Case Book Male, vol. 9

Publication/Creation

August 1897-September 1901

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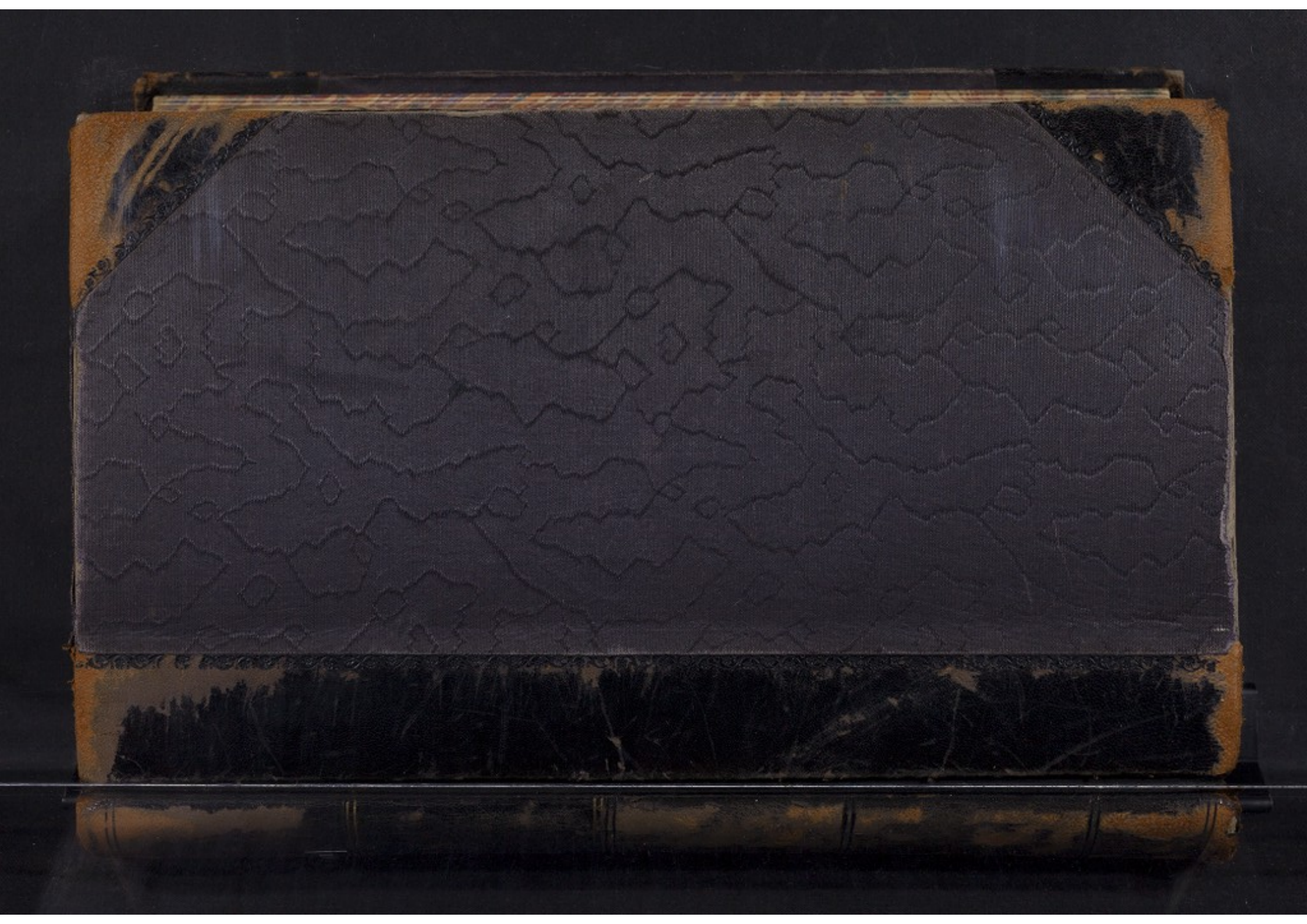


SUPPLIED BY

Begg, Kennedy & Harper,

Manufacturing Stationers,

25 & 33 HOPE ST. GLASGOW

No. A 9198 In Ordering a Book as this the No. is sufficient.

CRICHTON ROYAL INSTITUTION.

Instruction regarding the Keeping of the Case Books.

