violent in speech and behaviour so that it is dangerous to approach him: he has smashed the windows in his room

NAME Joseph Leigh.

STATE ON ADMISSION.

Exaltation slight.

Depression none.

Excitement slight.

Enfeeblement none.

Memory unimpaired.

Coherence quite coherent. Can answer questions? Yes intelligently.

Delusions none.

Other Abnormalities

Appearance Sallow, weak health.

Skin dry Hair dark + grey.

Eyes grey Pupils Small, equal, active.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal.

Sensory

Reflex Action diminished Special Senses

Retina

Lungs healthy.

Heart's 1st sound at apex indistinct.

Tongue clean Bowels loose.

Other Organs, Abnormalities, Bruises, etc.

~~No~~ 2 black eyes. a bruise on arm and big toe of right foot bruised.

Appetite very good — voracious.

Urine normal.

Menstruation

Pulse 86, fairly good Temp. normal.

Height 5'. 9½. Weight 8st.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

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.

559

NAME, Joseph Leigh.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
4.	8.	92.				Talkative and excitable: talks volubly of Powhouse life and blasphemes the officials thereof: he has 2 blackeyes and his toe has been injured: appetite voracious: general health well.
5.	8.	92.				Eats and sleeps well: he appears quite happy and contented: manageable.
6.	8.	92.				Bodily health improving.
9.	8.	92.				His appetite is voracious: he talks a great deal: bodily health is improving.
16.	8.	92.				Quarrelsome and discontented: working outside.
23.	8.	92.				No change.
30.9.92						This man is quiet, pleasant and amiable as long as things are proceeding smoothly, but if he is irritated by any trivial matter, becomes abusive and uses foul & obscene language. He works out of doors every day with a ball & chain.
29-10-92						Discharged

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

561

NAME, William Bell. No.

Admitted, 10 · 8 · 92. Pr. Ad.

Sex, male. Age, 21 Marriage, Single Occupation, gardener

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Dumfries.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing } unknown

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous no

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

I: insane, vacant look: refuses to answer questions.

II: says he has been poisoned with arsenic refuses to answer some questions & appears not to understand them.

NAME William Bell.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression some.

Excitement none.

Enfeblement —

Memory bad.

Coherence quasi-incoherent Can answer questions? Very few.

Illusions that he had to take arsenic 'because there was too little poison in his system'.

Other Abnormalities He is dazed and stupid; he speaks slowly, he stops in the middle of a sentence & then begins on a new subject.

Bodily.

Appearance pale.

Skin dry Hair light.

Eyes blue Pupils dilated inactive.

Muscularity fair Fatness fair.

Nervous System—*Motor* he complains of a feeling of numbness in his legs and arms.

Sensory

Knee Action diminished Special Senses

Brain

Lungs healthy.

Heart healthy.

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, etc.

Appetite poor.

Urine

Menstruation

Pulse 96, soft. Temp. normal.

Weight

Diet *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

Acute Delirium or 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.

563

NAME, William Bell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
11. 8. 92.						He is dazed and stupid: he cannot give a connected account of what he has been doing recently or how he came to be here: he says he had to take arsenic because there was too little poison in his system: his memory is bad and he thinks he is going to die soon: health weak.
12. 8. 92.						He is very stupid: he refuses food and he says he is neither dead nor alive.
13. 8. 92.						Has to be fed with stomach tube. He thinks he has been poisoned: that his days are numbered.
17. 8. 92.						Taking food fairly well; he is very stupid and full of delusions.
24. 8. 92.						No improvement mentally.
4. 9. 92						His man has again been fed with the stomach tube: he is stupid and confused and imagines that his food is poisoned.
7. 9. 92						He is now taking food well and is brightening up. He is not so suspicious.
14. 9. 92						Still improving.
29. 9. 92						This patient works outside every day in the garden. He is much better and is generally cheerful & talkative, but at times he becomes slightly depressed. His bodily health has much improved.
5. 5. 93						Dull. stiff - Walks with great reluctance & has not changed for some time back.
12. X. 93						Dull & listless. simple in his movements & stride. it is not improving mentally.
February 10th 1900:-						In good health: except that he has a large reducible umbilical hernia. He is a good outside [illegible] & is generally cheerful & easily managed. He rarely speaks and answers only occasionally. He never amuses himself in any way does not read: he sleeps well & [illegible]

I am Sincerely
W. J. A. [illegible]

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

565

NAME, Richard Watson. No.

Admitted, 15. 8. 92. Pr. Ad.

Sex, male. Age, 59 Marriage, married Occupation, Labr

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Lewalt.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Transferred from Stannaer Poorhouse by order of the Board of Lunacy

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous Jks.

Duration of Existing Attack 3 years

Other Facts or Remarks

Facts of Medical Certificates

I incoherent; talks excitedly & has been a source of disturbance among the other inmates of the lunatic wards.

II. excited appearance: incoherent:

NAME Richard Watson.

STATE ON ADMISSION.

Mental

Excitation mild.

Depression none.

Excitement none.

Enfeblement —

Memory good.

Coherence coherent. Can answer questions? yes.

Delusions none expressed.

Other Abnormalities he is talkative & rather excitable.

Bodily

Appearance pale rather feeble old man: pasty complexion.

Skin dry Hair grey.

Eye blue Pupils equal, small, active.

Muscularity fair Fatness fair.

Nervous System—*Motor* right leg stiff & ankly used at hip joint.

Sensory

Reflex Action diminished. Special Senses

Pupils

Lungs healthy.

Heart 1st sound at apex rather feeble.

Tongue flabby, clean. Bowels

Other Organs, Abnormalities, Bruises, etc.

Appetite good.

Urine small quantity of albumen.

Menstruation

Pulse 88, fair tension Temp. normal.

Height 5'. 7". Weight 8.

Disease *State's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

A Acute delirium a coherence.	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.

567

NAME, Richard Watson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
16. 8. 92.						He is garrulous and excitable appetite good: general health well.
17. 8. 92.						Slept well last night: he is quiet and sensible in conversation.
18. 8. 92.						Quieter and well-behaved: general health improving.
23. 8. 92.						Quiet and sensible in conversation.
29. 8. 92.						Well-behaved and manageable.
12.9.92						This patient is weak minded. but he is quiet and gives no trouble.
29.9.92						He is happy and contented and says that I would rather stay here than at home or in Straban Poorhouse.
5-5-93						Pleasant - quiet tractable in everything but playing he is weak-minded & Imbecile.
12-X-93						"Dick" gets very irritable at times & runs and tears his clothes. He can fulfil ordinary duties of life eats, dresses &c. Combs his hair & washes himself well.
February 10th 1900:-						In fair but gradually failing health: Pulse is irregular. He is still employed cutting firewood but works sporadically. He often refuses to speak for months at a time merely nodding and shaking his head: Hearing fair & not impulsive for a considerable time. Sleeps & eats well.
July 28th 1900:-						No change: in fair settled at present both bodily & mental.
January 28th 1901						No change in fair health both bodily & mental. No change mentally who is not well at present.
Janry 30th 1902:						In good health: Pleasant but one who refuses to speak
1902 July 10th						Keeps in fair health. spends his time [illegible] chores in house.
1903 July 10th						Much the same. very delusional. seldom speaks & in fair health.

C. R. I. POST-MORTEM SUMMARY.

N.B.—To be inserted at end of Clinical Record by Physician who was in charge of Patient.

Richard Watson

April 14th at 7.20 p.m. P.-M. on April 16th at 12.15 p.m.

Disease

Death

General Survey.

Rigidity Fairly marked.

Rigidity Well marked.

Poor. Pupils

Integumentary, Locomotory, and Hæmopoietic Systems.

Cutaneous Fat

Joints

Muscles and Fascia

Lymph Glands

Thyroid Gland

Spleen (M. 6 oz., F. 5½ oz.) 6 ozs. Firm.

Blood

Nervous System.

Peripheral Nerves

Spinal Cord and Column

Sympathetic Chain

Membranes

Brain Weighs 43 ozs. Very oedematous.

Scalp

Skull—Measurements

Vault of Cranium

Floor of Cranium

Dura Mater Congested. Hard Palate

Pia-Arachnoid Post thickened. Strips easily.

Fluid in Cranial Cavity A good deal; clear. Weight of Encephalon (M. 49 oz., F 44 oz.)

Arteries of Base of Brain.

Cerebrum Convolutions well marked & veins fairly regular.

Cerebellum —

Pons-Medulla —

Ventricles Granulations in 4th, adherent

Choroid Plexuses Small cyst.

Pineal Body

Pituitary Body

Circulatory System.

Pericardium — Apparently healthy.

Heart (M. 11 oz., F. 9 oz.) — 10 ozs.

Cavities — not greatly 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.) — All competent.

Muscle — Slightly fatty.

Aorta and Vessels — Very slight Atheroma. Not much, considering age.

Respiratory System.

Left Pleura — Overlaps right pleura & quite hides the Pericardium. Adhesions

Left Lung (M. 21 oz., F. 15 oz.) — 21 ozs. Fibrosis. Bronchiectasis.

Right Pleura — Slight adhesions.

Right Lung (M. 24 oz., F. 17 oz.) — 23 ozs. Fibrosis & Bronchiectasis

Respiratory passages

Alimentary System.

Peritoneum

Liver (M. 53 oz., F. 44 oz.) — 31 ozs. Atrophied. Fatty.

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.) — 4 ozs. Cyst. Granular. Capsule strips easily.

Right Kidney (M. 5¼ oz., F. 4¾ oz.) — 4 ozs. Cysts. " " " "

Bladder and ureters

Generative organs and passages

Microscopical Examination.

Signature of Assistant Physician Chas. J. Tisdall

Richard Watson

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
	March 1st				Continues to break sticks in Tunnel. Delusions with hallucinations of hearing. Constantly [illegible] by "Witches" - In failing health.

SEE CHRONIC CASE BOOK

569

NAME, George Henry Brown.

Admitted, 20. 8. 92. *Pr. Ad.*

Sex, male. *Age,* *Marriage,* Single. *Occupation,* Farmer

Education, *Religion,*

Private or Pauper, Pauper. *Where from?* Dumfries.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one *Kind*

Duration *Where treated* C. R. D.

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 George Henry Brown.

STATE ON ADMISSION.

Excitation none.

Depression considerable.

Excitement none.

Enfeeblement none.

Memory good.

Coherence coherent. Can answer questions? Yes.

Delusions

Other Abnormalities he answers slowly and he looks dazed and stupid.

Appearance healthy.

Skin dry, healthy. Hair dark.

Eyes blue. Pupils equal, medium, active.

Muscularity fair Fatness poor.

Nervous System—*Motor* normal.

Sensory

Bodily

Rt ex Action normal. Special Senses

Rima

Legs healthy.

Heart normal.

Tongue clean. Bowels

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite fair

Urine normal

Menstruation

Pulse 80. fair tension Temp. normal.

Height 5. 7. Weight 8. 6.

Disease *Skae's Classification*

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

A Acute mania a. incoher.	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.

571

NAME, George Henry Brown.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
21. 8. 92.						Dull, listless and apathetic: he looks dazed and stupid and he takes no interest in anything but tobacco
22. 8. 92.						Sleeps and eats well: speaks only
23. 8. 92.						He is very lazy: he refuses to work though he looks quite fit for employment: he is not very intelligent in conversation
26. 8. 92.						No change: working outside to-day
4. 9. 92						He occasionally does a little work out of doors but is very lazy. His bodily condition is improving.
18. 9. 92						This man is very changeable: sometimes he is quite rational and talkative, whilst at other times he is morose and sullen.
24. 9. 92						George is not improving mentally. He is getting much stouter and stronger.
5. 8. 93						Very changeable. At his best he is pleasant & obliging & everybody likes him, very irritable & impulsive.
12. X. 93						Sometimes he feels well & tidy - for days & then he becomes very excitable & impulsive - breaking several panes of glass. He assisted Ogden's sister working with the plants.

J. S. 95

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

573

NAME, John Hood.

Admitted, 23. 8. 92. N

Sex, male. Age, 35 Marriage, Pr. Ad. Occupation,

Education, Religion,

Private or Pauper, Pauper. Where from? Hamilton.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing Alcoholic indulgence. (excessive & prolonged)

Exciting Apoplexy (?)

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 John Flood.

STATE ON ADMISSION.

Agitation none.

Depression none.

Excitement none.

Enfeeblement blank expression; says 'no' when he speaks at all: he is very stupid.

Memory evidently absent.

Coherence — Can answer questions? No.

Delusions —

Other Abnormalities Gestures, semi-conscious appearance. He is aphasic.

Appearance debauched

Skin dry Hair dark very short.

Eyes blue. Pupils large, equal, sluggish.

Muscularity fair Fatness fair.

Nervous System—*Motor* right-hemiplegia, facial paralysis on same side; other side of body paretic.

Sensory much impaired.

Knee Action absent. Special Senses

Anæmia

Lungs healthy.

Heart's sounds weak - no murmur.

Tongue furred Bowels very costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite poor

Urine Sp. gr. 1020 small quantity of albumen.

Menstruation

Pulse 80, soft. Temp. normal.

Weight — Height —

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

Acute Mania	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.

575

NAME, John Hood.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
24. 8. 92.						Stupid, of amous expression: has indulged in alcohol excessively for years: right hemiplegia + Aphasia: he is powerless on his legs: he answers 'no' to everything.
25. 8. 92.						Looks better to-day: has taken his food fairly well: he is very stupid confined to bed.
26. 8. 92.						Appetite improving: speaking none.
29. 8. 92.						Much improved: muscular power has returned, he can speak better though still very indistinct: appetite very good: up out of bed to-day.
10. 9. 92						He is happy and contented. makes himself useful in the gallery, sweeps floors, washes dishes &c his speech is "shivery": his lips tremulous during articulation: gait fairly steady. staggers on walking suddenly.
18. 9. 92						He has been doing very well and apparently getting stronger, but to-day he became totally paralysed on the left side. Mouth pulled to rt. side: tongue when protruded points to left side: arm and leg weak & powerless. His speech is much thicker and he is very confused and stupid. Sensation does not appear to be affected. Temperature normal. He is able to swallow fluids easily.
21. 9. 92						Face not so much twisted. tongue points more to the front: arm & leg immobile. Not so stupid.
24. 9. 92						He is able to move his left arm & can grasp firmly. Slight power of movement in leg.
28. 9. 92						Out of bed to-day: left leg dragged in walking. Can move the arm freely has a strong grasp.
3. 10. 92						He is getting much stronger and is able to walk more steadily. He is fairly happy and contented.
1-12-92						Keeping fairly strong & does a bit of rough work. Speech very thick.
28-11-92						Not so well - stupid & tired.
30-11-92						Has one or two convulsions today in right side & arm. Urine had to be drawn off this evening.

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					still have conjestive attacks. chlorgl given.
					urine still being drawn off.
					Inflamed a good deal. & seems like likely to pull through.
					Got much worse in night. Died from renal congestive attacks.
					Died

577

NAME, Martin Donovan.

Admitted, 24. 8. 92. Pr. Ad.

Sex, male. Age, 56 Marriage, married Occupation, miner.

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Cambuslang.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting fall on the head.

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

Facts of Medical Certificates

I Suspicions about his wife's conduct: violent: talks immorally.

II. has the delusion that men are admitted into his house at night by his wife for immoral purposes.

NAME Martin Dunsmuir.

STATE ON ADMISSION.

Mental.

Exaltation some

Depression —

Excitement some

Enfeeblement —

Memory bad : he does not know when he came here.

Coherence incoherent. Can answer questions? not wholly & ably.

Delusions

Other Abnormalities he is talkative and excitable.

Bodily.

Appearance pale and reduced in body.

Skin dry, healthy Hair dark, beard grey.

Eyes greyish Pupils equal, medium, active.

Muscularity fair Fatness fair.

Nervous System—*Motor* face drawn slightly to left side.

Sensory normal.

Reflex Action diminished. Special Senses

Stamina

Lungs healthy.

Heart normal;

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite fair.

Urine

Menstruation

Pulse 88, soft. Temp. normal.

Height 5' · 5' ½. Weight 9.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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.

579

NAME, Martin Dunsmuir.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
25. 8. 92.						He is talkative incoherent and excitable: his memory is very bad: he thinks he has been here for three days.
26. 8. 92.						Talkative & delusive: manageable: appetite good: sleeps well.
27. 8. 92.						Very garrulous when encouraged to speak: his memory is very bad.
31. 8. 92.						No change mentally: he is fairly manageable.
7.9.92						Martin is suffering from herpes zoster of the right side: his temperature is 100° and his pulse is rapid: he complains of sore throat. Confined to bed.
14.9.92						He is out of bed now and the herpes has almost entirely disappeared. He still complains of intercostal neuralgia and sometimes of headache. He is being treated with Quinine & Aconite, and his side has been kept covered with cotton wool.
30.9.92						Martin is much better now but still occasionally complains of pains in his side. His face is slightly drawn to the left side and he drags the right leg in walking. He is quiet and somewhat confused: cannot answer questions coherently, and often expresses delusions. His memory is weak.
8-4-93						Discharged

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

581

NAME, Robert Harrison.

Admitted, 25. 8. 92. Pr. Ad.

Sex, male. Age, 32 Marriage, unknown Occupation,

Education, Religion,

Private or Pauper, Pauper Where from? Govan (Poor Roy)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. unknown Kind

Duration Where treated

Hered. History—*Insanity*

Other Diseases

Predisposing } unknown

Exciting }

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous no

Duration of Existing Attack —

Other Facts or Remarks

Facts of Medical Certificates

I. Stupid and confused: will not answer questions.

II. confused: cannot give an account of himself: incoherent: incapable of looking after himself.

AME Robert Harrison.

STATE ON ADMISSION.

Mental.

caltation none.

epression —

citement he is exceedingly restless

afeeblement dazed and stupid.

emory cannot be tested.

oherence — Can answer questions? none.

elusions

her Abnormalities he speaks none: his expression is blank and stupid.

Bodily.

ppearance pale faced.

kin dry Hair dark

yes brown Pupils equal, medium, active.

uscularity fair Fatness fair.

ervous System—*Motor* restless.

Sensory

eflex Action diminished. Special Senses

etina

ungs healthy.

eart normal.

ongue furred. Bowels

her Organs, Abnormalities, Bruises, etc.

No bruises.

ppetite poor

rine normal.

enstruation

ulse 96, soft. Temp. normal.

eight 5'. 6½ Weight 9. 8.

Di se *Stark's Classification*

Ge ral Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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.

583

NAME, Robert Harrison.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
26. 8. 92.						He is very restless and stubborn he does not speak and his attitude is in abeyance: bodily health weak.
27. 8. 92.						Very talkative to-day: quite incoherent very religious; says that many murders have happened to him.
28. 8. 92.						Has had a fit. Since admission. he is talkative, incoherent & delusional.
3. 9. 92						Discharged: in statu quo

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

585

NAME, Joseph Kirkpatrick.

Admitted, 27. 8. 92. Pr. Ad.

Sex, male. Age, 28 Marriage, Single. Occupation, Painter.

Education, Religion, Protestant-

Private or Pauper, Pauper. Where from? Langholm.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Epilepsy

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Subject to Epilepsy since he 12th year

Suicidal Yes

Dangerous Yes

Duration of Existing Attack 1 year 8 months.

Other Facts or Remarks

Facts of Medical Certificates

I restless & excitable: talks continually incoherently.

II Epileptic for many years: talks continually incoherently: excited & inclined to be violent

NAME Joseph Kirkpatrick.

STATE ON ADMISSION.

Medical.