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

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

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

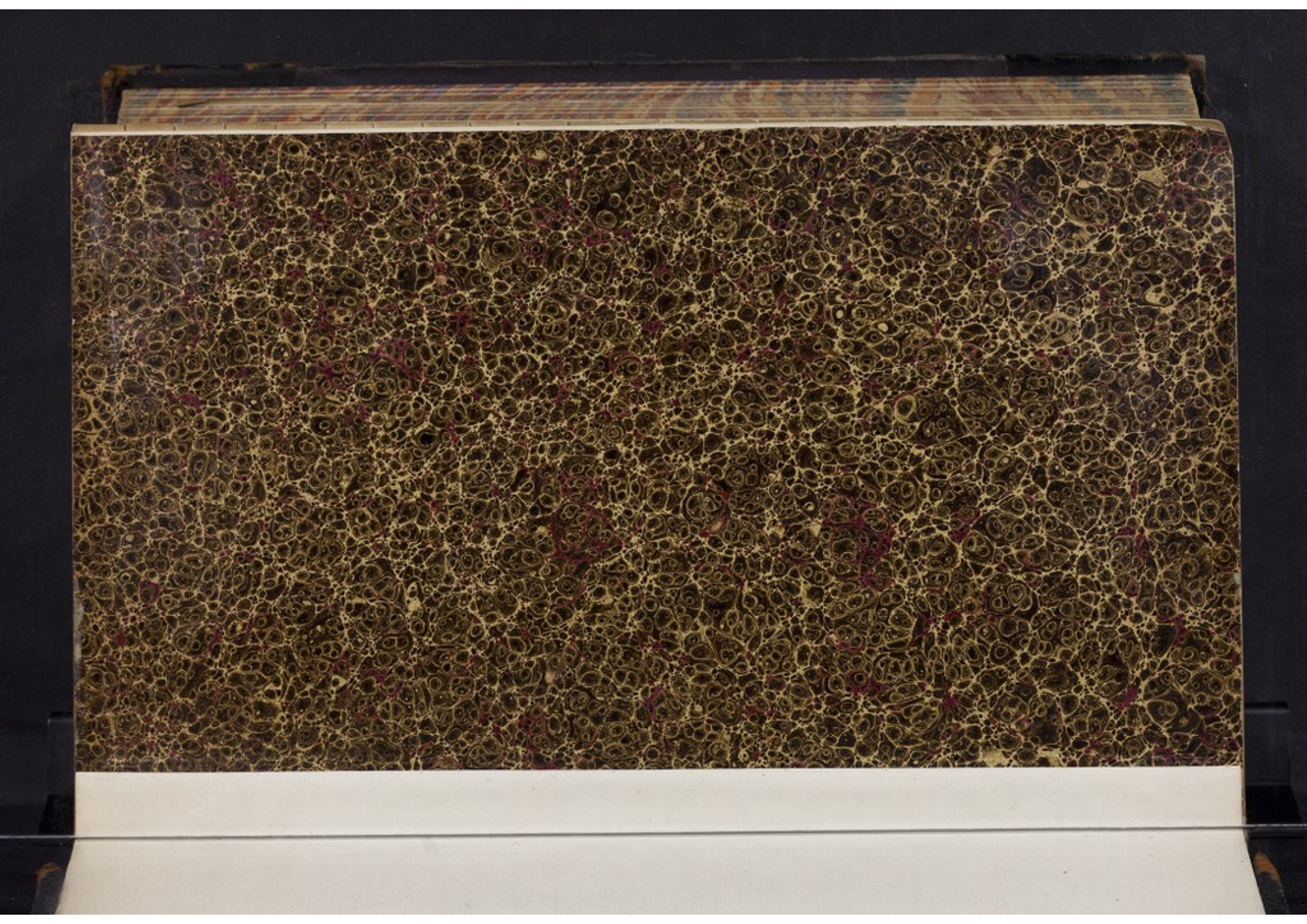
(*c*) A description of the phenomena of the mental disorder :—The manner and period of the attack, with a minute account of the symptoms, and the changes produced in the patient's temper or disposition ; specifying whether the malady displays itself by any, and what delusions, or irrational conduct,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

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

Subsequent entries describing the course and progress of the case, and recording the medical and other treatment (prescriptions being written in full), with the results, shall be made in the Case Book for patients at the times hereinafter mentioned, that is to say : once *at least* in every week during the first month after reception, and oftener when necessary ; afterwards in recent or curable cases, once *at least* in every month, and in chronic cases, subject to little variation, once *at least* in every three months. But all special circumstances affecting the patient, including seclusion and mechanical restraint, and all accidents and injuries, must be at once recorded. Also, every change from one division or ward to another.

A printed copy of this Instruction shall be inserted at the beginning of every Case Book for patients.

1st April, 1897.



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DGH1/5/21/3/9

Died Arthur Chas Peter 28
12 Oct 1897 — 15 Dec 97 - Died -

Died Arthur Chas Peter 209
19th May 1898 —

Died Armstrong George 226
16th November 1898 — Aug 23 1899

Died Aicken . Peter 389 -
8th August 1899 — 2nd September 1899 RECOVERED.

Died Aicken . John 397 -
16th August 1899 — 23 Jan 1903.

Died Atkinson James P. 806 729

Jews checked nil

1989.147

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

Died

San Brown William 17.

7. September 1897 —

Disch Beck William 65. 893.

14th December 1897 — 8th June 1898 Recovered

MH Boyd Robert 101. 907.

Dead 19th January 1898 —

Disch Bell James Transf. to Hartwood 173. again 761

11th June 1898 — 14th November 1898 Recovered.

X Chel B. Brown William Wilson 185.

16th June 1898 —

Died Beck William 269

3rd February 1899 — 27th March 1899 Died

Disch Berry James 373

27th July 1899 — 11th August 1899 RECOVERED.

? Blunt, Frederick Charles 393. 839. 1901

Done 9th August 1899 —

Transf Baxter, Robert — Feb 17. 1900 465.

18th November 1899 —

Disch Cumming Henry 5.
16. Augt. 97 — 2. Nov. 97 Recovered.
Transf Crombie Alexander 61.
30th November 1897 —
Disch Caul Mc William John 69.
17th December 1897 — 19th March 1898 Recovered
Disch Crockett John 142.
18th April 1898 — 25th August 1898 Escaped
Died Campbell James 158.
7th May 1898 —
F.A. Chr. C.B. Cochrane John 165.
30th May 1898 —
Chr. C.B. Clark James 181. 917.
16th June 1898 —
Vol X Campbell Donald 287 Vol X. p 813
30th November 1898 —
F.A. ? Crosbie Thomas 241. 921
Disch. 2nd December 1898 —
Disch Campbell James 245.
7th December 1898 —
Disch Currie James 257
19th January 1899 — 20th December 1899 RECOVERED.
Died F.A. Cowan Mc John 281
16th February 1899 —
Transf Cameron. John 329
6th May 1899 — 16th June 1899 TRANSFER
? Died Collins. Charles 361 1904.
17th July 1899 —
Died Cochrane Peter 461.
14th November 1899 —
F.A. Crosbie Joseph — 469
Disch 8th January 1900
F.A. Crawley James.
28th February 1900. 481

Disd Dunlop Alexander 88.
4 Nov 97 — 24 Nov 97 - To care of friends -
M H Dale John 1905 174.
13th June 1898 —
Disd Donald Robert Mc Escaped July 22 1897
14th March 1899 —
Disch Dickson James 309.
31st March 1899 — 8th September 1899 DISCHARGED
F.A. Davidson, James 349.
Death
21st June 1899 —
X Davidson, James Grant 405
22nd August 1899

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

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Disch Foote James 1.
16 augt 1897 —
Disch Flyn James 45. 903
8th November 1897 — Oct 26 1905
Disch Ferguson James 236
26th November 1898 —
Died Fildes Henry 305. 894.
31st March 1899 — 13th August 1899 DIED
F.A. Fleming. James 345
21st June 1899.

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

Died Grierson John Charteris 109.
30th January 1898 — 13th February 1898 Died

Disch Granger John 161.
14th May 1898 —

Died Gillespie James 201.
9th July 1898 —

Transf Gibb Alexander 221.
12th November 1898 —

Died Gilmour George 261
21st January 1899 —

Disch Gillespie. Thomas 325.
25th April 1899 —

Disch Gardiner Alexander 473
20th January 1900 — 24th July 1900 Recovered

Dis'd Hyslop Samuel 98.
18 Jany 1898 – 6 ap 98 Recovered –
X Haugh Robert 118. 905
Died 3rd February 1898 –
Dis'd Haining John 125.
12th March 1898 – 21st January 1899. Recovered.
Dis'd Henderson John 213.
8th October 1898 – 29th December 1898 Recovered
Died Houston William 289
18th February 1899 – 18th March 1899 Died
Dis'd Haining John 301
18th March 1899 –
Transf Hepburn David 317. 923
17th April 1899 – 25th November 1899 TRANSFER.
Transf Hastings, Robert – 357.
17th July 1899 – 26th October 1899 TRANSFER
1st Ho Hunt, Charles Adair 377.
Dis'd 2nd August 1899 – 9th December 1899 1st House.
X Hunter, Johnston 433
14th October 1899 – Died 15-4-17

H J K L M N O P R S T U V W Y Z

Died Sxtyre Mc John 145
23rd April 1898 — 2nd November 1898 Died
Irish Johnston, Thomas 417.
25th August 1899 — 15th September 1899 RELIEVED.
X Jackson, Harold 453.
Died 9th November 1899 —

Knight Mrs William. 54.
10th November 1897 — 10th April 1898 - To care of friends