Exaltation much

Depression none.

Excitement very much excited.

Enfeeblement —

Memory bad.

Coherence incoherent. Can answer questions? not to the point.

Delusions many. has visions &c &c.

Other Abnormalities restless and tachative.

Bodily.

Appearance pale & thin.

Skin dusky Hair dark short.

Eyes brown Pupils dilated, equal, sluggish.

Muscularity poor Fatness poor.

Nervous System—*Motor* restless.

Sensory

Reflex Action diminished. Special Senses

Stamina

Lungs apparently healthy.

Heart's sounds normal, weak.

Tongue furred Bowels

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite fair.

Urine normal

Menstruation

Pulse 80, Lpl. Temp. normal.

Height 5.1½ Weight 7.4

Disease *Slade's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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.

587

NAME, Joseph Kirkpatrick.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
28. 8. 92.						Talkative excitable and incoherent subject to Epilepsy: physical condition weak.
29. 8. 92.						Had a fit yesterday after which he was restless and excited: quieter to-day.
30. 8. 92.						Quieter & more sensible in conversation.
4. 9. 92						He has been taking fits frequently during the past week all of them of a severe character, in fact in many of them it was feared that he would die. He took four fits this afternoon and this morning had two very severe fits and died at 5.30.

NAME

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

589

NAME, John Douglas. N

Admitted, 29. 8. 92. Pr. Ad.

Sex, male Age, 37 Marriage, Single. Occupation, Sailor.

Education, Religion, Protestant.

Private or Pauper, Private £25- Where from? Glasserton.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. yes. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Previous attack.

Exciting Sunstroke, intemperance.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes.

Duration of Existing Attack 2 weeks.

Other Facts or Remarks

Facts of Medical Certificates

I Excited, rambling; says he believes he will never die.

II extremely excited; talks incessantly in loud and incoherent manner.

NAME John Douglas.

STATE ON ADMISSION.

Mental.

Exaltation — he is greatly exalted.

Depression —

Excitement some.

Enfeeblement —

Memory impaired.

Coherence incoherent. Can answer questions? A few to the point.

Delusions he is talkative, restless & delusive: he talks incessantly about his great skill in medicine.

Other Abnormalities

Bodily.

Appearance dusky complexioned.

Skin healthy. Hair dark.

Eye brown Pupils equal, medium, active.

Muscularity poor Fatness poor.

Nervous System—*Motor* restless.

Sensory

Reflex Action diminished. Special Senses

Pupina

Lungs healthy.

Heart's sounds rather weak.

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite good.

Urine normal.

Menstruation

Pulse 100. soft. Temp. normal.

Height 5'. 6. Weight 8. 3.

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

A Acute Delirium or 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.

591

NAME, John Douglas.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30. 8. 92						Talkative, restless and incoherent: he is easily excited & becomes rather impudent: boasts about his great skill in Medicine.
31. 8. 92.						Slept well last night: officious & meddlesome
3. 9. 92						He is an excitable restless individual. he is continually talking and boasting about his accomplishments as a yachtsman, medicine &c. He takes food well.
8. 9. 92						His mans is in a restless talkative condition, full of long rambling stories and boasts of his prowess.
16. 9. 92						He is excitable and restless, demands his discharge and sometimes uses strong language towards the officials.
30. 9. 92						Mr. Douglas is much quieter and is more rational. He talks rationally, and does not get into temper as he used to do.
2-3-93						Discharged

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

593

NAME, Patrick O'Connor. No

Admitted, 29. 8. 92. Pr. Ad.

Sex, male Age, 34 Marriage, Single. Occupation, Coal Miner

Education, Religion, R. C.

Private or Pauper, Pauper. Where from? Govan.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. 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 yes

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

I dull and melancholy: under the impression he is lost: hallucinations of sight and hearing.

II dull confused and stupid: hallucinations of sight and hearing: thinks people conspire against him.

NAME Patrick O'Connor.

STATE ON ADMISSION.

Mental

Exaltation none.

Depression very depressed.

Excitement none.

Enfeblement —

Memory much impaired.

Coherence semi-coherent. Can answer questions? Some but reluctantly!

Illusions that he has poisoned himself with hemlock

Other Abnormalities he is semi-stupose: cannot fix his attention long: he has suicidal tendencies.

Bodily

Appearance dull, pale faced.

Skin sallow Hair dark.

Eye grey. Pupils right-larger: both expansive.

Muscularity good Fatness good.

Nervous System—*Motor* normal.

Sensory

Reflex Action normal. Special Senses

Pupils

Lungs healthy.

Heart normal.

Tongue furred Bowels

Other Organs, Abnormalities, Bruises, etc.

no bruises.

Appetite fair

Urine normal.

Menstruation

Pulse 86, small. Temp. normal.

Height 5'. 5' ½ Weight 11. 3

Disease *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

A Acute Excitement 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.

595

NAME, Patrick O'Connor.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30. 8. 92.						Depressed and stupid: slow in answering questions – declares he has poisoned himself with hemlock: heavy suspicions of suicidal propensities.
31. 8. 92.						No change:
1. 9. 92						Is resistive and stubborn to-day: fed with the * refuses to speak, walk, or do anything that is told.
4. 9. 92		102				was fed with tube this morning. His evening was spent in bed, found to be feverish, and on examination a slight dulness was found below angle of right scapula with harsh breathing and crepitations.
5. 9. 92	101	103	120	130		The whole of the lower half of the right lung is now pneumonic and he is bringing up a little rusty sputum.
8. 9. 92	102	105	126	150		He is talking a little and is taking food fairly well. He is gradually getting weaker and to-night his respiration is 60 per minute.
10. 9. 92	101	105	130	160		He is very feeble to-day, face cyanotic.
11. 9. 92						Gradually sank and died to-day.

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

597

NAME, James Sharp. No.

Admitted, 29. 8. 92. Pr. Ad.

Sex, male Age, 47 Marriage, married Occupation, Clerk

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Govan.

HISTORY.

Connexion.

Disposition

Habits

Previous Attacks—No. none Kind

Duration Where treated

Hered. History—Insanity

Other Diseases Two brothers Epileptics.

Predisposing } unknown? : alcohol.

Exciting }

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

I dull and stupid; cannot give an intelligent account of himself.

II Stupid and incoherent; cannot give any account of himself: hallucinations: memory bad.

NAME James Sharp.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression much depressed.

Excitement none.

Enfeblement —

Memory bad.

Coherence incoherent. Can answer questions? A few if simple.

Illusions

Other Abnormalities he is very stupid; expression vacant, he looks a chronic alcoholic.

Bodily.

Appearance debauched.

Skin sallow, Hair dark.

Eyes blue. Pupils equal, dilated, sluggish.

Muscularity fair Fatness poor.

Nervous System—*Motor* tremors of muscles of face and hands. gait unsteady and jerky. (ataxic)

Sensory impaired

Reflex Action absent. Special Senses Slight nystagmus.

Pupils

Lungs healthy.

Heart normal.

Tongue tremulous Bowels

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite poor.

Urine pale abundant; no alb.

Menstruation

Pulse 100, small, steady Temp. normal.

Height 6 Ft. Weight 11. 5

Disease *Skae's Classification*

General Bodily Health and Condition very weak.

PREDOMINANT FEATURES.

A Acute Delirium and Coma	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.

599

NAME, James Sharp.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30. 8. 92.						A debauched looking man: has all the Symptoms of Chronic Alcoholism: Speech thick, indistinct; gait ataxic; hands shaky; memory bad: slight nystagmus.
31. 8. 92						Not quite so apathetic and stupid today, answers questions more readily: takes food fairly well: gait a little better.
7.9.92						He is a dull, stupid man, who talks in a rambling incoherent manner. He is getting stronger and his gait is improved.
14.9.92						There is no change in this man's mental condition. Physically he is much better.
24.9.92						His hands are still rather shaky and his speech indistinct. His memory is clearer and he talks in a more coherent manner.
19.11.92						Looks a little demented. Smiles in a shifty foolish way. Speaks a good deal very incoherently. Grimaces to himself a good deal when speaking, seems hyper-sensitive.
5-5-93						Demented - sleepy & very feeble
12-X-93						Great draught. Says - he gets very irritable & angry if his opponent is a bit stupid. Has very much imagined. Lies quiet & remains in bed & never gets outside.
5. 10. 95						Transferred to Parkside Asylum.

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

601

NAME, Alfred Middleton

Admitted, 31st August 1892

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

Education, Religion, Protestant

Private or Pauper, Pauper Where from? 255 Cumberland St. Sydney.

HISTORY.

Causation.

Disposition

Habits Addicted to alcoholic excesses.

Previous Attacks—No. One Kind

Duration 9/2/92 to 23.3.92 Where treated Sydney Parade. Asylum

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Drunken

Suicidal ?

Dangerous Yes.

Duration of Existing Attack a few days.

Other Facts or Remarks

He is an epileptic & the fits come on when he is drinking.

Facts of Medical Certificates I. Nervous, excited, has hallucinations. Has been drinking

II. Has been drinking, wild & dangerous looking, takes fits, has delusions of fancies he hears music.

NAME Alfred Middleton

STATE ON ADMISSION.

Station Born

Depression He is nervous and depressed.

Excitement He is restless.

Enfeeblement His memory is not very good, and he is confused.

Memory Just very good

Coherence Coherent. Can answer questions? Slowly

Delusions

Other Abnormalities He has hallucinations of hearing

Appearance a pale faced man with expressionless features

Skin pale Hasty Hair black

Eyes brown Pupils equal, react. contract

Muscularity fair Fatness fair

Nervous System—*Motor* Slight tremor in facial muscles during articulation.

Sensory Normal

Reflex Action dull Special Senses Good

Rema

Legs healthy.

Heart pulsation quick, regular, no murmur.

Tongue coated with white fur. Bowels Costive

Other Organs, Abnormalities, Bruises, etc. Several acne spots on the back.

Appetite Fair

Urine healthy

Menstruation

Pulse 100 soft. Temp. Normal

Height 5ft 6½ in Weight 9 St 2 lb.

Diseases Alcoholic Insanity of Epilepsy *Stark's Classification*

General Bodily Health and Condition Weak.

PREDOMINANT FEATURES.

A Acute mania and delirium	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.

603

NAME, Alfred Middleton

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
1.9.92						He did not sleep well last night and is a little sick this morning. There is slight mental confusion.
3.9.92						He is much better in every way, talks sensibly and has no delusions. He has been ordered the following mixture R/ Ac. Hydrobrom. ℥ii Sp. Ammon. Aromat. ℥iv Inf. Calumbae ad ℥viii ℥ss t.d. and is also taking 30 grs. Pot. Bromid. in water
7.9.92						He says he has taken five ounces
12.9.92						Still improving. Discharged Recovered

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

605

NAME, Alexander Williamson

Admitted, 31st August 1892

Sex, Male Age, unknown 70? Marriage, Married Pr. Ad. Occupation, Unknown

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Western Infirmary, Glasgow Lunacy.

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 Unknown.

Other Facts or Remarks

Facts of Medical Certificates I. Cannot answer questions intelligently, mutters to himself, says there is a ticking (as of a watch) in his throat that is suffering from small pox

II. Talks unintelligibly, cannot explain why he is here nor how long he has been.

NAME Alexander Williamson

STATE ON ADMISSION.

Estimation Gone.

Depression Gone

Excitement Gone

Enfeeblement Marked.

Memory Bad.

Coherence Incoherent. Can answer questions? No

Decisions

Other Abnormalities He is in a helpless condition. very weak. can give no account of himself & talks quite incoherently - a mere muttering

Appearance A pale faced man with pasty complexion.

Skin waxy in colour Hair dark

Eyes grey Pupils R larger than left: sluggish.

Muscularity flabby muscles Fatness fair

Nervous System—*Motor* He is so feeble that he is unable to walk

Sensory Common sensibility diminished.

Reflex Action Action Special Senses appear healthy

Bodily

Respiration feeble. impulse almost imperceptible, sounds faint. 1st sound impure.

Tongue furred Bowels costive

Other Organs, Abnormalities, Bruises, etc. No marks or bruises

Appetite Poor

Urine

Menstruation

Pulse small and thready 90 Temp.

Height 5ft 3 in Weight 8 St.

Disease *Skae's Classification*

General Bodily Health and Condition Bad.

PREDOMINANT FEATURES.

A Acute Delirium or 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.

607

NAME, Alexander Williamson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
1.9.92						This man is taking food fairly well – fed with spoon slept last night after getting some whisky, and looking rather brighter this morning. He has a rambling manner, quite incoherently. Is wind.
3.9.92						His pulse is gradually becoming firmer. Last night was rather restless and would not remain in bed.
5.9.92						He still talks incoherently and can answer no questions intelligently. Is taking food well.
9.9.92						He is now getting out of bed for a little every day. His pulse is much firmer, but his face is still very pallor.
14.9.92						He is able to walk about the room; his gait is feeble but there is no inco-ordination nor tremor. His speech is almost totally incoherent and he has entirely in the past talking about his work in the yard. He has no idea where he is and thinks he is in the next bed is his brother.
29.9.92						He talks incoherently, and has no memory; he imagines that he is in Glasgow and that he just came from church. Sometimes in the evening he tells me that he has had a heavy day's work at the office.
19.11.92						When spoken to says "you have made a mistake, I am not to see my brothers." He changes rapidly, [illegible]
1.12.92						Has a cold and just blows a little.
15.12.92						Leg. now healed.
28.12.92						Williamson is not taking his food well. Pulse rather irregular. 6 ounces of grain in one night. Breathing laboured a little. Rhonchi [illegible] all over chest.
1.1.93						Has had bronchitis which seems to be becoming chronic. Getting weaker & breathing difficulty. Has Ex Stimulants & Digitalis Syr. Comp. Quad.
5.1.93						Just about same
6.1.93						Weaker to-day & there is evidence of extended dullness in second part of right lung.
8.1.93						Died.

Temperature. Morn.	Even.	Pulse. Morn.	Even.	Weight, lbs.	PROGRESS OF CASE.

NAME, Andrew Kennedy

Admitted, 2nd September 1892 — Pr. Ad.

Sex, Male — Age, 74 — Marriage, Single — Occupation, Hor[illegible]

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Skaman 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
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks He is a tramp and only arrived in the Skaman district on the 30th Aug. 1892

Facts of Medical Certificates I. Talks incoherently, is restless, noisy at night & disturbs the other inmates

II. Restless, especially at night, incoherent

NAME Andrew Kennedy

STATE ON ADMISSION.

Exultation None

Depression He is slightly depressed.

Excitement He is restless always wanting to go out for a walk.

Feebleness He is confused and stupid, cannot give an account of himself, or where he has come from.

Memory Bad.

Coherence Incoherent. Can answer questions? None.

Illusions None.

Other Abnormalities

Appearance A tall spare man with bronzed features.

Skin Has itch. Hair Grey

Eye Grey Pupils Equal, moderate, react, contract

Muscularity Poor Fatness Poor

Nervous System—*Motor* Normal

Sensory Normal

Knee Action Brisk Special Senses Healthy.

Pains

Lungs Healthy.

Heart Pulsation feeble. Regular in rhythm; no murmur.

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, etc. Copious eruption of scabies on arms, legs, and trunk.

Appetite Fair

Urine S.G. 1026, acid, clear, no alb. no sugar.

Menstruation

Pulse 86, small, soft. artery thickened Temp. Normal

Height 6 ft. Weight 11 St 9 lb.

Disease

Stark's Classification

General Bodily Health and Condition Fair

PREDOMINANT FEATURES.

A Acute Mania	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.

611

NAME, Andrew Kennedy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
3.9.92						This old man is weak minded, does not know where he is, and cannot give a coherent account of whom he has been lately. He is restless, always wanting to go out during the day, and will not remain in bed at night. Lotio Calcis & Ung. is being applied for the scabies.
5.9.92						The scabies is gradually fading away under the lotion. He is still in a restless condition, and talks in a rambling manner.
9.9.92						The scabies is now cured.
14.9.92						Andrew is restless, slightly depressed, talks in a rambling manner, always wanting out.
29.9.92						He is a quiet, fairly contented demented, who becomes at times rather restless, and will wander away unwatched. His bodily condition is fair.
5.5.93						Shows here a gradual change for worse. Kennedy's condition. He is getting dirty in habits, & his mental condition is worse. Looks thin & has been.
12.5.93						Is very stiff & stupid & is making no progress. Bathed & dressed. Ward night. Seems deaf & he seems quite done.
4/12/93						Soon took three days ago on account of bodily weakness. Yesterday he could take no food or retain food given & died this morning.

Died

Temperature. Morn.	Temperature. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

NAME, John McKenzie

Admitted, 5th September 1892 — No. 4412

Sex, Male — Age, 24 — Marriage, Single — Pr. Ad. — Occupation, Labourer

Education, — Religion, Protestant

Private or Pauper, Pauper. — Where from? 87 Cuthbert St. Glasgow, Govan.

HISTORY.

Causation.

Disposition

Habits unsteady.

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 a Thief

Suicidal No.

Dangerous Yes

Duration of Existing Attack Unknown.

Other Facts or Remarks He has just completed a sentence of 7 years for house breaking

Facts of Medical Certificates I. Imbecile. very delusive, fancies he is a musical genius and talks much nonsense.

was violent and delusive yesterday, is just home from prison.

II. Delusive Excitement; states that there is no sense in him.

NAME John McKenzie

STATE ON ADMISSION.

Mental

Excitation He talks in an exalted tone of voice and is boastful

Depression None

Excitement He is rather restless.

Enfeeblement His power of attention is impaired. his intelligence is weak.

Memory is very confused: cannot give an account of his past life.

Coherence semi-coherent. Can answer questions? Some.

Delusions That he has just left the militia – that he has served with the colours for seven years.

Other Abnormalities He makes himself more insane than he really is.

Bodily

Appearance A young man with flushed face

Skin moist and warm Hair fair

Eyes blue Pupils equal, medium, react. contract.

Muscularity fair Fatness fair

Nervous System—*Motor* Movements quick and jerky

Sensory Normal

Reflex Action active Special Senses Normal.

Pulse

Lungs Rhonci in left lung: percussion note not impaired.

Heart action rapid; no murmur

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, etc. No marks or bruises

Appetite Good

Urine neutral, deposits phosphates. trace of sugar present.

Menstruation

Pulse 100 fair tension & volume Temp. Normal

Height 5ft 3 in Weight 9 St.

Disease

Skae's Classification

General Bodily Health and Condition Fair

PREDOMINANT FEATURES.

A Acute Hallucinations 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.

615

NAME, John McKenzie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
6.9.92						He slept well last night and has a good appetite. He is quiet and does not exhibit any restlessness this morning. When spoken to he answers in a pleasant manner and it is difficult to understand what he says.
9.9.92						There is no change in his mental condition.
14.9.92						He goes out with the working squad to the farm every day. He talks in a rambling disconnected manner and has many fleeting delusions.
21.9.92						There is no change in his condition and he is generally quiet and orderly. When spoken to he replies in a rational manner. His bodily health is improving.
29.9.92						McKenzie is getting stouter but there is no change mentally.
5.5.93						Is Rapid. Seems himself when spoken to gives not irrelevant answers. (Attacks are very little time up & seems quite himself)
18.X.93						Seems & talks himself constantly & is not improving. Seems likely to be a chronic case.

4.5.94

Temperature. Morn.	Even.	Pulse. Morn.	Even.	Weight, lbs.	PROGRESS OF CASE.

617

NAME, William Ritchie No.

Admitted, 7th September 1892 Pr. Ad.