Kirkpatrick William. 97.
27th December 1897 — 26th February 1898 Removed

Kirkpatrick William. 85. 889-
4th January 1898. — 14th September 1898 Died

Kennedy Robert 93.
14th January 1898 —

Kirkwood Alexander 105.
28th January 1898 — 3rd July 1898 Removed

Kirk William 169. 919.
6th June 1898 —

Kelly Robert. 537
12. May 1900

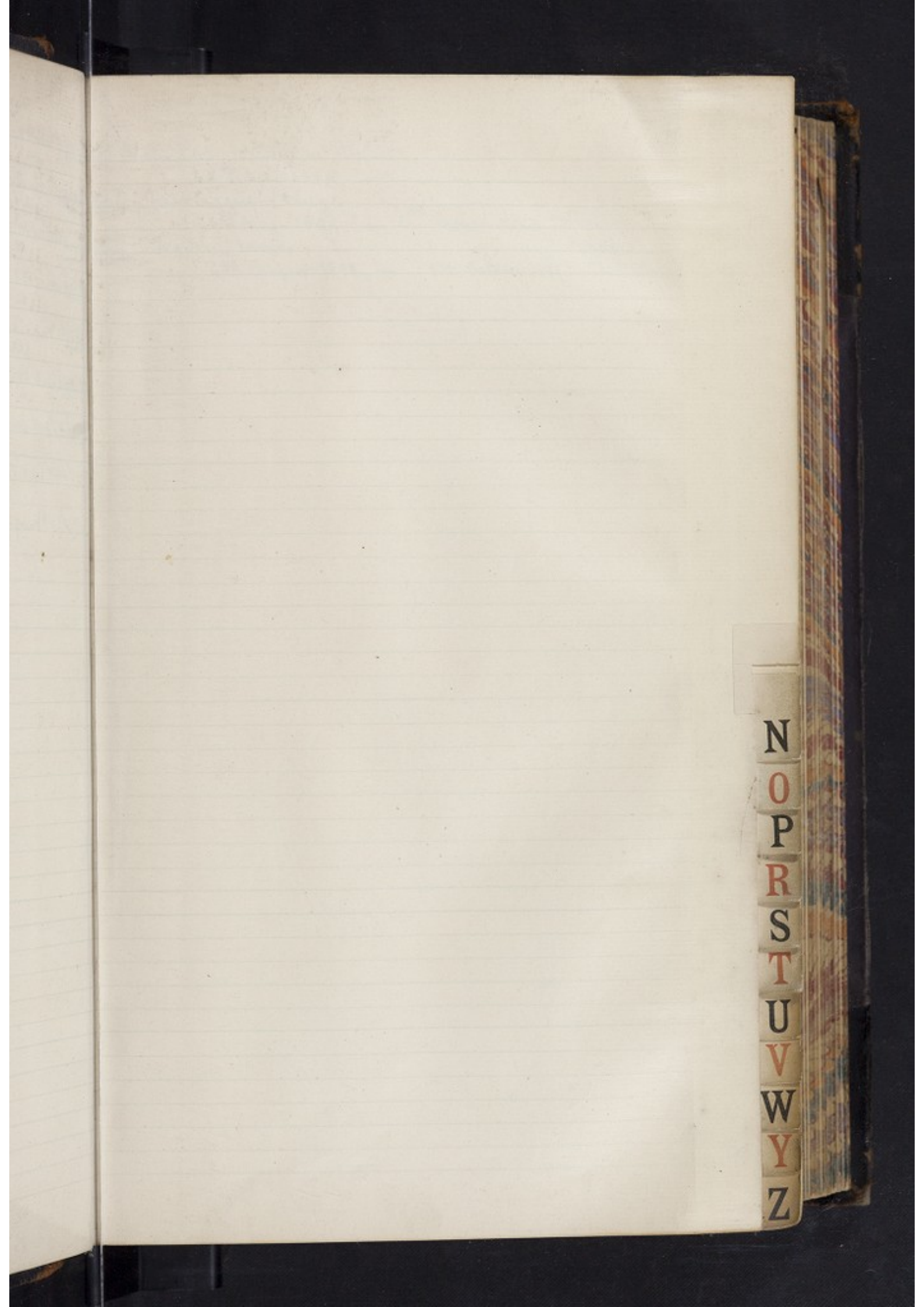
K L M N O P R S T U V W Y Z

× Lyons James 13.
CCB
7th September 1897 —
Disch Lyons Gregory 25.
30. Oct. 97 – 9. Nov. 97 – Expiry of warrant
Disch Lyons Gregory 50.
9. Nov 97 – 27 Dec 97 – Transferred –
Disch Lyons Charles 198.
5th July 1898 — 4th October 1898 Recovered.
× Love James 197. 915
Disch.
6th July 1898 —
1st Ho Leith Thomas 293
Disch
10th March 1899 — 14th March 1899 1st House
1st Ho Lachlan Mac Hugh 321. 941
Disch 22nd April 1899 —
Disch Little, James 337.
9th June 1899 — 23rd June 1899 RECOVERED
Disch Lawrie, Joseph 401.
17th August 1899 — 20th Jany 1900 RECOVERED.
× Lewis, John 421.
Disch.
4th September 1899 —
Disch Linton, William 425.
7th September 1899 — 3rd January 1900 DISCHARGED
× √ Lee, John 457.
9th November 1899 —
St Lawrie Joseph 477
Disch 22nd February 1900 –

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

Disch Milroy William 367.
5th November 1897 — 7th May 1898. Recovered.
Disch Malcolm John 121.
9th February 1898 — 20th April 1898 Recovered
Disch Macdonald Alexander Campbell 157.
12th May 1898 —
Disch Murchie Malcolm 277
14th February 1899 — 25th November 1899 RECOVERED
Disch Morrison. Robert 385
6th August 1899 — 18th December 1899 DISCHARGED.
Disch. Mc William William 9 18
Disch. Mc Arthur Peter 24
Disch Mc Crae, Thomas M 521.
✓ Moffatt. Charles. 633.

M N O P R S T U V W Y Z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✓ X. Neisham William Goldie 189.
24th June 1898 —
Isch Newbigging, Hugh 333
23rd May 1899 — 1st August 1902 Relieved.
Isch Navan, James 381.
4th August 1899 — 19th October 1899. DISCHARGED

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Irish O'Neill James 29.
30-Oct-97 — 18 Dec 97 Recovered -
Irish Ogilvie Gilbert Hanson 217
11th November 1898 —
Died O'Brien Michael James 449 -
25th October 1899.

O P R S T U V W Y Z

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Disch'd Rain James 313.
31st March 1899 —

Disch'd Rae. Andrew 341.
16th June 1899 — 22nd October 1899. RECOVERED

Disch'd Rankin. William 353.
24th June 1899 — 25th August 1899 RECOVERED.

Ded Reid Thomas 413
24th August 1899 — 17th September 1899 DIED.

Disch'd Rankin William 437
18th October 1899 — DISCHARGED.

R S T U V W Y Z

F.A.V Stitt William 73. 911.
18th December 1897 —

Died Sorbie James. 89.
6 Jany 98 – 26 Sept 98 Recovered

F.A. Swan Robert 138.
Dead 29th March 1898 —

Died Stevenson Charles 149. 913.
30th April 1898 — 3rd April 1899 Died

Died Siddons James Sherman 205
19th May 1898 — 24th April 1899 Died

Died Sinclair James Charles 253. 900. 931.
13th December 1898 —

1st Hy Snodgrass, Robert Pollok 265
Dead 24th January 1899 — 13th February transferred to 1st House.

Died Shepherd Robert 273
6th February 1899 — 27th February Recovered

Died Sheasby. Henry Blakeson 369
27th May 1899 — 3rd June 1902 Recovered.

Died Scott. James 409.
22nd August 1899 — 30th December 1899 RELIEVED.

Died Smith James 441
21st October 1899 —

Died Stewart Charles. 657.
5. 1. 01.

S T U V W Y Z

Thompson Richard 187.
13th April 1898 — 24th October 1898 Recovered.

Taylor Robert Thomson 285
17th February 1899 — 1st May 1899 RECOVERED

Thomson Alexander Andrew 429.
16th September 1899 —

Tweedie James 1905 653, 983

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isel William Mc William 10.
1 Sept 1897 – 12 Feby 1898 RECOVERED
isel Warwick David 81. 891-
3rd January 1898 — 9th July 1898 Recovered
isel Ward John 117.
5th February 1898 — 12th April 1898 Recovered
isel Woodman Robert Andrew. 129.
19th March 1898 — 10th September 1898 Relieved
✓ .H. ✓ Walker William Thomson 229.
21st November 1898 —
✓ F.A. Watson Robert 249.
13th December 1898 —
isel Wright, Samuel 365
22nd July 1899 — 23rd December 1899 RECOVERED.
isch Welsh James 445-
25th October 1899 —
✓ F.A ✓ Walker John
13 July 1901 — 749
✓ F.A. Watson Robert Bell. 781

Young John Crawford 4l. 895
5th November 1897 — 18th June 1898 Returned

Yeates Lester George 58 909
12th November 1897 –

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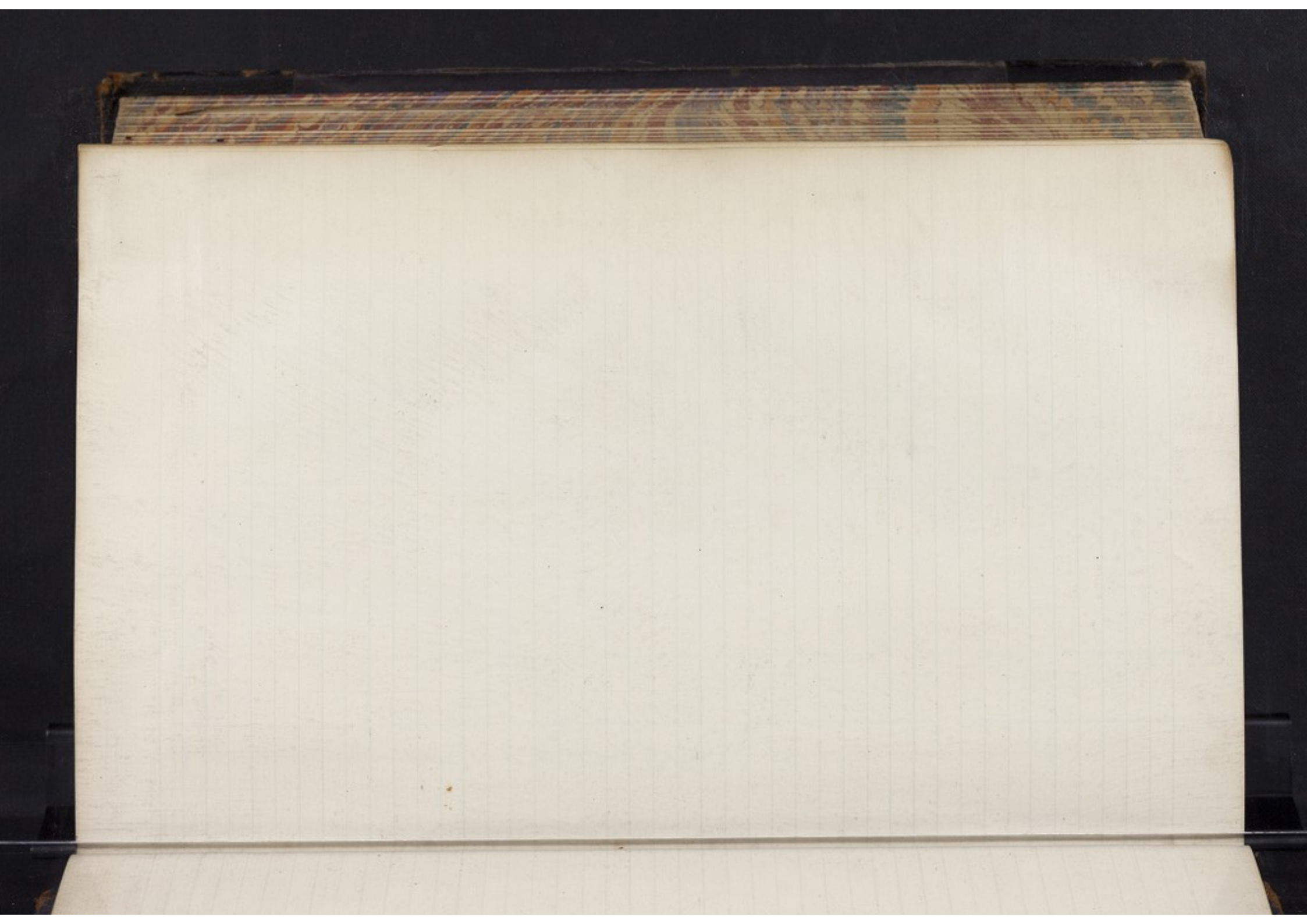

1

NAME, James Foote No.