Sex, Male Age, 42 Marriage, Married Occupation, Law Clerk

Education, Fair Religion, Protestant

Private or Pauper, Pauper Where from? Kirkcudbright

HISTORY.

Causation.

Disposition

Habits Addicted to alcoholic excess

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 No.

Duration of Existing Attack 6 Months

Other Facts or Remarks

Facts of Medical Certificates I. Constantly wanders about under the impression that people are going to injure him, that he hears sounds from people who have no existence. Cannot sleep, is constantly talking and muttering to himself.

I. Has delusions, says that a certain person continues to trouble him all day and is constantly talking to him and making him the medium of his own schemes. Talks and shouts at night.

NAME William Ritchie

STATE ON ADMISSION.

Mental.

Excitation None

Depression He is slightly depressed.

Excitement He is restless, seldom sits down.

Enfeblement He is unable to fix his attention on anything, is confused and stupid.

Memory Fair

Coherence sometimes rambles Can answer questions? Yes.

Delusions That he has been prevented from sleeping by some person who has an influence over him.

Other Abnormalities

Bodily

Appearance A powerful dissipated looking man with flushed face

Skin moist Hair fair

Eyes Rm Pupils small, equal, react, contract

Muscularity good Fatness good

Nervous System—*Motor* Fine tremors in hands, and in the facial muscles during articulation

Sensory Normal

Reflex Action Knee jerks diminished Special Senses Normal

Respiration

Lungs Healthy

Heart action rapid and excitable: no murmur.

Tongue moist, furred, tremulous Bowels Costive.

Other Organs, Abnormalities, Bruises, etc. No marks or bruises

Appetite Fair

Urine Healthy

Menstruation

Pulse 90 fair tension Temp. Normal

Height 5ft 7½ in. Weight 12 St.

Disease Alcoholic Insanity *State's Classification*

General Bodily Health and Condition Fair

PREDOMINANT FEATURES.

A Acute Mania and Delirium	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.

619

NAME, William Ritchie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
8.9.92						This man is in a restless, discontented co[ndition]. does not see any reason why he should be [kept in]. He says he has not slept for years, and that [he has] been kept from sleeping by a man who had an influence over him.
10.9.92						He is restless, but not so discontented: gives a long rambling account of his past life and can[not] come to the point.
14.9.92						The tremor in the lips during articulation still very marked.
20.9.92						No change.
29.9.92						He is more contented now, makes himself useful in the galley, assisting the attendants. He is in good bodily health.
5.5.93						Has been working in Stewards Office for some t[ime]. past he is very restless - talks - quarrels during the night & is objected to by persons.
18.X.93						Has Fallopian tubes. Hearing is says that Baillie's in Kirkcudbright is incorrect & works on his own that the Baillie is in Kirkcudbright. Then he himself "dreams this person dead". Is unable to speak t[o]
February 9th 1900:—						In good health physically. Mentally being generally pleasant and quiet well conducted man who has parole and who goes out 4 times a week to town occasionally. He is readily drawn into a lengthy conversation however and "clamped" receipts are an abomination to him. Has more than once written a letter to the Steward asking before an current [illegible]. He objects very bitterly him occasionally but he will not draw on this subject unless they are actually "working" him at the time. When they are he speaks freely of the Spirits and the Mesmeric influence acting on him uses "language". Stephen Calvin [illegible] In the Clerk of Works office at Rose

William Ritchie.

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					July 28th 1900:- Ritchie has again been giving much trouble by writing long and specially worded complaints to the heads of various government departments calling attention to various illegal and unsatisfactory methods of doing business. He is also acted on by the voices & electricity so much that compels him to do these acts: He is a well dressed boy but may have to be brought into the house to be more under observation. At present he is working in the Clerk of Works Office and this gives him access to paper and also to more or less complete liberty.
					January 28th 1901:- In good health: Still has many & weighty documents on the acts of Lunacy &c: He works at present in the Clerk of Works Office & is there very useful. He is a useful message boy. He has many delusions that Spirits &c are work up on him. He is easily managed as a rule if his writing propensities could be eradicated - He is pleasant & useful when free from delusions -
					Jan. 30th 1902: In good health: very delusional all day & is when out side he walks along swearing at the man below him also is pulling the wires. Has an awful fine thirst & must get liquor while out with him. If not any thing.
					1902 July 10th Mentally he does not vary. Constantly tormented by the electrophone underground that mixes up his identity. Still acts as clerk to Mrs Davidson & he is a useful messenger. At interval he takes to writing to official of various sorts - Keeps in good health -

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621

NAME, William John Warren

Admitted, 8th September 1892

Sex, Male Age, 16 Marriage, Single Occupation, Joiner

Education, Fair Religion, Protestant

Private or Pauper, Where from? 62 McLellan St. Plaistow. London

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Religion

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes.

Duration of Existing Attack About 4 days.

Other Facts or Remarks

Facts of Medical Certificates I. Excitable & delusions, believes that he is waging war with the devil whom said he has cut & that he is the successor of the late Mr Spurgeon has been preaching and making an exhibition of himself in the streets followed by crowds of children.

II. Excited, excitement & delusions, gave me a sample of his preaching. He has been in a state of religious excitement for some time and has offered personal violence to his mother.

NAME William John Warren

STATE ON ADMISSION.

Mental.

Exaltation He is loquacious, boasts of his powers as a preacher.

Depression None

Excitement He is restless and excited.

Enfeblement None

Memory Good

Coherence Semi-coherent Can answer questions? Yes.

Delusions That is the ancestor to Mr. Thompson.

Other Abnormalities

Bodily.

Appearance A young lad

Skin dry Hair brown

Eyes blue Pupils medium, equal. react. contract

Muscularity poor Fatness poor

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Brisk Special Senses Healthy.

Urina

Lungs Slight flattening under rt. clavicle, percussion note impaired under rt. clavicle behind under angle of scapula. Rhonci present in rt. lung behind.

Heart's action rapid but steady: No murmur

Tongue coated with a white fur Bowels Costive

Other Organs, Abnormalities, Bruises, etc. There is a recent cicatrix on the right thumb.
No bruises

Appetite Good

Urine Healthy

Menstruation

Pulse 100 pop. Temp. 99

Height 5ft 8½ in Weight 8st 5lb

Disease Acute Mania *Skae's Classification* Insanity of Puberty

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

Acute Delirium or 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.

623

NAME, William John Warren.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
9.9.92						He is an excitable restless young man with a good opinion of himself, wants a bible so that he may read and mark to the other patients
11.9.92						He is in an excited hyperacrious condition. Sleeps well and has a good appetite.
14.9.92						He is not so restless and does not talk so much about his preaching, he is now going out with the working squad to the garden.
16.9.92						He is now working with the Joiners at the stick, and is gradually settling down. His bodily health is improving.
29.9.92						Warren works steadily every day laying the new floors in the mid ward: he is quiet and talks rationally. He is getting much stouter.
6-5-93						Has been well for some time - but is subject to relapses of his excitement. Has kept well just as he left since admission.
24-6-93						Discharged

Enex 1.
found in this page
? connected.

William Ritchie Inv. f: 670.

Temperature Morn.	Temperature Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					3. July 10th — No change - delusions still chiefly in Sickness - was removed from Clerk of Works office & confined in dirty North 1st House for a time for stirring up the Bank Officials - Mr Ritchie is always ready to plead that he is now sane but his old weakness is too easily roused when he has the access to paper & ink in the Clerk of Works office. Keeps in good health.
					4. March 1st — No change - delusional & constantly tormented by the Devil & his electric shocks - wishes to amend the existing lunacy laws (Scotch) & has found a more rational Code to his own way of thinking - Has not been guilty of his old mischief making Correspondence - continues to work in Clerk of Works office - a most intelligent & pleasant man - most obliging & trustworthy - keeps in good health.
					8. Chronic Case Bk. Page 193.
					1901. Nov 1. — This is a patient who works in the Clerk of Works office - He is an complete Imbecile. He is an obliging pleasant patient so long as he does not talk about his claim - when he repeats that he is not a patient at all
					1901. Nov 30th — Mr. Ritchie continues in the same condition chronic alcoholic insanity with hallucinations of hearing. He may be observed talking & imagining persons sometimes at the works & sometimes in the Clerks Offices. When asked who he is conversing with - he says that it is with "Devils" & "Spectres"
					1902 Jan 10th. — During the Christmas snow Mr. Ritchie got a little excited when I was in & became rather troublesome & obstinate so that his parole was docked for a short time - also a key that he was permitted to carry was taken away from him & he was allowed to retain his keys of office that is the Clerks of Works office. He keeps in good health but has an exceedingly dark
					1902. Aug 16 — Mr. Ritchie is the same as usual. Works faithfully as Clerk of Works office. Is a trustworthy man to go errands to town. He is a little annoyed at his quarters being altered to Farm Buildings where he is now to sleep in a small Dormitory
					1903. Jan 1. — got a little unduly intoxicated to-day and was troublesome at 1st. He is otherwise
					1911. Sept 12. — Sleeps in Farm & is all day in Clerk of Works Office. No change.

to Chronic Case Books. p 193.

625

NAME, Joseph Hannigan
Admitted, 12th September 1892 Pr. Ad.
Sex, Male Age, 38 Marriage, Married Occupation, Bricklayer
Education, Poor Religion, Roman Catholic
Private or Pauper, Pauper Where from? Govan
Wife Mrs Hannigan, 42 High St, Renfrew

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
- Bodily

Insane Habits and Propensities Addicted Dalrochlie cases.
Suicidal No
Dangerous Yes.
Duration of Existing Attack a few days.
Other Facts or Remarks

Facts of Medical Certificates I. very nervous. has hallucinations. imagines people conspiring to injure him, is sleepless. sees visions
II. As above.

NAME Joseph Hannigan

STATE ON ADMISSION.

Elation None

Depression He is morbidly depressed and has fears of impending danger.

Excitement None

Enfeeblement None

Memory Good

Coherence Coherent. Can answer questions? Yes.

Delusions That his fellow workmen conspired to take his life.

Other Abnormalities He has hallucinations of hearing.

Appearance a depressed looking man

Skin moist Hair Dark

Eyes brown Pupils equal. react. contract.

Muscularity poor Fatness poor

Nervous System—*Motor* Fine tremor in the hands.

Sensory Normal

Reflex Action Brisk Special Senses Normal.

Arms

Legs Healthy

Heart Action weak; no murmur.

Tongue clean Bowels Regular

Other Organs, Abnormalities, Bruises, etc. There are several small white scars on his face
No bruises

Appetite good

Urine Normal

Menstruation

Pulse 80 fair tension Temp. Normal

Height 5ft 5½ in. Weight 8 St 7 lb.

Disease Melancholia *Shaw's Classification* Alcoholic

General Bodily Health and Condition Fair.

PREDOMINANT FEATURES.

A Acute Mania or Melancholia	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.

627

NAME, Joseph Hannigan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
13.9.92						He did not sleep well last night, is much depressed to-day, and thinks that something terrible is going to happen to him. He sits down and does not converse with the other patients.
14.9.92						He slept rather better last night: to-day is taciturn and depressed.
16.9.92						Joseph is dull, depressed, wants to go away, and does not reason for his detention here. He is suffering from a furuncle above his right central incisor wh. is loose: it is to have both pulled & lance boil cut.
20.9.92						There is a slight improvement in his mental condition and he talks more cheerfully: is more control. Furuncle still painful.
24.9.92						Joseph is much better and goes out with the working party every day. He is comparatively cheerful and happy and is getting fatter.
29.9.92						His furuncle was opened yesterday. The improvement in his mental condition and bodily health continues.
10.10.92						Out with working party again.
12.10.92						Is working well.
14-11-92						Discharged.

AME.

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

629

NAME, James Kerr

Admitted, 18th Sept 1892 Pr. Ad.

Sex, Male Age, 22 Marriage, Single Occupation, Farm Lab.

Education, Religion, Protestant

Private or Pauper, Private £25 Where from? Burnside, Kirkmaiden

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity Brother was a patient here.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Ten days.

Other Facts or Remarks

Facts of Medical Certificates I. Talks rapidly incoherently, makes violent muscular effort and is much agitated. Refuses food.

II. Very excited requiring to be held down. Talks incessantly incoherently.

NAME James Kerr

STATE ON ADMISSION.

Exaltation He is in a state of acute delirious mania.

Depression ——

Excitement Marked

Enfeblement ——

Memory —— cannot be tested

Coherence Incoherent Can answer questions? No.

Delusions ——

Other Abnormalities ——

Appearance A young lad with flushed face.

Skin Dry Hair Black

Eyes dark blue Pupils equal.

Muscularity poor Fatness poor

Nervous System—*Motor* St. rigidness

Sensory ——

Reflex Action Knee jerks brisk Special Senses

Retina

Lungs A proper physical examination cannot be made owing this extreme restlessness and excitement. The lungs appear to be healthy.

Circulation quick and feeble

Tongue furred and dry Bowels Costive.

Other Organs, Abnormalities, Bruises, etc. No marks or bruises

Appetite poor.

Urine S.G. 1030. no albumen. no sugar.

Menstruation

Pulse 100 Temp.

Height 5ft 9 in. Weight 9st 6 lb.

Disease Acute Mania *Skae's Classification* Adolescent

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute delirium or 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.

631

NAME, James Kerr

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
19.9.92						He was restless all last night and slept none. To-day he is in a state of great excitement and requires two to hold most of the time to prevent injury to himself or others. He kicks and strikes at every one near him at the least. He is totally incoherent. talks almost incessantly.
20.9.92						Still in the same condition. He takes food fairly well.
22.9.92						He is rather quieter to-day and does not talk so much, but his speech is still incoherent. He makes sudden violent attacks on other patients.
24.9.92						He talks and mutters in a low tone; occasionally makes an impulsive attack on a patient or attendant.
29.9.92						He is still very talkative but is not so impulsive. His speech is more coherent and he can answer questions intelligently.
10-1-93						Discharged

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

633

NAME, Alexander Rusk

Admitted, 19th September 1892

Sex, Male Age, 25 Marriage, Single Occupation, Pr. Ad. Seaman

Education, Fair Religion, Protestant

Private or Pauper, Private £25. Where from? Glenluce

HISTORY.

Causation.

Disposition He has always been subject to fits of violent temper

Habits Rather unsettled. has been working in U.S. and in S. africa

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 six months

Other Facts or Remarks At age of 16 had a fall from a horse. was brought home unconscious. has since suffered with a constant headache. quite prostrate. recovered gradually. but the headache continued to come on at intervals, thrown down as was going. the first attack of violence occurred early in this year. Now the coming on of the headache is accompanied by outbreaks of violence and great impulsiveness, blames people for brutalising him. becomes frequently homicidal his aim when the outbreak is over that he has not committed a murder. these attacks come every 3 or 4 weeks – is quite well between them.

Facts of Medical Certificates I. Talks incoherently. Threatening the life of his father

II. Talks incoherently & very excited. Threatened to kill his father with a crowbar.

NAME Alexander Rusk

STATE ON ADMISSION.

Elation Gone.

Depression Slight

Excitement None. He talks quietly about the quarrels he has had with his father, and acknowledges that he was often in the wrong.

Enfeeblement

Memory Good

Coherence Coherent Can answer questions? Yes.

Delusions None expressed

Other Abnormalities

Appearance An intelligent looking man

Skin Hair fair

Eyes blue Pupils equal, medium, react, contract.

Muscularity fair Fatness fair

Nervous System—*Motor* There are occasional jerkings in the muscles of both thighs.

Sensory Normal

Reflex Action Active Special Senses Normal.

Rona

Bodily

Lungs Chest narrow; at st. apex expansion is deficient, percussion note impaired, and breathing is harsh vesicular with fine crepitations.

Heart's action jerky; systolic mitral murmur present.

Tongue clean Bowels regular.

Other Organs, Abnormalities, Bruises, etc. No marks or bruises

Appetite good

Urine Neutral; contains no albumen.

Menstruation

Pulse 89. fair tension Temp.

Height 5ft 7 in Weight 9 st 3 lb.

Disease Impulsive Insanity *Skae's Classification*

General Bodily Health and Condition Fair

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.

635

NAME, Alexander Rusk.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
20.9.92						This patient slept fairly well last night and is pr. calm and collected ~~rationally~~ to-day.
23.9.92						This man occasionally complains of headache but otherwise enjoys fair bodily health. He is anxious to leave and is rather dull and dependent.
29.9.92						Mr. Rusk keeps free from excitement and is in good bodily health.
6.10.92.						Has had no excitement since admission.
6-5-93						Discharged

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

637

NAME, James Allan young
Admitted, 21st Sept 1892 No.
Sex, Male Age, 45 Marriage, Married Pr. Ad.
Occupation, Comdr. Mariner
Education, Fair
Religion, Protestant
Private or Pauper, Pauper
Where from? Soman
wife Letitia Wilson young, wife 356 A

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. Kind
- Duration Where treated Woodilee 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 About 5 days.
Other Facts or Remarks

Facts of Medical Certificates I. excited. talkative, incoherent, has delusions about wife's conduct, and her treatment of him.

II. excited. talks in a rambling confused manner, has delusions about his wife accuses her of turning her house into an infamous place. keeping prostitutes and is extravagant in his language generally.
Bodily irritable to outbreaks of temper. behaves in a very outrageous manner. tearing the carpet & destroying the furniture.

NAME James Allan Young

STATE ON ADMISSION.

Excitation He is boastful.

Depression —

Excitement He is talkative and irritable when his wife's name is mentioned.

Enfeeblement

Memory Fair

Coherence At times only semi-coherent. Can answer questions? Yes.

Delusions That his wife kept an improper house.

Other Abnormalities He is suspicious.

Appearance A stupid looking man with pale face

Skin clear Hair brown

Eyes blue Pupils Rt. dilated: left medium: both immobile.

Muscularity poor Fatness poor

Nervous System—*Motor* Gait is unsteady: he sways from side to side when standing.

Sensory

Reflex Action Knee jerks absent Special Senses He is totally blind.

Bodily Pupils Optic discs atrophied.

Lungs Healthy

Heart's action irregular, apex beat feeble: mitral systolic murmur present.

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, etc. No marks or bruises

Appetite Good

Urine Normal

Menstruation

Pulse 86 fair tension Temp.

Height 5ft 9½ Weight 8 St 6 lb.

Disease *Stoc'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.

639

NAME, James Allan Young.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
22.9.92						This man is excitable, easily irritated, has bad temper and a sharp tongue. He often talks to the officials about his wife's misconduct.
23.9.92						He takes food well.
24.9.92						He is a grumbling discontented individual who has many delusions regarding his wife, with whom he expresses freely to every one.
27.9.92						He is taking Cod liver oil.
3.10.92						He does not complain so much now, and is more contented. When spoken to about his wife he becomes irritable and talks volubly.
30-4-93						Discharged/ Gone to Other Wards

NAME,

Temperature. Morn.	Even.	Pulse. Morn.	Even.	Weight, lbs.	PROGRESS OF CASE.

641

NAME, Thomas Howard

Admitted, 22nd September 1892

Sex, Male Age, 37 Marriage, Married Pr. Ad.

Occupation, Railway

Education,

Private or Pauper, Pauper Religion, Protestant

Where from? Wife Hy. Howard 45 Pk. & St. Govan

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One Kind

Duration 6/8/92 till 10/9/92 Where treated Govan Parochial Asylum

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack a few days.

Other Facts or Remarks Made an attempt at suicide recently by jumping on Jamaica Bridge, Glasgow.

Facts of Medical Certificates I. Nervous, excited, has delusions, imagines that people & others are in possession of his property. was brought to Police Office for causing a disturbance, following people and claiming their property.