Admitted, Augt 10th 1897 2.30 P.M. Pr. Ad.

Sex, male Age, 50 Marriage, single Occupation, Baker

Education, — Religion, Protestant

Private or Pauper, Moffat Where from? R. & A.

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered History—*Insanity*

Other Diseases

Predisposing

Exciting Alcoholic excess —

Symptoms. First.

Mental was admitted into Morningside on 9th July 1892 —

Bodily Period of attack etc unknown

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

Dr Middlemass — Labours under morbid mental depression & suffers from delusion of persecution

Bodily health & condition weak.
heart's action feeble —

NAME, James Foote

STATE ON Transfer

Mental.

Exaltation /

Depression Slight,

Excitement /

Enfeeblement marked, is a demant

Memory Can scarcely be tested

Coherence at times Can answer questions? Ce.

Delusions

Other Abnormalities Is dirty, urine & faeces passed in bed.

Bodily.

Appearance Haggard & unhealthy looking.

Skin Hair dark brown

Eyes Blue Pupils small equal react.

Muscularity poor Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action / Special Senses /

Retina /

Lungs nothing remarkable

Heart sounds weak, 1st prolonged & shuffling (!) at apex

Tongue coated Bowels Constipated –

Other Organs, Abnormalities, Bruises, &c.

No marks or bruises

Appetite /

Urine alkaline, muddy, pus, albumen, dribbling.

Menstruation /

Pulse 80 full & soft Temp.

Height 4 ft 11 Weight 7 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.

3

NAME, James Foote

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Augt 18th						Foote is evidently a case of dementia following acute alcoholic insanity. He is dull & depressed in aspect but his enfeeblement is the chief characteristic. His hair is coarse & unkempt and his whole facies coarse & expressionless. In habit he is dirty & passes both urine & faeces without attention. He sleeps fairly well & takes his food fairly.
Sept 1st						He is under regular attention becoming cleaner in habits & but this is probably the full extent to which his improvement (!) will go.
Oct 1st						He is gradually coming clean in his habits & seldom now neglects himself. Otherwise as above. His delusions are difficult to extract but seem to be those of the ordinary persecution type.
Nov 1st						As now much as above. He has not definitely expressed his delusions lately and his mental state is largely one of marked enfeblement He is demented. He has improved in physical condition lately. As clean in his habits now.
Dec 1st						As still improving physically & mentally is also rather brighter being quiet, answers when spoken to and generally looking more contented. Sleeps, eats fairly.
Febry 1st 1898						As still in the 2nd Division and much the same as at last note. More cleanly in habits though he is occasionally wet at nights a quiet contented happy demented.
April 1st 1898						He is fairly bright at present He can see a joke and enjoy it laughing fairly heartily at it.

NAME, James Foote.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						The delusions of persecution which he had are very difficult to decide upon now: he is so enfeebled that he cannot be got to talk consecutively on this subject He at times however state that the other bother him &c: is sleeping fairly.
July 1st						No change: Is the same as at last note; is still down as wet at nights.
Sept 1st						Is now down fairly regularly as wet each night: Mentally during the day requires to be reminded but is able to go to W.C. himself and is generally dry: Eats fairly.
Dec 1st						No change:
March 1st 1899:						There has been no change in this patient now for months: He is bright and answers questions fairly well but cannot carry on any connected story: He sits in one chair by the fire in the 2nd Div and smiles and says "the Doctor" when you go in: Still down as wet almost each night but dry during the day. Eats well: Sleeps fairly: His bodily health is good at present.
July 26th 1899:						Much as at last note: Cleanly through the day & down as wet each night. Generally sitting by the fireplace in 2nd Div. and often 'crooning' as one to himself. He is unfit to do anything: out each day.
Nov 3rd 1899						Little change in good health Still frequently dirty & wet at nights. Mentally his memory cannot be tested & is very poor so far as can be made out. He has no idea where he is. He often resents the other patients coming near him & will swear at them when they do.

887

5

NAME, Henry Cumming No

Admitted, August 16th 1897 — 7.30 PM. Pr. Ad.

Sex, Male Age, 69 Marriage, Single Occupation, Carpenter

Education, — Religion, Protestant

Private or Pauper, Kippford, Colvend Where from? Liverpool —
Dalbeattie

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind

Duration at 59 *Where treated*

Hered History—*Insanity*

Other Diseases

Predisposing P.A. unknown

Exciting

Symptoms, First.

Mental

Bodily

Symptoms, Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 10 days —

Other Facts or Remarks

Facts of Medical Certificates

John Gordon. Melancholy & depressed refuses food most of the time soon to die, is lost

J.R. Morrison: depressed food does him no good, has incurred the displeasure of the almighty

NAME. Henry Cumming.

STATE ON admission.

Mental.

Exaltation /

Depression Marked

Excitement /

Enfeeblement None

Memory Fair

Coherence Yes — Can answer questions? Yes

Delusions Asbelos.

Other Abnormalities

Bodily.

Appearance Fair bodily condition: feeble

Skin — Hair Gray

Eyes Brownish — Pupils Small equal react.

Muscularity Fair — Fatness poor

Nervous System—*Motor* /

Sensory /

Reflex Action K. J's (—) — Special Senses

Retinæ

Lungs Percussion note is hyperresonant, Inspiration weak respiration prolonged all over.