II. Violent, dangerous, and outrageous. Has delusions, is quite unsafe to be at large

NAME Thomas Howard

STATE ON ADMISSION.

Mental

Elation None

Depression He is morbidly depressed and has fears of impending danger.

Excitement At times he becomes restless and excited.

Enfeblement

Memory Fair - sometimes very confused

Coherence At times pertinent Can answer questions? Yes.

Delusions That he is going to Hell to be burnt.

Other Abnormalities

Bodily

Appearance a stupid looking man with flushed face

Skin moist Hair dark

Eyes blue Pupils equal, react, contract

Muscularity fair Fatness fair

Nervous System—*Motor* Fine tremor in hands, and in facial muscles during articulation

Sensory Normal

Reflex Action Knee jerks diminished Special Senses Normal.

Pupils

Legs Healthy

Heart's action steady and regular; no murmur.

Tongue coated with a white fur Tremulous Bowels Costive

Other Organs, Abnormalities, Bruises, etc.

Appetite poor

Urine S.G. 1022. acid. clear. no albumen.

Menstruation

Pulse 84. fair tension Temp.

Height 5ft 8in Weight 9St 11 lb.

Diseases Melancholia. *Skae's Classification*

General Bodily Health and Condition Fair

PREDOMINANT FEATURES.

A Acute Mania or Delirium	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.

643

NAME, Thomas Howard

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
23.9.92						He slept little last night: today is confused, stupid, does not know where he is, cannot answer questions.
24.9.92						He became restless last night about 7 o'clock and did not sleep well: expressed a wish to commit suicide.
26.9.92						Last night this patient became excited, would not remain in bed & was intensely suicidal. He should that he wanted to cut his throat or hang himself: made several attempts to injure his head against the wall. Today he is dull and confused.
27.9.92						This patient is not so confused and stupid. is more cheerful during the day, and remains pretty quiet until about 4 P.M. when he begins to get more depressed, wishes to kill himself. threatens. This condition continues most of the night and is gradually passing down towards morning.
3.10.92						He has slept better during the last two nights and is not been so depressed and restless.
6.10.92						It sleeping much better. Desires to go home.
10-1-93						Very insane. Impulsive.
5.5.93						At times refuses to speak to - Watches my actions & determined to do nothing.
19-X-93						Very changeable in his mental condition. At times refused & violent. except at my [illegible] Likes children from effects of Decrelation, & not at Glasgow company child. Has retaken & attended meals well. Is usually pleased with his exception
23rd July 1898						Transferred to Hawkhead Asylum today.

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

645

NAME, Thomas Shankland No

Admitted, 1st October 1892 Pr. Ad.

Sex, Male Age, 69 Marriage, Married Occupation, Shoemaker

Education, Religion,

Private or Pauper, Pauper, Jun Monkland, Where from? Helen Shankland, wife, 9 Dundas St Airdrie

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration 14·1·88 to 14·3·88 Where treated Bothwell

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 About 6 weeks

Other Facts or Remarks I. He has many delusions and hallucinations i.g. he imagines the supplies blood is 300 persons, that he was living 2000 years ago and that he is the strongest man who ever lived. He hears voices wh. have no existence. He has worked very little for 6 months & keeps the bed during the day: at night he wanders about the house talking to imaginary persons. Has many delusions some of which are obscene in character.

II. As above.

Facts of Medical Certificates

NAME Thomas Shankland

STATE ON ADMISSION.

Mental.

Exaltation He has grandiose ideas, is boastful and talkative.

Depression None

Excitement None.

Enfeeblement Considerable

Memory Not good

Coherence Semi coherent Can answer questions? Some

Delusions That his bowels have been entirely removed by fire and that all the strength of his body is at present in his testicles.

Other Abnormalities

Bodily

Appearance an old man

Skin dry, harsh Hair white,

Eyes brown Pupils equal & sensitive

Muscularity poor Fatness poor

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal

Pains

Lungs Healthy: Typical shoemakers chest

Heart Action rapid and tumultuous: marked pulsation in epigastrium: no murmur

Tongue clean Bowels costive

Other Organs, Abnormalities, Bruises, etc. He has a left inguinal hernia

Appetite Good

Urine clear, acid, contains a trace of albumen.

Menstruation

Pulse 112 jerky Temp. Normal

Height 5ft 5½ in Weight 8St.

Diet

Shaw's Classification

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Mania or 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.

647

NAME, Thomas Shankland

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
2.10.92						He slept fairly well last night, and this morning is quite happy. He says that all the blood is the body has been running towards the feet during the last week, but it has turned today, and is now running upwards, and is producing bad jumping pains.
3.10.92						This man talks in a semi-coherent manner and expresses many delusions regarding his body, health. He is quiet, seldom speaking unless addressed.
11.10.92.						With encouragement this patient becomes very talkative. Very Delusive.
10-1-93						Quiet, easily roused. Has many delusions. Thinks he has money enough to buy whole place.
14-X-93						Very much as before. Sits with hands on genitals in a dreamy state. Speaks rapidly when spoken to. He is full of absurd ideas about this.
23.7.95						Patient who had been getting gradually weaker for some weeks past died during last night. He had for a few months been subject to pain evidently resulting from his cardiac condition.

NAME

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

649

NAME, David Morgan

Admitted, 3.10.92.

Sex, M. Age, 61. Marriage, Widower. Occupation, Waterman

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? 533. Dumbarton Road.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Doubtful.

Dangerous Says Yes.

Duration of Existing Attack ?

Other Facts or Remarks

Facts of Medical Certificates

I Dull, lethargic look - frequently does not finish a sentence. Says he has been malingering.

II Confused - asked W why he becomes violent. Says it is talking Sins on a feeling in his throat.

Patient was violent during in Glasgow Western Infirmary.

NME David Morgan.

STATE ON ADMISSION.

Excitation None

Depression

Excitement None.

Enfeeblement

Memory

Coherence Coherent. Can answer questions? Yes.

Delusions

Other Abnormalities

Appearance Frail, old looking man.

Skin Healthy. Hair Grey.

Eye Brown. Pupils Unequal. Act to light & accom. Yes.

Muscularity Poor. Fatness Poor.

Nervous System—*Motor* Feeble.

Sensory

Reflex Action Diff. K.J. to touch. Right-sided. Special Senses

Arms

Legs Healthy.

Heart No Bruit.

Tongue Furred & Brown. Bowels

Other Organs, Abnormalities, Bruises, etc.

Liver & spleen not enlarged

Right inguinal hernia.

Appetite

Urine Clear. Sp. 1020. Acid. No Alb.

Menstruation

Pulse Temp.

Height 5 ft. 11½ in. Weight 8 st. 2 lbs

Disease *Stoc'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.

651

NAME, David Morgan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
5. 10. 92.						Will not speak at all. Resistive, and will not help himself in any way. Refuses his breakfast this morning. Requires to be fed by stomach tube.
6. 10. 92.						Noisy and restless during the night - better this morning. Refused tube feeding.
7. 10. 92.						Still refuses tube feeding. Passed a better night - is quieter this morning.
8. 10. 92.						Very resistive about feeding - tube again.
10. 10. 92.						Taking food better - Has the delusion that his food will not go through him.
12. 10. 92.						Says he has no memory - that his mind is a blank. Very depressed.
14. 10. 92.						Very depressed & miserable - restless. Is taking food well.
14. 11. 92						Has improved markedly since last note, & nothing now in his head but getting home.
19-1-93						Discharged

AME,

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

653

NAME, Alexander Walker McFarlane. No.

Admitted, 3.10.92. Pr. Ad.

Sex, M. Age, 24 Marriage, Single Occupation, Boilermaker

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? 4 Carlton Place Glasgow.

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 Said not to be.

Dangerous Said to be.

Duration of Existing Attack A few days.

Other Facts or Remarks

Facts of Medical Certificates

I Nervous & excited - Constantly talking in rambling and incoherent manner - Hallucinations. Imagines people conspiring to injure him.

II As above.

NAME Alexander McFarlane.

STATE ON ADMISSION.

Excitation None.

Depression

Excitement Slight excitement betrayed in manner and tendency to be talkative.

Enfeblement

Memory Good.

Coherence Coherent. Can answer questions? Yes

Delusions None expressed.

Other Abnormalities

Appearance Pale thin face -

Skin Healthy. Hair Dark brown

Eye Brown. Pupils Equal - act to light & accom.

Muscularity Fair. Fatness Fair.

Nervous System—*Motor* } Function not impaired.

Sensory

Reflex Action Brisk Special Senses

Respiration

Lungs Healthy

Heart No Bruit

Tongue Clean. Bowels

Other Organs, Abnormalities, Bruises, etc.

Liver & spleen not felt.
No Bruises.

Appetite

Urine Acid. Clear. Sp. 1020 No Alb. No Sugar.

Menstruation

Pulse 72. Reg. Temp.

Height 5 Ft. 7 3/4. Weight ~~9 St. 4 lb.~~ 9 St. 4 lb.

Disease *Stone'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.

655

NAME, Alexander McFarlane.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
5.10.92.						This patient talks a good deal to himself & is very communi... He is at times Rhui-coherent, & co... his remarks with somewhat high le...
7.10.92.						Jumps from one thing to another in... conversation without apparent cause... Rather restless.
10.10.92.						This man is still restless and talks... himself. Out with the working pa...
28-12-92						Discharged

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

657

NAME, Robt. Forman.

Admitted, 5. 10. 92. Pr. Ad.

Sex, M. Age, 40yrs. Marriage, Married. Occupation, Plumber.

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Govan. 20 Ruthergen Rd.

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 Said to be.

Duration of Existing Attack A few days.

Other Facts or Remarks

Facts of Medical Certificates

I Dull-reticent. Acting strangely for last few days. Wife afraid to remain in house with him

II Dull melancholy. Delusion of sight & hearing threatening & unmanageable.

NAME Robert Forman.

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence Coherent. Can answer questions? Yes.

Delusions

Other Abnormalities

Appearance Fresh complexioned middle aged man

Skin Normal Hair Dark Grizzled

Eyes Grey Pupils Dilated

Muscularity Fair Fatness Rather poor

Nervous System—*Motor* Spasmodic jerkings accompany almost every motion. Marked difficulty in protruding his tongue

Sensory

Pupils Equal. Act to light & accom.

Reflex Action Much exaggerated Special Senses ~~Pupils display Argyll Robertson phenomenon~~

Retina

Lungs Slight dullness & increased of vocal resonance posteriorly in base of right lung

Heart sounds are normal

Tongue Tremulous Bowels

Other Organs, Abnormalities, Bruises, etc.

No Bruises.

Appetite

Urine Clear. Pale. Acid. S.G. 1010. No Alb.

Menstruation

Pulse Temp.

Height 5 ft. 6 1/2 in Weight 8 st. 2 lb.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

Acute Delirious or Incoherent.	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.

659

NAME, Robert Forman.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
~~5~~ 10. 92.						Had a ~~bad~~ night on account of ~~hand~~ ~~Master being so noisy~~. Is quiet & rational this morning.
6. 10. 92.						Patient is rather foolish in manner. Somewhat facile. Sleeps & eats well.
8. 10. 92.						Fine tremors of lips & ~~fa~~ under forearms. This patient has no weakness of grasp, but nothing noticeable about his gait. Coarse tremors in hands when carrying cup to mouth. Pupils act to light & accommodation. He is quiet - gives no trouble. His memory is bad. He thinks he has been here about 16 days.
18. 11. 92						Has had cerebral attack, but is now recovering what he most about.
~~29. 11. 93~~						
29. 11. 92						Memory wrecked - forgets all about his wife. Gait slow & steady. Lips tremble very visibly when he speaks - speech hesitating, as if he could not get rid of words.
7. 1. 93						Recovering from slight cerebral attack. Left side and Hand still twitches spasmodically. Speech also slurring.
20. 1. 93						His head is very slowly clearing certain old fits were to-day - quite clerical. sick, but well.
22. 1. 93						Getting gradually weaker.
24. 1. 93						Died this evening.
						B. H. well marked C.S. brain.

A.M.

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

661

NAME, John Dens.

Admitted, 5. 10. 92.

Sex, M. Age, 48. Marriage, Married. Occupation, Railway Surfaceman

Education, Religion, Roman Catholic

Private or Pauper, Pauper. Where from? Govan 220. Thistle St Govan.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One. Kind

Duration Where treated Kirkcaldy Asylum. 1892 from 25/4/92.

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Tried to kill.

Duration of Existing Attack A few days.

Other Facts or Remarks

Facts of Medical Certificates

I Stupid - cannot give account of his actions. Absurd ideas regarding his health - Hallucinations of sight & hearing.

II As above.

His wife says he has threatened to commit suicide on several occasions

NAME John Long.

STATE ON ADMISSION.

Exaltation None

Depression Some.

Excitement None

Enfeblement

Memory Good.

Coherence Coherent Can answer questions? Yes.

Illusions None Expressed.

Other Abnormalities

Appearance Frail looking man - looks much older than in reality

Skin Marks of Bedsores Hair Grey

Eye Pupils Equal - Act to light & accom.

Muscularity Poor Fatness Poor.

Nervous System—*Motor* Feeble.

Sensory Unimpaired.

Bodily

Knee Action Brisk. Special Senses

Arms

Legs Scattered Rhonchi.

Heart No Bruit

Tongue Furred. Bowels

Other Organs, Abnormalities, Bruises, etc.

Liver & Spleen not enlarged. No Bruits.

Appetite Poor.

Urine Acid. Clear Sp. 1025. No Alb.

Menstruation

Pulse 72. Arteries thickened. Temp.

Height 5 ft. 3 1/4 in. Weight 8 st. 6 lb.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute mania or 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.

663

NAME, John Lang.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
6.10.92.						Had a disturbed night on account of a noisy patient. Is quiet and rational this morning. Says he is here because he became irritated at home & used bad language, his wife having annoyed him.
8.10.92.						No change. Seems rather depressed. Sleeps & eats well. Always complaining of feeling cold.
15.10.92.						No change.
5-5-93						Quiet. Walks readily. Appears quite sane. Has evidently no desire [illegible]
18-X-93						Has been very well up till a week or so ago, when he has been complaining of indefinite pains in his bowels. Is very anxious to get away. — Yesterday he was sitting on a chair at his cell door when he fell [illegible] He is dying.
30-X-93						Discharged. (End. words & numbers)

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

665

NAME, John Flannigan No.

Admitted, 6.10.92. Pr. Ad.

Sex, M. Age, 21. Marriage, Single. Occupation, Lab

Education, Religion, Roman Catholic.

Private or Pauper, Pauper. Where from? Ag Cowcross Square. Moth

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing ? Heredity - Father is said to have sometimes shn symptoms of insanity.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal } said not to be.

Dangerous

Duration of Existing Attack 3 wks.

Other Facts or Remarks

Facts of Medical Certificates

I Vacant expression - Answers with great difficulty a question put to him.

Would take his food unless compelled - Wetted wards

II as above.

Refuses to be Examd and attends to.

NAME John Henican.

STATE ON ADMISSION.

Mental.

Excitation None

Depression

Excitement None

Enfeeblement

Memory Cannot be tested

Coherence Can answer questions? No.

Decisions

Other Abnormalities This patient does not speak at all + seems to have little or no mental initiative.

Bodily.

Appearance Vacant expression. Dark complexion

Skin Healthy. Hair Dark brown.

Eyes Brown Pupils Equal - act to light + accommodation

Muscularity Fair Fatness Fair

Nervous System—*Motor* Slow + automatic in his movements

Sensory First prick of pin was distinctly felt - but no reaction observable to subsequent pricks.

Reflex Action Brisk Special Senses

Respiration

Lungs Healthy

Heart No Bruit

Tongue Furred + flabby. Bowels Confined.

Other Organs, Abnormalities, Bruises, etc.

Liver + Spleen not enlarged.

No Bruises

Appetite Refuses food.

Urine Clear. Pale. Acid. Sp. 1010. No Alb.

Menstruation

Pulse Temp.

Height 5 ft. 6 in. Weight 8 st. 2 lb.

Disease *Stoc'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.

667

NAME, John Flanigan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
7.10.92.						Urine drawn off by catheter. Last in the Bladder. Sinuses up to umbilicus. Patient cannot be induced to pass water himself. Is still silent and has to be fed. Looks intelligent.
8.10.92						Takes his food better. Passes his wat. Looks brighter - still silent.
11.10.92.						Cannot get him to speak. This patient would sit all day in the same place unless stimulated to act otherwise. No change.
14.10.92.						
17.11.92						Sits with head bent to chest. will not speak seems to be in a world quite by himself.
5-1-93						Discharged (the removed to Ireland).

NAME

CASE

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

669

NAME, James Greg Watt.

Admitted, 7. 10. 92. Pr. Ad.

Sex, M. Age, 19. Marriage, Single Occupation, Warp

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? 43 dockhead St Shetland

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Said so.

Duration of Existing Attack 6 wks.

Other Facts or Remarks

Facts of Medical Certificates

I Wild look - when spoken to he either mutters or talks nonsense.

Has shrunk both father & mother & used abusive language

II Wild staring look - talk incoherent & confused manner seems to understand very imperfectly what is said to him

NAME James Gregg Watt.

STATE ON ADMISSION.

Mental.

Exaltation None

Depression Some.

Excitement None

Enfeblement

Memory Good.

Coherence Coherent. Can answer questions? Yes.

Delusions Says that multitudes are annoying him - Hallucinations

Other Abnormalities Seems suspicious - Does not care to answer questions.

Bodily.

Appearance Thin, sleek, cadaverous looking youth.

Skin Greasy - acne spots. Hair Light brown.

Eyes Brown. Pupils Equal. Act to light & accom.

Muscularity Poor Fatness Poor.

Nervous System—*Motor* Palsy unaccountable.

Sensory Unimpaired.

Reflex Action Brisk Special Senses

Retina

Lungs Healthy

Heart No Bruit

Tongue Furred - Flabby. Bowels

Other Organs, Abnormalities, Bruises, etc.

Brain & Spleen not enlarged.

No Bruises.

Appetite

Urine Normal.

Menstruation

Pulse Temp.

Weight 5 ft. 11 in Weight 9 st. 4 lb.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute delirium or 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.

671

NAME, James Percy Watt.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
8.10.92.						This patient is distinctly to answer questions - seems suspicious -
9.10.92.						James Watt will not come to the point in conversation - very difficult to get anything out of him about his feelings or symptoms. Seems to take a pleasure in being difficult to question and refuse to help himself.
11.10.92.						Hallucinations. Takes no interest apparently in anything. Does nothing all day. Lazy, stupid kind of youth - Says he won't work here.
17.11.92						A lazy good for nothing youth who sits dreaming all day long.
7.1.93						Improving a little. Out working & not quite stiff as before.
18.2.93						Very much as before. quiet. dull & stupid takes little interest in anything. Speaks with great reluctance.
2.4.93						Patient is not looking so well as before & is slightly feverish.
4.4.93						There is distinct evidence of commencing pneumonia at the base of the right lung posteriorly.
5.4.93						Patient died this day about midday. He seemed to have had his crisis yesterday & was much better but this morning he was worse again. He will not speak & tell if he has pain & but he has been silent for a long time now. The signs corresponds pneumonia of the right were well marked before death.

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

673

NAME, James Alexander Paterson. No.

Admitted, 7. 10. 92. Pr. Ad.

Sex, M. Age, 40. Marriage, Married Occupation, Advertising Agent

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? 27 Apsley Place, Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Alcohol.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack a few weeks.

Other Facts or Remarks

This patient has been drinking more or less for 25 yrs. Said to have had an attack previously seven years ago.

Facts of Medical Certificates

I Nervous - Delusions - Talks incoherently - Imagines people are in the room etc - Drinking heavily for 3 mons. Restless & sleepless.

II As above.

NAME James Alexander Paterson.

STATE ON ADMISSION.

Exaltation

Depression Some.

Excitement

Enfeblement

Memory

Coherence Coherent- Can answer questions? Yes.

Delusions

Other Abnormalities

Appearance Pale, very stout, unhealthy looking man.

Skin Healthy. Hair Grey.

Eyes Light brown. Pupils Equal. Act to light & accom.tn.

Muscularity Fair Fatness Excessive.

Nervous System—*Motor* Fine tremors of lips, head, hands - Tendency to lean over on right side when walking. Slight right ptosis.

Sensory Unimpaired.

Reflex Action Sluggish. Special Senses

Retina

Lungs Healthy

Heart Normal

Tongue Furred - tremulous. Bowels

Other Organs, Abnormalities, Bruises, etc.

Liver - Spleen. No Pelt.

Appetite

Urine Clear. Acid. Sp. 1010. No alb.

Menstruation

Pulse Pulse 100. Reg. Temp.

Height 5 ft. 7 in. Weight 12 St. 4 lb.

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 Enfeblement.

675

NAME, James Alexander Paterson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
8.10.92.						This patient is less nervous apparently this morning than last night. Slept well & took his food. Marked alcoholic he-a of head, neck, lips & hands. Walks well GES last night.
11.10.92.						Brighter - anxious to get home.
14.10.92						Discharged recovered.

NAME,

Temperature. Morn.	Temperature. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

677

NAME, Thomas Gibson. No.

Admitted, 6. 10. 92. Pr. Ad.

Sex, M Age, 31. Marriage, Married Occupation, Horse

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Fife & Kinross Asylum. Parish. New Monkland.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 3yrs. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Intemperance.

Transferred from Fife & Kinross Asylum

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Said to have threatened them.

Duration of Existing Attack About 10 days.

Other Facts or Remarks

Facts of Medical Certificates

Morbidly suspicious, dull at times, has the delusion that he may be buried alive on account of crimes committed in youth.

NAME Thomas Gibson.

STATE ON ADMISSION.

Excitation None.

Depression None.

Excitement None.

Enfeblement

Memory

Coherence Coherent. Can answer questions? Yes.

Delusions

Other Abnormalities

Appearance Bloated face, obviously alcoholic

Skin Healthy. Hair Dark Brown.

Eyes Brown. Pupils Equal. Act to light & accom.

Muscularity Good. Fatness Fair.

Nervous System—*Motor* Not impaired.

Sensory Not impaired.

Reflex Action Knee jerks present. Special Senses

Reflex

Lungs Healthy.

Heart Normal.

Tongue Furred. Flabby. Bowels

Other Organs, Abnormalities, Bruises, etc.

Liver & spleen not enlarged.

Appetite

Urine Normal

Menstruation

Pulse Temp.

Height 5 ft. 11 1/2 in. Weight 10 st. 11 lb.

Diseases *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.

679

NAME, Thomas Gibson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
9.10.92.						Mild & Improved.
10.10.92						Is out with the working party.
11.10.92.						This patient is restless - cannot sit even a short time in the same place - gets up & wanders about.
15.10.92.						Improving.
3-5 93						Either he or I can really for some time past. Take days & tries & will do nothing for months. Is a good working man. Is very anxious to get home. Still keeping well. is very much addicted to drink & is so soon as he has a spell at work he is off. Sees determined to escape.
30-9-93						Discharged by Minister of Lands

NAME

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

681

NAME, James Bolfour. No.

Admitted, 10.10.92. Pr. Ad.

Sex, M. Age, 35 yr. Marriage, Married. Occupation, Butler

Education, Religion, Protestant

Private or Pauper, Private Where from? Lanarkshire - Parish Balmaghie

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. 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 }

Duration of Existing Attack

Other Facts or Remarks

This patient was at work up to three weeks ago.

Facts of Medical Certificates

I Partial paralysis of arms & legs - inequality of pupils. Restlessness - Changeable disposition - Delusions & hallucinations

II as above.

Dr Wyllie - Royal Infirmary Edinburgh - says patient is suffering from G.P.

NAME James Belford.

STATE ON ADMISSION.

Excitation None.

Depression

Excitement None.

Enfeblement

Memory ~~Good~~ Impaired.

Coherence Coherent Can answer questions? Yes.

Decisions

Other Abnormalities This patient is confused and seems hard to understand questions put to him.

Appearance Dull expression - vacant.

Skin Healthy. Hair Dark Brown.

Eyes Brown. Pupils Left - larger than right. Both act to light & accomodation.

Muscularity Good. Fatness Fair

Nervous System—*Motor* Grasp of right hand relatively weak. Stiffness & unsteadiness in gait - Speech indistinct & slurred. Movements slow.

Sensory Unimpaired.

Reflex Action Right knee jerk exaggerated. Ankle clonus. Special Senses

Renal

Lungs Healthy.

Heart Presystolic murmur in mitral area.

Tongue Tremulous Bowels

Other Organs, Abnormalities, Bruises, etc.

with enlarged spleen and enlarged liver.

Appetite

Urine Acid. Clear. Sp. 1025. No alb.

Menstruation

Pulse Temp.

Height 5 ft. 5 1/2 in. Weight 10 st.

Diseases P.P. *Stoc's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirious and incoherent	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.

683

NAME, James Bolton.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
11.10.92.						This patient has sufficient sense in answering questions. He is cataleptic. His face has vacant, dull expression and that very indistinctly.
12.10.92.						This patient only speaks in monosyllables
14.10.92.						Refused his breakfast this morning.
15.10.92.						Required to be fed this morning. Very dull & apathetic - takes no notice of his surroundings.
26-X-92						Discharged

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

685

NAME, James Grant. No.

Admitted, 12.10.92. Pr. Ad.

Sex, M. Age, 22. Marriage, Single Occupation, Convict

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? 8 Academy Place. Leith

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. *Kind*

Duration *Where treated*

Hered. History —*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Said to be.

Duration of Existing Attack Almost a week.

Other Facts or Remarks

Facts of Medical Certificates

1. Excited in appearance. Suffers from Delusions - cannot keep in recollection of his surrounding home -
2. Delusions - as above.

NAME James Grant.

STATE ON ADMISSION.

Excitation

Depression

Excitement Slight.

Enfeblement

Memory Good.

Coherence Coherent. Can answer questions? Yes

Delusions

Other Abnormalities Flies & some unknown thing keeps him awake at night. Laughs & smiles without apparent cause.

Appearance Pale. unhealthy looking youth.

Skin Greasy. Acne spots Hair Light brown.

Eyes Grey Pupils Dilated. Act to light & accom^n

Muscularity Poor. Fatness Poor.

Nervous System—*Motor* } Functions unimpaired.

Sensory

Reflex Action Brisk Special Senses

Respiration

Lungs Healthy

Heart ? Faint mitral presystolic murmur. ?

Tongue Pale. Bowels

Other Organs, Abnormalities, Bruises, etc.

Liver & spleen not enlarged.
No Bruises.

Appetite Poor.

Urine Acid. No alb.

Menstruation

Pulse 88. Reg: Temp.

Height 5ft 7 in Weight 9 st 6 lb.

Disease *Shae'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 Grant

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
13.10.92.						Slept well last night. Pulse intermit- & irregular this morning. Bowels rather too ready to empty.
14.10.92.						Pulse continues intermit. Sleeps and eats well.
15-10-92						Discharged

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

689

NAME, Andrew Nicholson. No.

Admitted, 12.10.92. Pr. Ad.

Sex, M. Age, 70 Marriage, Single. Occupation, Farm

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Prestwick. Commission.

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 Says to kill.

Duration of Existing Attack 3 wks.

Other Facts or Remarks

Facts of Medical Certificates

I Desire to murder his children. Feels himself possessed by several persons.

II Possessed of devil - urges him to murder & commit suicide.

NAME Andrew Nicholson.

STATE ON ADMISSION.

Expression None.

Depression

Excitement Has a look of suppressed excitement.

Enfeeblement

Memory

Coherence Coherent. Can answer questions? Yes.

Delusions Says he is prompted to kill his sisters and to prevent them, or he to kill himself.

Other Abnormalities

Appearance Pale - somewhat excited looking old man.

Skin Healthy. Hair White.

Eyes Greyish Pupils Pupils equal. Act to light & accom.

Muscularity Poor. Fatness Poor.

Nervous System—*Motor* } Functions unimpaired.

Sensory

Reflex Action Sluggish. Special Senses

Retina

Lungs Emphysematous.

Heart No Bruit

Tongue Slightly furred. Bowels Constipated.

Other Organs, Abnormalities, Bruises, etc.

Liver and Spleen not enlarged.
No Bruise.

Appetite Poor.

Urine Acid. Clear. Trace of Alb.

Menstruation

Pulse 128. Reg: Arterio Sclerosis & Weakness. Temp.

Height 5 ft. 7½ in. Weight 7 st. 11 lb.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Dementia 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, Andrew Nicholson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
13-10-92.						Slept well. Says the desire to kill his sisters has left him. Seems contented - Rather restless.
14.10.92.						Says he is not so well this morning. Complains of his bowels & urine as affecting prophylg.
19-12-92						a man in his shape - the breaking up of his accompanied with considerable irritation; being ill himself, at times very unruly.
7-1-93						very weak. sleeps restless during the day. Can scarcely pass Urine during the night. takes 12 whisky.
28-2-93						Sits about & is getting steadily weaker.
6-3-93						Discharged

NAME

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

693

NAME, Alexander Mackie

Admitted, 12.10.92. Pr. Ad.

Sex, M. Age, 37. Marriage, Married. Occupation,

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? Cum Roy Blantyre.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Yes. *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

3 times in an Asylum before.

Facts of Medical Certificates

I Refuses food. Walks stick.

II As above.

NAME Alexander Mackie

STATE ON ADMISSION.

Mental
Agitation None
Depression Depressed looking
Excitement None.
Enfeeblement
Memory
Coherence Can answer questions? Probably could but won't
Delusions
Other Abnormalities Very reticent

Bodily
Appearance Depressed looking elderly man
Skin Healthy. Hair Brown.
Eye Brown. Pupils Equal. Act to light & accom.
Muscularity Fair Fatness Poor.
Nervous System—*Motor* Movements are slow
Sensory Probably unimpaired
Reflex Action Brisk Special Senses
Pupils
Lungs Normal.
Heart Sharp & loud 1st sound at apex.
Tongue Bowels
Other Organs, Abnormalities, Bruises, etc.
Liver & spleen not enlarged.
Appetite
Urine Acid. Clear. No alb.
Menstruation
Pulse 88. Reg: Temp.
Height 5 ft. 9 3/4 in Weight 10 St. 13 lb.
Diet: *Skae's Classification*
General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Mania or 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.

695

NAME, Alexander Mackie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
13.10.92.						This patient slept badly last night. Is obviously depressed and cannot be got to speak. Takes no note of his surroundings - sits like motionless.
14.10.92.						Noisy, resistive restless to last night. This morning very reticent - says he slept well.
15.10.92.						Very restless & resistive last night. Required strait jacket. Had hypo of morphia which quieted him, but he did not sleep at all. During his excited fits he does not speak or make any noise.
17.11.92						Gets at working daily. Patient still kindly & to you. Moves about in a very dead & clumsy style.
8-XI.92		105		92		Complains this morning of pain in left side, headache. Looks ill & old week.
						B.t 98 Pul. In evening Temp 105. Pulse 92 Resp V.R.t on left side & few crackles. Pneumonia note at apex.
9-XI.92	102	-	80			Much better this morning. Breath sounds good crepitant signs on left lung nearly gone last night.
20-XI-92						all right again. Still a little weak - otherwise made good recovery. Retd. to his work.

19-1-93
Discharged

NAME.

CASE

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

697

NAME, James McLachlan

Admitted, 14.10.92. Pr. Ad.

Sex, M. Age, 20. Marriage, Single. Occupation, Clerk

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? 25 Warwick St. Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Said to be.

Duration of Existing Attack about 2wks.

Other Facts or Remarks

Facts of Medical Certificates

I Delusions - imagines he is Lord Rosebery's son. That he is capable of acting as civil engineer - has views of situation in Government office.

Father says his mind has been unhinged for several mos: very sleepless.

II Destructive - Savage - Sanguine - unmanageable.

NAME James McLachlan.

STATE ON ADMISSION.

Excitation Exaltation

Depression None

Excitement None

Enfeeblement

Memory Good.

Coherence Coherent. Can answer questions? Yes.

Delusions Says he is Lord Wolseley's son - that he has been trained in all professions - medicine, law, engineering etc.

Other Abnormalities

Appearance Pale - sallow unhealthy looking youth

Skin Greasy Hair Fair

Eyes Peppish Pupils Dilated. act to light & accom.

Muscularity Poor. Fatness Poor.

Nervous System—*Motor* } Functions not impaired

Sensory

Reflex Action Brisk Special Senses

Reins

Lungs Healthy.

Heart No Bruit

Tongue Furred. Bowels

Other Organs, Abnormalities, Bruises, etc.

Liver & spleen not enlarged.

No Bruises.

Appetite

Urine Clear. Pale. Acid. No alb.

Menstruation

Pulse Reg: Feeble. Temp.

Height 5 ft 6 1/2 in. Weight 8 st 13 lb.

Disease *Stoc'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.

699

NAME, James McLachlan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
15.10.92						This patient says he saw Lord Wolseley yesterday who told him he would leave the asylum today. He has various delusions as stated in his State on admission.
17.11.92						No change. Speaks in a silly way.
29.2.93						Talking silly as usual
18.X.93						Is slightly more pleasant than usual. Seems quite contented. He seems to have no idea of doing anything.
7.9.95						James is working in the Bakers shop now and is doing well. He will not do anything unless the voice tell him! His health is fair Good but he looks thin.
6.9.96						McLachlan has been losing flesh considerably lately and he shows evidence of Phthisis. The respiration sounds at the apices show distinct evidence of Phthisis but the patient does not expectorate. He is very dull & stupid
28.10.96						Patient has been put to bed. He has required to be fed forcibly once or twice owing to his refusal to take nourishment.
5.11.96						Examination of chest shows distinct dullness of both apices above the 3rd rib and at the right side the percussion has sometimes the crack pot sound. On both sides especially the right breathing is bronchial with coarse crepitations
22.12.96						McLachlan is much weaker this morning mucous is accumulating in the respiratory tract.
24.12.96						Patient died this morning at 4 A.M.

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

701

NAME, James Turner.

Admitted, 14.10.92. Pr. Ad.

Sex, M. Age, 46. Marriage, Married Occupation, Labourer

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? 63 Maelsan St Govan Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity Sister was in Govan Asylum in May 88

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous } said to be.

Duration of Existing Attack about 3 days.

Other Facts or Remarks

Facts of Medical Certificates

1 Delusions of exalted. Says he is happy. born of the Spirit & strong as a lion.

2 Fancies he is chosen by God & is very happy. Ran up & down the house took in the stair rail

NME James Turner.

STATE ON ADMISSION.

Elation

Depression

Excitement With excited Gesticulations says he has been saved by the blood of the Lamb - Says he is very happy.

Enfeeblement

Memory Good.

Coherence Coherent. Can answer questions? Yes.

Delusions

Other Abnormalities

Appearance Somewhat excited looking elderly man -

Skin Healthy. Hair Dark brown.

Eyes Brown Pupils Right larger than left: Both react.

Muscularity Fair Fatness Poor.

Nervous System—*Motor* } Functions unimpaired

Sensory }

Reflex Action Brisk Special Senses

Pupils

Legs Healthy

Bodily

Heart Mitral systolic murmur. Marked epigastric pulsation.

Temp. Furred. Bowels

Other Organs, Abnormalities, Bruises, etc.

with Spleen not enlarged.

No Bruises.

Appetite

Urine. Acid. Clear. Sp. 1020. No Alb.

Menstruation

Pulse 112. Reg: Artery tortuous & thickened Temp.

Height 5 ft: 7½ in Weight 8 st: 9 lbs.

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.

703

NAME, James Turner.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
15.10.92.						This patient says he is improved & happy because he has been sent. He says he never felt better in his life. Eats & sleeps well.
17. 11.92						Improved a good deal. Still writes. & talks of religious matters in very "Rattlebrain" way.
9-12-92						Has been out working & during last two days. No change. Still hyper. religious.
7. 1.93						Very much interesting every day & if kept to religious things is all right. — a fanatic.
13.1.93						Discharged.

NAME

Temperature. Morn.	Temperature. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

705

NAME, James Jones. N.

Admitted, 15. 10. 92. Pr. Ad.

Sex, M. Age, 39. Marriage, Married. Occupation, Farmer

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? 43 Madison St Cork.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Said took.

Duration of Existing Attack About weeks.

Other Facts or Remarks

Facts of Medical Certificates

I Insane - Incoherent. Violent.

II Delusions - incoherent. fancies he is a policeman.

NAME

STATE ON ADMISSION.

Estimation Considerable Suing & get £5000 for false imprisonment — + is quite pleased about it.

Depression Nil

Excitement marked

Enfeeblement

Memory Good

Coherence Good Can answer questions? Yes

Delusions That he has been arrested + imprisoned

Other Abnormalities Very hoarse voice

Appearance Thin faced reddish face

Skin Normal Hair Red

Eyes Blue grey Pupils Dilated React to light

Muscularity Fair Fatness Poor

Nervous System—*Motor* Speech is slow + hesitating

Sensory

Reflex Action Normal Special Senses normal

Reins

Legs Normal

Heart Impairment of second aortic sound

Tongue Slightly furred Bowels

Other Organs, Abnormalities, Bruises, etc.

Appetite

Urine Normal

Menstruation

Pulse Temp.

Height 5ft 4 in Weight 11 Stone.

Diseases *Skae's Classification*

General Bodily Health and Condition

Bodily

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.

707

NAME, James Jones

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
17·10·92						Noisy & excited. Strikes when spoken to
19·10·92						Quiet & pathetic. Wishes to see his "auld mother, Armagh" & weeps as he thinks of her
26·10·92						Noisy & difficult to manage
4·11·92						Quiet & pathetic. Very easily managed.
19·11·92						Very good natured. Still speaks about his being a policeman.
7·1·93						This man is making no progress. He keeps to himself, watches carefully everything going on around, but takes but little notice.
29·2·93						Jones has taken a very religious turn of late, reads his prayer book steadily & prays for all round him. Says he is a sinner & stupid.
5·5·93.						Never speaks when spoken to, but says his prayers last night & morning. During night muttering indistinctly in loud shouting. Walked difficult & speech & motion trembling. Generally rather agitated.
19·X·93						Jones has been very quiet lately. Thinks reason of invitation because my relations. Is getting very demented. Sits with head & hands & head in pockets, but inattentive to everything. Spends standing my examination B.A.

22·3·94

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

709

NAME, John Fraser.

Admitted, 15. 10. 92.

Sex, M. Age, 50 Marriage, Married. Pr. Ad. Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? 103 Dundas Street Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Not known. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Said to be.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

I Insane - Delusions - fancies he is not the father of some of his children - Unfit for work & mod: memory defective.

II Delusions - Deficient in memory -

NAME John Fraser

STATE ON ADMISSION.

Mental

Agitation

Depression

Excitement

Excitement

Memory

Coherence Fair — Can answer questions?