Heart Hypertrophy of L.V. V.S. Murmur at apex || 2nd at base

Tongue Clear — Bowels —

Other Organs, Abnormalities, Bruises, &c.

No marks.

Appetite /

Urine ?

Menstruation —

Pulse 84 regular, fair tension — Temp. —

Height — 5. 9 — — Weight — 10 stones —

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, Henry Cumming.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Augt 17						He is a case of senile melancholia in very reduced strength due to his refusing food &c. His delusions are those of "his soul being lost" "displeasure of God" &c &c and he expresses them fairly freely. He was given tonics &c with precise attention to diet &c.
Augt 31st						Has been picking up every day since his admission. He is more active & brighter his delusions also though still present are much less marked, & now almost well. He has
Sept 15th						still many of the signs of enfeeblement of old age but talks freely & states now that he did not know what was the matter with him & when he came in —
Oct 8th						Continues to do well. Still mildly depressed but is more active both in mind & body.
Oct 15th						Has continues to improve. The depression has quite passed off & his appearance and actions are those of a old man in his dotage but without insanity. He has been living alone but as this is no longer possible & as he is willing to go to friends. He is not restless quiet & tidy & sleeps fairly well at night & looks a case suitable for
Nov 2nd						some treatment. He was today discharged to be looked after by friends. His depression has passed off & also his delusions and he is brighter in every way. His bodily condition has also improved

NAME. Henry Cumming

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						are his habits are quiet & he looks after himself as regards dressing & cleanliness & that he ought to do well at home
						Recovered

NAME, William McWilliam No

Admitted, 1st September 1897 Pr. Ad.

Sex, Male Age, 46 Marriage, Single Occupation, Mason

Education, Religion, Protestant

Private or Pauper, Stoney Kirk Where from? Sandhead

Fergus McW. Dalbeedie, (Brother)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One at 38 Kind

Duration 10 Sept 1890 — Where treated C.R.I

Hered History—Insanity /

Other Diseases

Predisposing P.A.

Exciting Religious excitement

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Doubtful

Dangerous Yes

Duration of Existing Attack 24 hours

Other Facts or Remarks

Facts of Medical Certificates

D Smellie: Thousands of years ago he was condemned to eternal punishment, last man received into Hell. Has walked 1000 miles to day — Shouting
b. attacked old woman, threatened to cut throat

D Munro: dazed in appearance, talks incoherently unable to answer question
b. as above.

NAME, Wm McWilliams

STATE ON admission.

Mental.

Exaltation ~~xxxxxxx~~ none

Depression very in word & action

Excitement none

Enfeeblement slight

Memory Fair

Coherence at times Can answer questions? Yes

Delusions many as below

Other Abnormalities /

Bodily.

Appearance Patient is healthy looking & fairly well nourished

Skin Hair brownish grey

Eyes Brown Pupils Medium equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* /

Sensory /

Reflex Action K. j's absent Special Senses /

Retina /

Lungs nothing remarkable

Heart 1st. ataxy is prolonged & muffled

Tongue Coated Bowels "regular"

Other Organs, Abnormalities, Bruises, &c.

/

Appetite Fair only

Urine 1028 — trace of opalate sediment, no albumen, much urate

Menstruation /

Pulse 96 full soft regular Temp. /

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, William McWilliam

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 2nd						was exceedingly depressed on his admission and there was no trace of impulse in his actions for the first 24 hours. He was markedly excited. He had many delusions regarding his soul &c Slept none the 1st night.
Sept 4th						Still very depressed but there is not so much restlessness. He has a large quantity of sugar in the wine and this may be cause of attack He is still delusional but does not now so readily speak about them
Sept 8th						He has not been nearly so depressed today and he is improving also in his general aspect talks more freely &c Opium was mooted but as he was improving tonics alone have been given.
Sept 30th						Much improved both in bodily health & general mental tone. The depression has almost gone. He is still mildly delusional in small trifles. Has been sent out with Squad
Oct 1st						As above, sugar continues. He has been showing little sign of any depression lately and enfeeblement seems to be the chief mental symptom. He never at any time has shown neurotic sign
Oct 15th						Still improves is a quiet amiable little man who seldom speaks. Sleeps well & takes his food well Tonics alone have been given
Nov 1st						There has been no return of the acute symptoms and he has been well since last note. He is working out each day & does well. Continues to sleep well. Sugar lessened in quantity but still present.

NAME. William McWilliams.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Dec 1st						Still working quietly outside. He has not as yet asked away. This was his one attempt in his last attack some years ago. He is well – A mildly enfeebled man. Has shown no impulse lately and is taking a more active and keen interest in what goes on around works well is well.
January 1st 1898						
February 1st 1898						Has been working out very quietly and steadily; at present a mildly enfeebled man without depression or excitement: active and interested. He has been having visitors regularly and they say he is now in his usual mental state: He is probably one of the cases of diabetes in whom the enfeeblement is the chief concomitant usually. The sugar is at present, in a mere trace and not estimated. There have been no other signs of any disorder: no neuritis and the special condition has not progressed at all. Sleeping well: Eating well.
12th 1898						was to-day discharged as recovered He has shown no impulsiveness since coming in on any occasion and his present mental state would not lead you to consider him likely in future to become so:

RECOVERED

NAME, James Lyons No.

Admitted, 7th September 1897 Pr. Ad.

Sex, Male Age, 50 Marriage, Single Occupation, Lab.