Delusions That the clerk of the parochial board had made a mistake as to his identity. & That he was not the insane person at all

Other Abnormalities

Bodily

Appearance Short-stout man with grizzled brown hair & beard.

Skin White & soft. Face pale — Hair brown & grizzled. Very hairy man

Eyes Blue grey — Pupils Contracted. React & contract.

Muscularity Poor — Fatness Poor

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal — Special Senses Normal

Arms

Legs Normal

Heart Regular. No murmurs detected. Weak.

Tongue Slightly furred — Bowels

Other Organs, Abnormalities, Bruises, etc.

Appetite

Urine Great deposit of phosphates

Menstruation

Pulse 90 — Temp.

Height 5 ft 4 in. — Weight 9 Stone 5 lbs.

Diseases — *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.

711

NAME, John Fraser

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
16.10.92						Very stupid state can't answer many question.
20.10.92						Complains of diarrhoea is very weak & unable to move about. Put to bed in the Infirmary
22.10.92						Diarrhoea stopped still in bed
23.10.92						Died

Temperature. Morn.	Temperature. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

713

NAME, John Gordie

Admitted, 22nd October 1892

Sex, M Age, 72 years Marriage, Married Occupation, Cowe-

Education, Religion, Protestant

~~Private or~~ Pauper, Govan Combination Where from? 31 Mansfield St. Partick

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 Unknown

Dangerous Yes

Duration of Existing Attack Unknown

Other Facts or Remarks

Facts of Medical Certificates Dr. Barrie:- Talks in rambling & incoherent manner Does not know any thing about his family or why he is a patient in Infirmary

Dr. Wallace:- Is evident outrageous unmanageable and talks in a rambling incoherent manner & can give no account of himself.

NAME John Goudie

STATE ON ADMISSION.

Excitation None

Depression None

Excitement Slight.

Enfeeblement —

Memory None

Coherence None Can answer questions? No

Delusions That he still has his left foot & that it is a scratch that is being attended to when the cicatrix of stump is dressed

Other Abnormalities

Bodily

Appearance Strumous face & purplish expression.

Skin Dry Hair Scanty: brown.

Eye Blue grey Pupils equal

Muscularity poor Fatness poor

Nervous System—*Motor* Normal. Locomotion cannot be tested

Sensory Normal

Reflex Action Knee jerk present Special Senses Normal

Respiration

Lungs Normal

Heart Normal

Tongue Furred & cracked & tremulous Bowels

Other Organs, Abnormalities, Bruises, etc.

Appetite

Urine

Menstruation

Pulse 80 Temp.

Height 5ft 3/4 in Weight 8 stone

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium or Confusion.	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.

715

NAME, John Goudie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
24.10.92						Incoherent talkative restless Takes food well sleeps well.
3.11.92						Stump discharges considerably. Drainage tube was inserted.
17.11.93						Stump now almost quite healed. Talks a rambling & stupid way.
25.11.92						Has had a peculiar attack. Temp. suddenly rushed up to 107°. Disorder, delirium. Bad. Evening. Next morning again well.
26.11.92						Now talks his old talkative style.
17.12.92						No change. Has evidently difficulty in swallowing.
10.1.93						Curious abundance of talking. Tries to knock about anything. Calls himself "a driveling idiot" & "bad". walks a trifle.
29.1.93						
5.5.93						Still in bed. At his talking & chaff very quick with his answers.
18.X.93						Is getting up. Persists in most disgusting & foul habits at night. Very violent, threatens & is very smart with his answers. Sits by fire on his stump. Imagines his wife is in bed & frequently refers to her as "Mrs Goudie"
6.11.96						In statu quo. Patients condition mentally is unaltered he is the most incoherent rambling disconnected talker in the building. He cannot reply correctly to the simplest question and he seems to have hallucinations of sight and hearing. He is very happy contented this body health is wonderfully good.
February 12 - 1897						Bodily health is only fair Hallucinations of sight very much the same as above.
February 10th 1900						Goudie has been in bed & doing unusual since last note. He is in fair health. He sleeps well. Has marked hallucinations of sight & hearing & is always answering voices he hears.

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					She is quite incoherent in speech & cannot give a consecutive answer to the simplest questions: Grinds her teeth when sleeping.
					April 1900:— She died of haemorrhage from the stomach probably from carcinoma. There was no P.M.
					Died.

717

NAME, Charles McCune

Admitted, 25 October 1892

Sex, M Age, Marriage, Occupation,

Education, Religion,

~~Private or~~ Pauper, Where from?

No.

Pr. Ad.

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Dr Thos. Easton Delusions concerning
of a person of unsound mind Wanders aimlessly
about with face flushed
I have seen him previously in the Poorhouse has
considered him to be silly or almost imbecile
now however he is in a state of insanity

NAME Charles McCune

STATE ON ADMISSION.

Expression None

Depression None

Excitement None

Enfeblement Considerable

Memory Good

Coherence Good Can answer questions? Yes

Delusions None except that blackening his face was an improvement

Other Abnormalities

Bodily

Appearance Erect continually staring straight in front

Skin Normal Hair Brown

Eyes Grey Pupils Equal

Muscularity Fair Fatness Poor

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Brisk Special Senses Normal

Retina

Lungs Normal

Heart Normal

Tongue Furred Bowels

Other Organs, Abnormalities, Bruises, etc.

Appetite

Urine

Menstruation

Pulse Temp.

Height 5 ft 10 3/4 inches Weight 10 st. 4 lb.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Dementia and Delusions	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.

719

NAME, Charles McCune

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
26/10/92						Quiet & very polite. Anxious to help in ward work.
						Escaped & Discharged

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

721

NAME, Alexander McIntosh.

Admitted, 1st November 1892

Sex, M Age, 49 Marriage, Married Pr. Ad.

Education, Occupation, Boiler

~~Private~~ Pauper, Govan Religion, Prot

Where from? 227 Cornwall St. Govan

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Frit- Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Drink

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes!

Duration of Existing Attack About 2 Days

Other Facts or Remarks

Facts of Medical Certificates P. Barras Confused & restless. Little or no order of surroundings

Dr. Taylor keeps looking at the corner of his cell seems in a dazed condition will not answer questions

NAME

STATE ON ADMISSION.

Expression: Does not speak

Depression:

Excitement: Very great. Restless continually walking about & fighting with those who try to keep him still

Enfeblement: —

Memory: Nil

Coherence: Can answer questions?

Delusions:

Other Abnormalities:

Appearance: Large head long face

Skin: Normal — Hair: Brown

Eyes: Dk Brown Grey — Pupils: Equal

Muscularity: Fair — Fatness: Poor

Nervous System—*Motor*: Restless

Sensory: Normal

Reflex Action: No knee jerk — Special Senses

Reflex: ?

Lungs: Interrupted breathing heard at left apex

Heart: sounds are normal

Tongue: Furred slightly — Bowels

Other Organs, Abnormalities, Bruises, etc.

Appetite:

Urine: Normal

Menstruation:

Pulse: 96 — Temp.

Height: 5 feet 11 inches — Weight: 10 Stone

Diseases: *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Dementia 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.

723

NAME, Alexander McDonald

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
2-11-92						Two restlers to examine has to be held still. Fights with people who keep him from working about.
3-11-92						Thinks he came here last night & that this is a hospital in Main St. Glasgow.
17-11-92						Quiet, but there is unsoundness of life about him.
26th Nov. 1892						Discharged

Temperature. Morn.	Temperature. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

725

NAME, David Dean

Admitted, 1 November 1892 Pr. Ad.

Sex, M Age, 27 Marriage, Single Occupation, Engineer

Education, Religion, Prot.

~~Private~~ Pauper, Govt Where from? Sister Mrs Morton 22 Sydney Street Auburn.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Drink

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates D. Barras Suffering from D.T. Said he committed suicide & is to be provided w[illegible] watching.

D Taylor Sees Snakes

AME David Dean

STATE ON ADMISSION.

altation Fine

pression Slight

citement Slight

feeblement

emory

Coherence Can answer questions?

llusions

ther Abnormalities

pearance Young looking man with large contusion on forehead

Skin normal Hair Brown

Eyes Grey Pupils Normal Equal

Muscularity Fair Fatness Poor

Nervous System—*Motor* Normal

Sensory Normal

Knee Action Knee jerks slight Special Senses Normal

Urine

Lungs Breath sounds are normal

Heart Rapid & regular

Tongue Tongue furred & brown Bowels

Other Organs, Abnormalities, Bruises, etc.

Appetite

Urine Trace deposit of mucin of buff dust colour Albumin 1028

Menstruation

Pulse 120 Temp.

Height 5 ft 8 inches Weight 8 st 12 lbs

Disease *Slade's Classification* Mania of alcoholism

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute delirium a 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.

727

NAME, David Dear

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
2-9 Nov. 92						Quiet. Talks little Complains of pain in head Sleepless at night. Asks for prison That he may "put himself out of the way" Improving. at work & doing well.
3-11-92						
12-12-92						
13-1-93						Discharged

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

729

NAME, Hugh Lynch
Admitted, 5th Nov 1872
Sex, M Age, 46 Marriage, Single Occupation, Stone cutter
Education, Religion, R.C.
~~Private or~~ Pauper, Govan (mining) Where from? Govan. 280 Bishop St. Londonderry

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 Autumn
Other Facts or Remarks

Facts of Medical Certificates Dr Barrie Is very variable in his mood at one time speaking very sensibly then crying laughing & disinclined to answer questions says he wishes to enter the asylum to learn his trade — Refuses food
Dr Wallace. Excited nervous delusions. hears voices sees visions imagines when at work that enemies is trying to annoy him & take possession of him body and

NAME Hugh Lynch

STATE ON ADMISSION.

Exaltation Slight

Depression None

Excitement Not marked

Enfeeblement —

Memory Good

Coherence Good Can answer questions? Yes

Delusions That he was created to be a R.C. priest

Other Abnormalities

Bodily

Appearance Pale faced man

Skin dry Hair dark cropped

Eyes Grey Pupils

Muscularity Poor Fatness Poor

Nervous System—*Motor* Normal Not tremulous tongue

Sensory Normal

Knee Action Normal Special Senses

Pupils

Lungs Normal

Heart Irregular Rapid on movement

Tongue Furred & cracked Bowels .

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises

Appetite

Urine Normal

Menstruation —

Pulse Temp.

Height Weight

Diet *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Mania	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.

731

NAME, Hugh Lynch

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
6th/11/92						Quiet & inoffensive. Expresses many delusions
7/11/92						Liberated on Pass. (Discharged by Auth. of Board)

Temperature. Morn.	Temperature. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

733

NAME, Archibald McCover

Admitted, 5 November 1892

Sex, M Age, 44 Marriage, Single Pr. Ad. Occupation, Carpenter

Education,

~~Private~~ or Pauper, Govan Religion, Prot. Where from? 304 Cowlairs Street (Brothers wife)

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 Unknown

Duration of Existing Attack About six weeks

Other Facts or Remarks

Epileptic

Facts of Medical Certificates Dr Turpin Fancies he sucks & gold are being kept from him by a wicked man called Lesher. Suppressed fancy.

Dr. Barnes Silly Does work & seems rich

NAME Archibald McCover

STATE ON ADMISSION.

Excitation Considerable

Depression —

Excitement Slight

Enfeblement considerable

Memory Poor

Coherence Little Can answer questions? To a certain extent

Delusions Many

Other Abnormalities

Appearance Pale Mean faced man

Skin Normal Hair Dark & puzzled

Eyes Grey Pupils React + central + equal

Muscularity Poor Fatness Poor

Nervous System—*Motor* Normal nut + tongue tremulous

Sensory Normal

Reflex Action Knee jerk normal Special Senses Normal

Retina

Lungs Normal

Heart Marked reduplication of the first sounds mitral area

Tongue Slightly furred Cracked Bowels

Other Organs, Abnormalities, Bruises, etc.

Bodily

No marks + bruises

Appetite

Urine Normal

Menstruation

Pulse 90 Temp.

Height Weight

Disease General Paralysis *Skae's Classification* G. P.

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.

735

NAME, Archibald McIver

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
6th Nov.						Much pleased with himself & all around him.
15th Nov.						Is awfully a G.P. Lips & tongue tremulous. Speech markedly affected. Has had a "congestive attack" this morning (right side (arm & leg) as paralysed). Unconscious. Has recovered so far. Can swallow well. Right side still useless.
17th Nov.						Improving slowly. Sleeps a great deal. Cannot put out tongue well, now just out tongue.
19th Nov.						up till 6 o'clock this morning has been awfully ill of fits. Began again after breakfast & up till 9.30 had 6 attacks. Legs, arms, mouth shake, power a little at mouth, & smiles a peculiar grinning smile. Speech a little affected. Given 30 grs Chloral - to be repeated in 3 hours. Spasms of limbs in each attack. attacks ceased after chloral.
21st Nov.						Has had 3 fits since morning. Looks very ill exhausted. Attacks in very severe. slightly better no more fits.
22nd						Fits returned again - very severe.
23rd						Has had repeated attacks all through night & is very bad this morning. At 9 o'clock had severe attack, got quite collapsed in afternoon. At eleven returned
24th						Died this afternoon.

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

737

NAME, Ivy Lamont

Admitted, 7 November 1892

Sex, M Age, 53 Marriage, Married

Education,

~~Private or~~ Pauper, Govan

Religion, Protestant

Where from? 6 St John St Partick

N

Pr. Ad.

Occupation, Plumber

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First

Duration

Kind

Where treated

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Inquire

Dangerous Yes

Duration of Existing Attack A few weeks

Other Facts or Remarks

Facts of Medical Certificates D. G. Campbell Much excited Does not seem capable of answering questions to every one of which he makes a noise in imitation of a steam engine

D. Kirk Excited Stupid Does not recognise where he is Can't answer a single question.

NAME

STATE ON ADMISSION.

Exitation

Depression

Excitement

Enfeblement

Memory

Coherence — Can answer questions?

Decisions

Other Abnormalities

Appearance

Skin — Hair

Eye — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Reflex

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, etc.

Appetite

Urine

Menstruation

Pulse — Temp.

Heart — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

Bodily

PREDOMINANT FEATURES.

A Acute Mania 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.
X									

739

NAME, Ivey Lamont.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
11th Nov.						Not quite so excited but still very incoherent.
1st Jan.						Has improved slightly. Not nearly so restless as he was.
24th Jan.						Quite quiet. Not very stupid. Greatly subdued from his excitement.
10-12-92						Poor circulation - hands & extremities & in the slightly cyanosed.
7-1-93						Strength better - sores healed & his mental state is brighter.
29-2-93						Bright & more pleasant. But has no confidence in himself.
5-5-93						Very much stronger but seems very weak: Temp. Natural pictures & helpless.
18-X-93						very much better in every way. Reads his paper & talks sensibly. At his earnest desire to let him work did & quite unfit for work. Sent to Poor House - nothing heard.

Dr Orchard

Temperature. Morn.	Temperature. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

741

NAME, Andrew Blyth

Admitted, 11th Nov. 1892 — No.

Sex, Male — Age, 14 — Marriage, Single — Occupation, Assistant Bro

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? 88 Rodspark St. Govan.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First — Kind

Duration — Where treated

Hered. History—Insanity —

Other Diseases

Predisposing No member of family insane

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 4 days.

Other Facts or Remarks Was brought in, in a very excited condition — handcuffed was found naked by Inspector in morning. Made a violent kick at the table in admission room.

Facts of Medical Certificates

I (Dr. Barnes) very excited & dangerous to others. Threatens to do for me unless I go on my knees.

II (Dr. Taylor) very excited & violent tears all his clothes. Sings & cries alternately.

Required constant restraint at once.

NAME Andrew Blyth.

STATE ON ADMISSION.

Excitation Slight

Depression None

Excitement Very great.

Enfeblement —

Memory

Coherence Incoherent Can answer questions? Comps no attention to questions.

Delusions Believes that he is a messiah.

Other Abnormalities

Appearance Excited. sharp pointed features.

Skin Normal Hair dark brown.

Eyes Light brown Pupils equal, slightly dilated.

Muscularity fair Fatness fair.

Nervous System—*Motor* Normal - except that excited. No tremor.

Sensory Normal.

Reflex Action Normal Special Senses Normal.

Retina

Lungs Healthy

Heart Normal.

Tongue Thick fur in centre. with abstanding papillae Bowels

Other Organs, Abnormalities, Bruises, etc.

Sclerosis to right side.

Appetite

Urine Sp Gr 1032 acid no albumen no sugar. Large deposit of urates (pink).

Menstruation

Pulse 94 good Temp. Normal.

Height 5 feet 3 ins Weight 7 St 8 lbs.

Disease acute Mania *Skae's Classification*

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.
X									

743

NAME, Andrew Blyth.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
12th. Jan						Much quicker to-day. Quite clear - quite rational - wants to get away. (Sulphonal 35 grs last night) Improving very quickly. Went out to work this morning for first time.
17th. Jan						
19th. Jan.						Making good progress towards recovery.
24th. Jan						Last night got very excited - first after sei; just tried. Very talkative this morning.
2-XII-92						Much better again. Quiet & rational.
17-XII-92						Seems to be very much pestered at home, - judging from "trash" sent him.
20-XII-92						Excited & speaks incoherently. Seems often unintelligible words & phrases.
15-I-93						Is better thanks mes. Not seen since & therefore begs to this time.
23-I-93						Discharged Quiet & Rational.

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

745

NAME, James Scott

Admitted, 11th. JAN. 1897 Pr. Ad.

Sex, Male Age, 35 Marriage, Married Occupation, Labourer

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? 78 Crosshill St. Glasgow. (315 Parliamentary Rd.)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First. Kind

Duration Where treated

Hered. History—Insanity No history.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

1 (S. Dickson) Restless; thinks that St. warrant to watch him; is given to the people are conspiring against him in family matters.

2 (S. Addison) Cut his head through a pane of glass to get out. Has idea he is; mistakes the identity of those about.

Tried to jump out of window & walked a fork. Sees men on the wall. Thinks a regiment of soldiers is waiting to shoot him; others want to cut his throat.

NAME James Scott.

STATE ON ADMISSION.

Excitation None

Depression yes.

Excitement None

Enfeblement slight

Memory

Coherence Can answer questions?

Delusions

Other Abnormalities

Appearance Thin pinched weakly looking man

Skin dark yellow tint Hair Black

Eyes dark blue Pupils Equal & average size

Muscularity very poor Fatness poor.

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal Special Senses normal.

Brain

Lungs Left lung quite dull on percussion at base behind as high up as scapula. Breath sounds weak with recession & crackle. No friction. Vocal resonance increased. Base of right lung less clear than usual. Breath sounds fairly normal.

Heart weak irregular. No murmur.

Tongue furred in centre, bright red at edges. Bowels

Other Organs, Abnormalities, Bruises, etc. Pupil dilation normal.

Appetite poor - very thirsty.

Urine

Menstruation

Pulse 144 easily compressed. Temp. 101·8.

Height 5ft 2½ ins Weight 4 St 11 lbs.

Disease Delirium of pneumonia. *Skae's Classification* Ort? Febrile Pyrexia

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.
?									

747

NAME, James Seth.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
12th. Jan.	102	104	125	120	Morning Resp. 34	very weak. confined to bed. Left lung as far as scapula behind shows all signs of pneumonia. Markedly dull. with tubular, & crepitation. There is also optic in front. Right lung shows signs of bronchitis.
13th. Jan.	102	103·1	115	112	Evening Resp. 56	has been very restless all night. Today face is still much pinched. Pulse weaker. respirations quicker more shallow. Cutaneous effluvia. Diet: soft ammon. arrowt. citrate, whey milk & potash.
14th. Jan.	101·1	103·2	112	110	Morning Resp. 52	At evening visit quite delirious. Very weak & restless all day. Breathing more much laboured.
15th. Jan.	102·5	-	110	-	-	Has been very delirious all night. & with difficulty kept in bed. Pulse weak fluttering. Breathing difficult. Evening visit found "in articulo mortis". Died at 9.20.

P.M. Shrunk the whole of lower lobe of left lung beginning to break down into an abscess in front & all the rest in state of early hepatization.

Right lung adhesions.

Other organs normal.

MR.

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

749

NAME, Charles Brenton

Admitted, 14th JUN. 1892 Pr. Ad. No

Sex, Male Age, 21½ Marriage, Single Occupation, Agricultural Engineer

Education, Religion, Protestant

Private or Pauper, Pauper Where from? 60 Gibson St, Hillhead Glasgow. (changed to Govan)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting (typical debility?)

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack about four months

Other Facts or Remarks

Facts of Medical Certificates

I (Dr. Campbell) Simple childish kind. Memory for recent events gone. Cannot recall where or when he worked. 8 months ago he came home and hid in the oat field. Workers watching him & plotting against him.

II (Dr. Kirk) Smiles stupidly when asked a question. Wanders about the house laughing to himself, & cannot attend to anything.

NAME Charles Brenton.

STATE ON ADMISSION.

Exaltation None

Depression Yes. Has slight delusion, & memory weak.

Excitement

Enfeeblement slight.

Memory Forgets simple things.

Coherence Yes.

Can answer questions? With difficulty.

Delusions

Other Abnormalities

Appearance Has dull weary expression.

Skin Healthy

Hair Dark brown.

Eyes Brownish

Pupils dilated.

Muscularity Fair

Fatness Poor.

Nervous System—*Motor* Normal

Sensory Normal.

Reflex Action Normal.

Special Senses Normal.

Pupils

Legs Healthy.

Heart's action weak irregular. Mitral & Aortic Systolic murmurs. 2nd Sound (Aortic) very sharp.

Tongue clean.

Bowels –

Other Organs, Abnormalities, Bruises, etc. No injuries

Appetite

Urine 1028 acid No albumen. No sugar. Deposit of phosphates & lithates.

Menstruation

Pulse 80 weak irregular

Temp. normal.

Height 5ft 4½ ins

Weight 7 st 13 lbs.

Diagnosis Melancholia & Stupor

Skae's Classification

General Bodily Health and Condition Poor

PREDOMINANT FEATURES.

A Acute Mania 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, Charles Brenton

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
16th. Nov.						Stands & Examines in a silly way when spoken to. Looks as if he had had "a want" all day.
19th. Nov.						Hands constantly in pockets. Demented.
9-XII-92						Getting quite demented & very dirty in his habits.
17-XII-92						Transferred to Stranraer Asylum.

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

753

NAME, John McCall

Admitted, 15th Jan. 1892 N

Sex, Male Age, 29 Marriage, Single Pr. Ad. Occupation, Shoemaker

Education, Religion, Protestant

Private or Pauper, Private Where from? * 1 Irish 5t, 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

Bodily

Insane Habits and Propensities

Suicidal NO

Dangerous NO

Duration of Existing Attack 1 week.

Other Facts or Remarks

Facts of Medical Certificates

(1) (Dr. Smith.) Insane appearance, with delusions that he is rather ill. Restless. Believes that this gaol is a prison.

(2) (Dr. Marshall) Believes that he is rather ill that this gaol is a prison.

NAME John Mc Call

STATE ON ADMISSION.

Exaltation None

Depression Marked.

Excitement None.

Enfeeblement

Memory

Coherence Yes Can answer questions? Yes.

Delusions Believes himself rotten good. Says dirt is melting & is smelling awfully.

Other Abnormalities

Appearance Thin, pale good. anxious looking man.

Skin Normal. Hair Black

Eyes Yellowish Pupils equal.

Muscularity Poor Fatness Poor.

Nervous System—*Motor* Trembles a great deal when standing

Sensory Normal.

Reflex Action None Special Senses Normal.

Bodily Health

Lungs Fairly healthy, but breath sounds very weak at both apices.

Heart Normal. Heart sounds thudding

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, etc.

Appetite

Urine 1020 acid Albumen Nothing.

Menstruation

Pulse 78. Temp. 98

Height 5 - 7½ Weight 8 St.

Disease Melancholia *Skae's Classification* Hypo?

General Bodily Health and Condition Poor.

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.
		X		X				X	

755.

NAME, John McCall.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
16th Dec.						very restless. Does not seem to know where he is or who he is. Complains of a severe pain in stomach & runs his hand up & down front of his chest.
18th Dec.						Looks very peculiar to-day. In a half-dazed state. Brighter in evening – eating voraciously as if he had not had for weeks.
19th Dec.						Got very excited this morning, tried to refuse to eat. Does not seem well.
20th "						Quiet to-day. Behaves in a rational way.
21st "						Restless at times during night. Looks much better this morning.
23rd "						Kept in bed – not nearly so restless.
1-XII-92						Looking better. Out of bed all day. Looks & feels well – but is always complaining of cold. Is out every week marked case of Malarial Poisoning. Dies. Will sit reading all day over his little domestic troubles.
7-XII-92						No change.
17-XII-92						Transferred to first floor.
Jan 1-93						Discharged

Temperature. Morn.	Temperature. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

757

NAME, John William Robertson

Admitted, 17th Nov. 1892

Sex, Male Age, 22 Marriage, Single Occupation, Labr.

Education, Religion, Protestant

Private or Pauper, Where from? Kilmacrenock.
(Chargeable to Dumfries)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

a stay waif. Mother also admitted (761) Mother died some time ago & they have been wandering since.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

A. Sister Kirkland (1) Delusion expressed very silly in his conversation

(2) his step-mother says he has violent fits since got into bad health after flu

B. Sister Kirkland (1) as above

(2) Bodily is moving & functions self-acting.

NAME John William Robertson.

STATE ON ADMISSION.

Excitation None

Depression slight

Excitement None

Enfeblement marked

Memory poor.

Coherence fair Can answer questions? Not very intelligently.

Decisions

Other Abnormalities

Appearance a weak minded youth.

Skin very dirty - rash like Hair dark brown.

Eyes glassy Pupils equal.

Muscularity good Fatness fair

Nervous System—*Motor* Normal

Sensory Normal.

Reflex Action Normal Special Senses Normal.

Reins

Lungs Healthy.

Heart Action weak - slightly irregular. No murmurs.

Tongue clean Bowels

Other Organs, Abnormalities, Bruises, etc.

None.

Appetite -

Urine

Menstruation

Pulse 76 weak. Temp. 98

Height 5ft 8ins Weight 9st 10

Disease Melancholia & Stupor *Stoc's Classification* (3 dispathic asthenics)?

General Bodily Health and Condition Fairly good.

PREDOMINANT FEATURES.

A. Acute Dementia and coherence	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.
		+	+						x

759

NAME, John William Robertson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
18th Nov.						a weak minded youth with getting mouth. was shown how to take care of himself outside.
19th Nov.						Getting quite accustomed to his surroundings
22nd Nov.						outside working. seems happy - is very steady.
20-XII-92						Has had another. Otherwise was getting on
12-1-93						quite well - instable at times - of a very low nervous type.
29-1-93						M Clancy
18-X-93						"Clumsy - look". Works outside at present weak minded - might do with some farmer.

24·1·95

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

761

NAME, James Robertson

Admitted, 17th Nov. 1892

Sex, Male Age, 17 Marriage, Single Occupation, Pr. Ad.

Education,

Private or Pauper,

Religion, Protestant

Where from? Edinburgh (Craigleith to Dumfries)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

} see p. 764 (brother's case)

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack No

Other Facts or Remarks

Facts of Medical Certificates

(A) Dr. W. A. Hetherd (1) Dull in expression, but gets right answers when ch. His manner is quite changed

(2) His stepmother says he is very dirty in his habits

B. Dr. D. Hetherd (1) Unnatural in manner, low intellectual expression.

(2) Filthy in habits, violent in disposition, practises self-abuse

C. R. I. POST-MORTEM SUMMARY.

N.B.—To be inserted at end of Clinical Record by Physician who was in charge of Patient.

James Robertson.

20th Feb: 1913 at 4.15 p.m. P.-M. on Feb: at

Disease Congenital imbecile.

Death Double pneumonia both (lobar)

General Survey.

vidity V. marked in region of neck & chest

igidity

Fair Pupils Equal.

Integumentary, Locomotory, and Hæmopoietic Systems.

Clean.

oous Fat Moderate in amt.

Muscles and Fascia

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 Base of Brain

Cerebrum

Cerebellum

Pons-Medulla

Ventricles

Choroid Plexuses

Pineal body

Pituitary Body

Circulatory System.

Pericardium Normal — ½ ʒ straw colored serum.

Heart (M. 11 oz., F. 9 oz.) 13 ʒ.

Cavities Rt. ventricle, & Aur much dilated, filled with blood clot

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.)
Tricuspid V. dilated. —

Muscle

Aorta and Vessels — Large pale clot pulling up entirely to aorta

Respiratory System.

Left Pleura Thickened & adherent around the base.

Left Lung (M. 21 oz., F. 15 oz.) . 35 ʒ. ¾ of whole area of lower lobe, and front edge with grey hepatisation & much congested remainder

Right Pleura

Right Lung (M. 24 oz., F. 17 oz.) 37 ʒ — Middle & lower lobes, almost solid grey hepatisation

Respiratory passages

Alimentary System.

Peritoneum

Liver (M. 53 oz., F. 44 oz.) 75 ʒ

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 T. M. Anderson

NAME James Robertson.

STATE ON ADMISSION.

Excitation None

Depression Slight

Excitement None

Enfeblement Marked

Memory Impaired

Coherence Poor Can answer questions? not intelligently.

Delusions

Other Abnormalities

Appearance Appears about middled - weak looking youth.

Skin very dirty Hair Fair

Eyes Grey Pupils Equal

Muscularity Poor Fatness Poor.

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal

Reflex

Lungs Fairly healthy - Teeth smells weak chlorosis.

Heart action weak - regular - no murmurs.

Tongue Clean Bowels

Other Organs, Abnormalities, Bruises, etc.

None. Large "Horse" penis.

Appetite

Urine

Menstruation

Pulse 72 weak. Temp. 97·8

Height 5ft. 6 Weight 9 St 10.

Diagnosis Melancholia & Stupor *Shaw's Classification*

General Bodily Health and Condition Poor

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.
			X						X

763

NAME, James Robertson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
18. Nov.						a stupid good for nothing youth, whose education he evidently was of the scantiest nature, whose capacity for taking it in was small.
19th Nov.						Quiet restless.
17-XII-92						Now working outside shining very well. Likes of very low mental organisation & will work for you in the fields - excellent thing.
10-1-93						Health poor - fingers coming out in little boils & face smelling strider. - kept indoors till better & put on Syr. Ferri Co.
29-2-93						No change.
18-X-93						Mind tackle very much better than it was. He is often rather disposit in than his brother, & very weak-minded & childish in his ways.
February 8th 1900.						A few days ago was sent to Farm Annexe.
						Farm Annexe.
Feb. 15th 1913.						Patient has developed double pneumonia following upon influenzal attack. Temp. 103.4 Pulse. 140 Resp. 35 at present in Nelthorpe H. — very ill Heart failure — digitalis. Liq. strychnine etc Cold Sponging at intervals — Soap & water Enemas. — Whiskey ½ oz every 2 hrs.
Feb. 20th		—				Patient gradually sank this morning & died at 7.15 am.

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

765

NAME, James Kerr — No.

Admitted, 18th Nov. 1892 — Pr. Ad.

Sex, Male — Age, 27 — Marriage, Single — Occupation, Bandsman

Education, — Religion, Protestant

Private or Pauper, — Where from? Edinburgh Royal Asylum (Craiglockhart Branch).

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first. — Kind Insane

Duration from Edinburgh. — Where treated

Hered. History—Insanity

Other Diseases

Predisposing Epilepsy.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack about 1 yr 6 months

Other Facts or Remarks Subject to Epileptic fits

Facts of Medical Certificate

Dr. Clarke He is enfeebled in mind, this appearance is that of a mild imbecile. Is apt to manage himself in irritable at times.

NAME James Kerr.

STATE ON ADMISSION.

Agitation None

Depression slight

Excitement None

Feebleness Marked

Memory fair

Coherence slight Can answer questions? fairly well.

Illusions

Other Abnormalities

Appearance Satisfactory.

Skin Sweaty Hair Auburn

Eyes Fluid Pupils equal.

Muscularity good Fatness good

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal.

Retina

Lungs Healthy

Heart Healthy

Tongue clean. Bowels

Other Organs, Abnormalities, Bruises, etc.

Abrasions

Appetite

Urine 1012.0 Acid Albumen, sugar, deposit.

Menstruation

Pulse 84 good strong equal. Temp. 98.

Height 5ft 2½ ins. Weight 9 st. 7 lbs

Disease Epileptic Insanity. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

Acute Delirious 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.
									X

767

NAME, James Kerr

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
19th. Nov.						An epileptic in the early stages of dement. Can answer questions fairly well. Watches a vacant-minded expression, (smiles in a silly way. Is at work spinning twine. Has no fits since admission.
25th "						
3-5-93						Is very much as above - Seems quite alive to surroundings. At times at work - mind a blank. At times irritable.
8-5-93						at work & very much as above.
27-9-93						Escaped & was Discharged after 24 days.

Temperature. Morn.	Temperature. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.

769

NAME, Robt Hattrum

Admitted, 19th Nov. 1892

Sex, Male Age, 25½ Marriage, single Occupation, Mr

Education, Religion, Protestant

Private or Pauper, Where from? Hamilton

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 about 2 years

Other Facts or Remarks Has been in Barnsley Union Workhouse, since he transferred there in few weeks.

Facts of Medical Certificates

A S. Marshall ♂ Says he is the saviour only shepherd. Talks incoherently

♀ His father says that he has offered him violence.

B S. Robertson ♂ Restless. Talks incoherently on religious subjects.

♀ Says his father & mother are two devils. Threatens to cut their throats.

NAME Robert Mothrum.

STATE ON ADMISSION.

Agitation Marked

Depression No

Excitement Yes.

Feeblement —

Memory Cannot be tested.

Coherence Incoherent Can answer questions? Not intelligently.

Illusions Believes that he is Christ & is going to start a new religion.

Other Abnormalities

Appearance Pale startled expression.

Skin Sweaty Hair fair

Eyes pale blue Pupils equal

Muscularity fair Fatness poor

Nervous System—*Motor* Right arm is recessively thrown out in a peculiar way.

Sensory Normal

Reflex Action Normal Special Senses Normal

Lotina

Lungs Healthy.

Heart's action weak with well marked apex systolic murmur.

Tongue Clean Bowels

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite

Urine 1022 acid No albumen or sugar. Slight mucous deposit.

Menstruation

Pulse 68 weak dicrotic Temp. 98

Height 5ft 4¼ ins Weight 855. 8 lbs.

Disease Monomania *Stoc's Classification*

General Bodily Health and Condition Fair.

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.
	X							X	

771

NAME, Robert Hoffman.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
20th Nov						Quiet all night
21st Nov.						Very restless today is talking a lot of incoherent nonsense sprinkled abundantly with religious words. When asked his name, spells "Christ". Sometimes quiet, at other times violent.
28th Nov.						
29th Nov.						Discharged & transferred to Barnsley, England.

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

NAME, Hugh Adamson

Admitted, 23rd Nov 1892

Sex, Male Age, 56 Marriage, Married Occupation, Pr. Ad. Farmer

Education, Religion, Protestant

Private or Pauper, Where from? Leamington

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration First. 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 about 3 months

Other Facts or Remarks

Facts of Medical Certificates

A. Dr. Adamson. 3 Very restless. Insane secretly for some months past. very depressed & jealous of his wife. Thinks his wife has friend paid her to kill him

B Dr. Lindsay 3 wife trying to kill him. Is jealous of her 4 Sleeps. threatens to cut his wife's throat.

NAME Hugh Adamson.

STATE ON ADMISSION.

Exaltation None

Depression None

Excitement None

Enfeeblement None

Memory Good

Coherence Good Can answer questions? Yes.

Delusions This idle is upset somewhat now to him. She believes that she has been unfaithful to him etc.

Other Abnormalities

Bodily

Appearance Healthy pleasant looking woman.

Skin Normal Hair Bleak getting grey

Eyes Normal Pupils equal

Muscularity Good Fatness good

Nervous System—*Motor* } Normal

Sensory }

Reflex Action Normal & equal Special Senses Normal

Retina

Lungs Consists of chronic bronchitis. Pneumonia note right-pulmonary, apex-pulmonary, with occasional rhonchi.

Heart Mitral murmur heard.

Tongue Clean. Bowels

Other Organs, Abnormalities, Bruises, etc.

None

Appetite Good

Urine 1020 clear deposit & albumen

Menstruation

Pulse 84 strong equal. Temp. 98

Height 5ft 4½ ins Weight 11 St 7 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition 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.

775

NAME, Hugh Adamson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
25th Nov.						Quiet, agreeable. Apart from his delusions all right.
29th "						Quiet contented. Does not care to speak about his delusions.
10-XII-92						Wants to get away - says he will have nothing more to do with his wife.
17-XII-92						Still a little restless & thinks he would get on all right if outside
10-XI-92						Has a chronic lunatic like appearance. Replies intelligently though with great diffidence. Says he will get on all right without his wife.
27-1-93						Discharged

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

777

NAME, John Francis Laughlin Burden No.

Admitted, 24th Nov. 1892 Pr. Ad.

Sex, Male Age, 45? Marriage, Married Occupation, Draw

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Berkshire Dairy. Cheltenham. (Kirkmichael)

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 No

Duration of Existing Attack about 3 months.

Other Facts or Remarks

Facts of Medical Certificates

A. Dr. Dott (1) Dreams much. Broods himself about spiritual matters
(2) Careless in dress. Wanders at night

B. Dr. Cox (1) Restless unsettled. Maintains that he is insane.
(2) Will not settle to work. Wanders about country.

NAME John Francis Langhlin Gordon.

STATE ON ADMISSION.

Exaltation No

Depression Marked

Excitement none

Enfeblement

Memory fair

Coherence good Can answer questions? yes

Delusions Believes that his mind is lost, gets himself in chundreds for this is starting point.

Other Abnormalities

Appearance Sallow exhausted looking

Skin healthy Hair Brunette

Eyes Light brown Pupils equal

Muscularity fair Fatness fair

Nervous System—*Motor* } Normal

Sensory }

Reflex Action equal to sides Special Senses Normal

Retina

Lungs Breath sounds feeble

Heart Action weak - sounds hardly audible. No murmurs.

Tongue clean Bowels

Other Organs, Abnormalities, Bruises, etc.

Ophthalmia

Appetite good

Urine 1020 clear No albumen Nitrogen to deposit.

Menstruation

Pulse 75 very weak Temp. Normal

Height 5ft 7½ ins Weight 8st 5lbs.

Disease *Skae's Classification*

General Bodily Health and Condition Fairly good.

PREDOMINANT FEATURES.

Acute Mania	Acute Delirium	Acute 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.

779

NAME, John J. E. Gordon

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
26th Nov.						Brighter a little more sensible than he was yesterday. Seems to have been worried in his domestic life. Past his situation about a year ago. Still thinks (as possibly the order of events was the opposite way). Has been getting depressed for months, & has an irresistible feeling to wander.
18th Dec. 92						Has been going well - at times a little dull but always sporting retinue. Sleeps well, & has never wandered at night.
17-XII-92						Mr. Day complains "of being disturbed last night by fellow patient - an Irishman. who worked with something like electricity"
10-1-93						Seems to getting more & more stupid.
29-2-93						Greatly improved - talks a deal & answers free. Seems to have very little pain now himself.
5-5-93						Seems quite at home. Makes himself useful about the place, but has no marked initiative.
8-X-93						very quiet - never speaks unless is spoken to - works well himself outside - but seems to have no desire to go outside.
1 Jan. 1907.						This quiet old gentleman works in the Low Level washing dishes & making himself generally useful - He gives no trouble, seldom speaks unless when spoken to. He is a case of Chronic Melancholia with mild dementia, and as well seems to have some delusions of suspicion, although he does not express any.
10 Feb. 1908.						Unchanged mentally or physically, keeps in good bodily health and is as industrious as ever.
1 July 1909.						About this gentleman there is nothing special to report. He keeps quiet, seldom speaks, works industriously & troubles no one.
10 Nov. 1909.						There is no change to note. He is now always with J. Towle sleeping in II House at night. Works regularly in P.O. He by say.
15 March 1910.						no change marked to physical. Still working satisfactorily in P.O.
12 May 1911						Patient sleeps at the Farm & works in the Home Kitchen. No change.

NAME,

	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Gordon has been weak for some time, & is now slowly recovering from a severe cold. He is in bed at Pittedale House
						Has been fairly well of late, but to-day complains of a severe pain down right side. He is in bed at the Sanatorium.
191	Jan: 14th					Has had a slight cold for a few days & is troubled with a cough. Has not been confined to bed. Is clear & bright & very active; in fact he often has to be restrained, as his heart is not strong.
191	Feb. 25th					Has a slight cold.
191	Mar 1st					Complains of a fresh cold. Temp. 101°. There is distinct dullness & fulness at right apex & slight dullness & prolongation of inhalation over these area (t.b.)
	Oct 1.					He has been having Rheumatism of a mildly acute nature for some time past. This has now yielded to treatment.
917.	March.					Is now up and about and in his usual condition
918	July.					Now at the Farm. Quiet, unobtrusive, keeps a good deal to himself. He is ageing but he keeps fairly well.
919.	Feb: 21.					Temp: of 99·2. last night — slight cough. Has been moved to Pittsdale House & put to bed there

Chr. C.B. II Ho.

N. 377.

781

NAME, John Johnston *No.*

Admitted, 25th November 1892 *Pr. Ad.*

Sex, Male *Age,* ?60 *Marriage,* ? *Occupation,* ?

Education, *Religion,* ?

Private or Pauper, Pauper. *Where from?* Kells, New Bellamy.

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 Suspected the

Duration of Existing Attack ?

Other Facts or Remarks Arrangement - previous life history unknown - suspected to be a German. Apprehended by police who examined found to be insane.

Facts of Medical Certificates

A. S. McDonald "Excited offensive & violent manner & was watched to kill him, struck several a girl for them"

B. F. Lorraine "Excitable talks incoherently. Knows the warders & the prison for attempting to murder him."

NAME John Johnston

STATE ON ADMISSION.

Exaltation Alone

Depression None

Excitement slight - more suspicious

Enfeeblement –

Memory Good

Coherence good Can answer questions? Yes

Delusions Entertains suspicions of being drugged in room.

Other Abnormalities Speaks in broken English

Appearance A man who has seen a good deal of rough life.

Skin dusky Hair fair (sandy)

Eyes Grey Pupils equal

Muscularity poor Fatness poor

Nervous System—*Motor* Normal

Sensory Skin hyper. sensitive.

Reflex Action equal Special Senses Normal

Retina

Lungs Breath sounds harsh at apex of right lung.

Heart Action fairly good. First sound rough

Tongue clean Bowels

Other Organs, Abnormalities, Bruises, etc. Epath. chest deformed & sinking (said thick from boxing). Has Lumbago.

Appetite

Urine 1025 acid Normal Organs undefined.

Menstruation

Pulse 75 Weak Temp. 98

Height 5ft 5½ ins Weight 8St 13 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition Fair.

PREDOMINANT FEATURES.

Acute Delirium or Confusion	Delirium 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.

783

NAME, John Johnston.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
26th Nov.						Fairly sensible. Takes porridge freely, but English broken. Complains of tenderness
29th Nov.						Getting deformed. says if he is live much longer he will reach his knees.
17-XII-92						very lazy - always complaining.
16-XII-92						Pupils R. & unequal. Left contracted - right normal. Edentulous - thick tactile are shaking his watch(?) etc - Pain at night. Vaccine at sometime
29-I-93						No change - shuffling gait of senile tabetic
5-5-93						No change.
18-X-93						Tried to escape out very early up & got on many roads & then began. Is my accident this & jumps into the air on account of the spirit troubling him.
9 June 1897						Died today

MALE,

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

785

NAME, John Burleigh. No.

Admitted, 29th Nov. 1892 Pr. Ad.

Sex, Male Age, 44 Marriage, Married Occupation, Miner

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Tasmania.

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 ?

Duration of Existing Attack about six days.

Other Facts or Remarks

Facts of Medical Certificates

(A) Dr. Harrison (1) Excited. shouts, sings. gesticulates wildly.

(2) For several days has been raving & shouting.

(B) Dr. Lindsay (1) Excited. & difficult to control. talks incoherently

(2) Symptoms - duration when this info.

NAME John Burleigh

STATE ON ADMISSION.

Exaltation slight

Depression

Excitement Marked

Enfeeblement

Memory cannot be tested

Coherence Incoherent Can answer questions? No

Delusions

Other Abnormalities

Appearance strong features - very excited.

Skin normal Hair fair

Eyes blue Pupils equally dilated.

Muscularity good Fatness fair

Nervous System—*Motor* Draws himself out a great deal.

Sensory

Reflex Action equal Special Senses normal

Retina

Lungs Healthy (evidently)

Heart apex displaced down & to right. Heart's sounds feeble.

Tongue clean Bowels

Other Organs, Abnormalities, Bruises, etc.

No marks.

Appetite

Urine

Menstruation

Pulse 72. Temp. 98

Height 5ft 3½ ins Weight 8 St

Disease acute Mania. *Skae's Classification*

General Bodily Health and Condition good

PREDOMINANT FEATURES.

Acute Delirious Confusion.	Deliria 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.

787

NAME, John Burleigh.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30th Nov.						Sings constantly - running up & down the scale. Refuses meals time after time.
5-12-92						Much quieter. sleeps well smokes no more
9-XII-92						seems rather depressed now.
17-XII-92						Quiet & depressed - speaks quite sensibly.
12-1-93						No change since last note
29-2-93						Quiet all enough to go home. He does not mind to go for a little time
3-4-93						Discharged

NAME,

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

789

NAME, John Swan No.

Admitted, 7th Dec. 1892 Pr. Ad.

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

Education, Religion, Presbyterian

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

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 9 months

Other Facts or Remarks

Facts of Medical Certificates

1. Sir Hamilton "Violent offensive. talks incoherently. Has offered his mother violence

2. Sir Symptoms as above

NAME John Swan.

STATE ON ADMISSION.

Exaltation None

Depression Slight

Excitement None

Enfeeblement Yes.

Memory Good

Coherence fairly Can answer questions? Yes.

Delusions

Other Abnormalities

Appearance Heavy lethargic expression.

Skin Moist. (cachectic) Pityriasis very much pigmented Hair Dark

Eyes Clear Pupils equal

Muscularity good Fatness good

Nervous System—*Motor* Healthy

Sensory

Reflex Action good Special Senses Healthy

Retina

Lungs Resonant throughout except V.R.A. Bronchial breath.

Heart's action good - regular. No murmur

Tongue clean. Bowels

Other Organs, Abnormalities, Bruises, etc.

No marks

Appetite

Urine 1010 Clear acid No albumin sugar, or deposit.

Menstruation

Pulse 75 Temp. 98

Weight 5ft 11½ ins Weight 10st 10.

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.

791

NAME, John Swan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
9-iii-92						Is getting along well & giving no trouble. Is of feeble low. mental calibre
12-xii-92						Gone working.
17-xii-92						Weak-minded - but works well.
10-xii-92						Doing very well, & seems quite fit for boarding out.
29-i-93						Doing well
5-v-93						Quiet, no energy, works fairly well, but is facile thus to idea of doing anything for himself.
18-v-93						Discharge. quiet - weak minded - seems quite alone, works very steadily.
14 Nov 1899:-						Sent to Farm Annexe

Farm Annexe.

NAME.

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

793

NAME, James Bie *No.*

Admitted, 12th Dec 1892 *Pr. Ad.*

Sex, Male *Age,* *Marriage,* *Occupation,*

Education, *Religion,*

Private or Pauper, Pauper *Where from?* Dumfries (Infirmary)

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

Has been in Dumfries Infirmary, no bodily disease could be elicited. Diagnosis = Hypochondriasis.

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME James Bice

STATE ON ADMISSION.

Exaltation None

Depression yes

Excitement restless

Enfeeblement

Memory Cannot be tested

Coherence not very coherent Can answer questions? In an indifferent style.

Delusions

Other Abnormalities

Appearance A pale dark introspective looking man.

Skin healthy Hair Black

Eyes Brown Pupils equal

Muscularity Good Fatness Good

Nervous System—*Motor* very restless

Sensory

Reflex Action equal Special Senses normal

Retina

Lungs Healthy

Heart: action weak - sounds hardly audible. No Murmur

Tongue Very red Bowels costive

Other Organs, Abnormalities, Bruises, etc.

No Bruises.

Appetite Refuses food

Urine 1032 muddy Albumen trace. Deposit of urates.

Menstruation

Pulse 68 Temp. 98

Height — Weight —

Disease Melancholia & hypochondriasis *Skae's Classification*

General Bodily Health and Condition Fair

PREDOMINANT FEATURES.

Acute Delirium or 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.
		X		X					

795

NAME, James Rice

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
13-XII-92						Carried on as this night. Is extremely saying that he is going to Rockcliffe. Is extremely "touching" as if there was something in his throat.
14-XII-92						Touching has vanished in his vomiting. He is still as he. Else stronger.
15-XII-92						Remains excited to-day. Shouting at the top of his voice & repeating the same expression over & over again. He will not however, take in each expression from anyone speaking to him. At times noisy & restless - says his conscience spurs him.
17-XII-92						
30-XII-92						Has been fairly well for last week or so. Cough is "wheezy" in night cap. Wants his head shaved to get it cooled.
10-1-93						Not so well again. Foggy not to be trusted.
29-2-93						No change.
10-3-93						Discharged.

NAME,

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

797

NAME, Daniel McKay No.

Admitted, 14th Dec. 1892 Pr. Ad.

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

Education, Religion, C.E.

Private or Pauper, Pauper Where from? Drogheda.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Herod. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous ?

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

A. Dr. Murray (1) People in his head - not there by almighty
(2) Voices - attempted to get out of window

B. Dr. Hamilton (1) Rambling incoherent. Cause in drinking himself
(2) outrageous. Wants to drown himself.

NAME Daniel Mckeus.

STATE ON ADMISSION.

Exaltation Nil

Depression slight

Excitement restless

Enfeeblement nil.

Memory Difficult to test

Coherence Yes Can answer questions? In a very indifferent way.

Delusions Believes that there animals in his inside? that he sees them running along passages of his side.

Other Abnormalities

Appearance Short, thick-built man.

Skin healthy Hair reddish

Eyes Brown. Pupils equal

Muscularity good Fatness good

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses Healthy

Edema

Lungs Emphysematous. Chest round shaped, with wide epi-gastric epi-gastric angle. etc

Heart Systolic bruit from lung re-blowing.

Tongue clean Bowels

Other Organs, Abnormalities, Bruises, etc.

Urine had neither albumen nor blood sediment.

Appetite

Urine 1025 acid muddy Chronic Deposit of urates thus calls.

Menstruation

Pulse 72 good good. Temp. 98

Height 5/4 2 ins Weight 9 st 5 lbs.

Disease

Shaw's Classification

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Mania and Melancholia	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.

799

NAME, Daniel McKew

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
15th Dec.						Restless all night. Saw animals running along corridors all night. Complains of vomiting pain, eating up his inside. Urine has deposit of pus, so that there is evidently a ulceration between physical mental symptoms.
16th Dec						a little quieter
17th Dec						Pain away from his inside.
14-1-93						at times stiff & refuses to speak. To-day fairly well. Urine now normal a pain over the bladder region.
30-1-93						Very restless at this. Begin to think this trouble comes after heroin. Urine not yet quite clear. Thinks his foot is the devil's. Still thinks he sees Hades [illegible] to-day & says devil in the day room to-day waiting for him.
29-3-93						
5-5-93						Irritable & sneaky. Cannot seem to be spoken or interfered with.
18-X-93						Some little time ago, during the night, was attacked by flies. Nibbled them behind his ear with scissors. Nibbled bit off skin of his right ear. This is now quite healed. Behaves naturally - if anything, not quite so cross & bossy.

20. 6. 94

NAME,

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

801

NAME, Matthew Quigley No.

Admitted, 17th Dec. 1892 Pr. Ad.

Sex, Male Age, 54 Marriage, Single Occupation, Labr.

Education, Religion, R.C.

Private or Pauper, Pauper Where from? Newcastle (Prison)

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 Yes

Dangerous No

Duration of Existing Attack Few days.

Other Facts or Remarks

Facts of Medical Certificates

A. Dr. Samuel Dell's stupid. Believes people are going to destroy him & causes fellow inmates of disturbance. Has threatened to do

B. Dr. Alston (1) Suicide. Delusions

(2) Suicidal

NAME Mathew Quigley

STATE ON ADMISSION.

Exaltation None

Depression slight

Excitement none

Enfeeblement marked

Memory poor

Coherence fair Can answer questions? fairly well

Delusions Very suspicious. Believes everyone is trying to do him harm.

Other Abnormalities

Appearance a lop-sided, ape-like piece of humanity.

Skin dry & scurfy sebaceous cysts Hair black & grey.

Eyes poor Pupils equal - contracted

Muscularity poor Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses all fairly good.

Retina

Lungs upper part of left lung dull & right. Expiration very harsh.

Heart's action rapid - no murmurs detected

Tongue a little furred. Bowels

Other Organs, Abnormalities, Bruises, etc.

slight lateral spinal curvature - no marks of injury

Appetite

Urine 1020 acid clear Sediment No sugar No albumen

Menstruation

Pulse 67 Temp. 98.

Height 5 ft 1½ ins Weight 7 st 3

Disease Melancholia *Stone's Classification*

General Bodily Health and Condition Poor

PREDOMINANT FEATURES.

A Acute Delirious or Incoherent	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.
		x						?	x

803

NAME, Matthew Quigley.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
9th Dec						Restless - still same ideas that people annoy him, he does not seem to appreciate the fact that he is not worth annoying.
27-XII-92						Very suspicious always afraid of himself.
10-I-93						Suicidal & would evidently if he got the chance do for himself. Looks very miserable.
20-I-93						Quiet - not so suicidal as here, is now kept in a dormitory at night.
5-5-93						Very dull - & suspicious. Refuses food if it is touched by others - a patient in same gallery. A very peculiar creature.
9-I-93						No change - mutterings like expression - very restless in evenings - full of suspicion. [illegible] is very annoying with him.

6.6.95

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

805

NAME, Joseph Hornsby No.

Admitted, 21st Dec. 1892.

Sex, Male Age, 40 Marriage, Single Pr. Ad.

Occupation, Bill-distributor

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? City Parish Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Unknown. *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 Few days

Other Facts or Remarks Not friendless woman.

Facts of Medical Certificates

A. Dr. Wilson. States he is being prosecuted. Religious delusions.

B Dr. Johnston. Religious excitation. Subject to fits of excitement.

NAME Joseph Hornsby.

STATE ON ADMISSION.

Exaltation none

Depression Marked

Excitement none.

Enfeeblement

Memory fairly good

Coherence Yes Can answer questions? Yes

Delusions of persecution.

Other Abnormalities

Appearance Dull fair. careworn depression

Skin Healthy Hair fair

Eyes Blue Pupils equal

Muscularity fair Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses normal

Stigmata

Lungs clear of right lung dull - health sounds harsh - recurrent rales

Heart 2nd sounds accentuated

Tongue clean Bowels

Other Organs, Abnormalities, Bruises, etc.

No bruises

Appetite

Urine

Menstruation

Pulse 78 Temp. 98

Height 5ft 8 Weight 9st 1

Diet

Shaw's Classification

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute delirious or incoherent.	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.

807

NAME, Joseph Hornby.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
23rd Dec.						Speaks in a slow indistinct a forlorn tone of voice religious turn of mind. No change.
28th Dec.						
11-1-93						Occasionally managed with a little coaxing & occasionally not at all. Is tractable as far as self destruction is concerned. Very much of the "hang-head-dog" style about him.
29-1-93						It is taking a turn for praying in every attitude & position - next minute he will be cursing you with beautiful epithets & him for that at this rate.
5-5-93						Nothing little or no progress. Same & reserved, but if irritated very blasphemous.
18-X-93						Does not quieter & more appetite lately, but is making very little progress. Still very religious.
18-2-96						Transferred to England.

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

809

NAME, Robert Cowan. No.

Admitted, 21st Dec. 1892. Pr. Ad.

Sex, Male Age, 29 Marriage, Single Occupation, Labr.

Education, Religion, Protestant

Private or Pauper, Pauper Where from? City Parish Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ? 3. Kind

Duration 25·2·91 – 16·5·91 / 2·8·91 – 4·1·92 / 18·2·92 – 23·5·92 Where treated Riccarton. & Inchstrn.

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Intemperance.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes.

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

1. Dr. Robertson. Excited. sees spirits & thinks angels. Is dangerous & was apprehended by police.

3. Dr. Johnston. Maniacal excitement. Violent. Dangerous.

NAME Robt Cram.

STATE ON ADMISSION.

Exaltation Slight

Depression one

Excitement Marked

Enfeeblement

Memory fair

Coherence at times Can answer questions? but very reluctantly.

Delusions

Other Abnormalities

Appearance Dark. squint. neglect

Skin healthy Hair dark.

Eyes brown Pupils equal.

Muscularity good Fatness good

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses Stubbornness.

Retina

Lungs Healthy

Heart Healthy

Tongue furred Bowels

Other Organs, Abnormalities, Bruises, etc.

Small bruise on right leg.

old left carbuncle healed scar on sternum. occas pain.

Appetite

Urine

Menstruation

Pulse 69

Weight 115st 6

Temp.

Height 5ft 9

Disease Mental Insanity *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

A Acute mania or Incoherence.	Ill-ness.	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.
		X								

811

NAME, Robert Cowan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
22nd Dec.						Complains of chronic pain on 4th left rib, & it gets in very unbearable when forward she shakes off his natural accidents. Pain better.
25th Dec.						
28th Dec.						Doing very well. scrubs floors etc & has no complaints
10-1-93						Seems quite well. His squint gives him a rather peculiar appearance
29-2-93						Very greedy - constantly eating - will do anything if he gets food for it - & he seems to put into - grub - skin - getting quite fat.
4-5-93						A great woman - never healthy unless he is eating, gets about all day long eating bread.
18-X-93						Is not certain when he is stopping/ head into his work. Likes new region best home. He seems to have no particular wish to get. Is very irritable impulsive & thinks nothing of speaking if he is at all annoyed.

15·2·93

NAME,

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