Education, — Religion, Protestant

Private or Pauper, Where from? Millburn Sts Kirkcudbright

Margaret Bertram, Gatehouse, (sister)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Nothing is known beyond the fact that the police apprehended him for peculiar behaviour &c.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack Seven days

Other Facts or Remarks

Facts of Medical Certificates

Dr Patullo, that "he is not the Rev Mr Watson, & so does not go to Church

2 " did not turn Supt Watson out of Church

3 " his teeth were all taken out & no one can put them in

4 " he did not dig up his mothers body

1. outrageous & utterly unintelligible

Dr Reid: as above

NAME, James Lyons

STATE ON admission.

Mental.

Exaltation Considerable,

Depression /

Excitement is restless and very talkative and will not be contradicted on any point

Enfeeblement /

Memory Fair so far as tested

Coherence at times Can answer questions? Yes

Delusions Many: that his teeth are full of poison and that he has lost many of them.

Other Abnormalities

Bodily.

Appearance a short well made man

Skin clean Hair Gray

Eyes Gray Pupils small equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* /

Sensory /

Reflex Action K. J. present Special Senses /

Retina /

Lungs healthy

Heart healthy

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. His teeth about which he has delusions are remarkably good & free from caries &c. Stomach

Appetite /

Urine 1022 acid

Menstruation /

Pulse 82 full regular Temp. /

Height 5 ft 5 Weight 9 st 5

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, James Lyons —

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 8th						So a case of mania with delusions. He is restless, excited, talkative and any attempt to reason with him makes him threatening in manner. He has many delusions regarding his health and all his talk is mixed up in a most incoherent way, facts can scarcely be made out at all the simplest question is answered in a very rambling way: He sleeps well has taken his food also well.
Sept 10th						Rather quieter. He is as delusional as ever but his restlessness and excitement is passing off rapidly He is a gardener by occupation and has been sent out today to work off his superfluous energy at the garden.
Sept 16th						Still very delusional especially with regard to his teeth but is working actively outside and is comfortable & facile. There is considerable infatuation at present, but this seems to be passing off. No special treatment has been tried.
Oct 1st						Continues as at last note, is still working outside, is still delusional sleeping & taking his food well.
Oct 15th						Has been much less delusional lately and is quieter & more settled.
Nov 1st						Is now settled down & his delusions are to a certain extent lessened though he still believes they were true. His teeth however he says are improving. Reports state he is still delusional, He still repeats his story about Supt Watson: He is however quiet & easily managed.
Dec 1st						
January 1st 1898.						Much as at last note. Still working out. More mildly delusional.

NAME.

DATE.	Tem Morn.
Feby 1st	
April 3rd - 18	
July 1st - 189	
Sept 1st - 189	
Dec 1898	
March 1	

NAME. James Lyons —

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Feby 1st						was more actively delusional a few days ago when he stated that they did speak to him about his mothers grave and he then rapidly became rambling + incoherent afterwards.
April 3rd 1898						Again quietly working out and is under the Cricklin House gardener at present : Here he is active pleasant + quiet enough though perhaps at time, too anxious to show the visitors there his teeth : Sleeps well Eats well : is in 3rd Div :
July 1st 1898						No change : if anything he is not so delusional, at least not so obtrusive with them : She is able however very easily led on to the subject of them and then becomes more rambling. Still working actively, and varies the monotony of weeding by picking off the rose buds.
Sept 1st 1898						Goes each day still to the garden squad at C.H. and is practically allow parole : He has shown no excitement or restlessness and is still delusional chiefly with regards his teeth which he says were loosened by poison at present he has none of them loose : He is getting fat and more demented looking : Sleeps well.
Dec 1898						Little or no change in the above : Quiet active and easily guided.
March 1st 1899 :						No change of any importance He states that the left lower molar is still loose & the poison in his system and that it must have been powerful stuff. He has lately not mentioned the other delusions : Eats well is getting stout and robust looking : He has quite lost the restless look he had on admission.

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NAME, William Brown No

Admitted, 7 September 1897 Pr. Ad.

Sex, Male Age, Marriage, Single Occupation, Clerk

Education, Religion, Protestant

Private or Pauper, J. Brown (Mother) Where from? Irvine

28 Waterside St. Irvine

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind Mania

Duration 2 mos Where treated Gartnavel

Hered History—Insanity /

Other Diseases /

Predisposing P.A.

Exciting

Symptoms. First.

Mental Is a case evidently of insanity following long illness (tubercular disease of knee). The

Bodily chief symptom was for many years enfablement: Some 2 years ago was

Recent.

Mental sent to Gartnavel for impulsiveness. & recovered in 3 mos to his usual state of weakmindedness.

Bodily when he becomes ill, he smashes dishes, strikes & terrorizes his mother, locks her out of house &c &c.

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack of unsound mind for years

Other Facts or Remarks

Facts of Medical Certificates

Dr Thomson: Lying in bed for days together when quite able to go out. refuses to eat & converse, uses violent filthy language, threatens mother.

b. mother says he has struck her, shaken her, locks her out of house &c

Dr McBryde 1 as above

2. as above.

NAME, William Brown

STATE ON admission.

Mental.

Exaltation /

Depression some slight.

Excitement "Suppressed"

Enfeeblement marked, will not reason

Memory fair

Coherence Yes Can answer questions! Yes

Delusions None expressed

Other Abnormalities /

Bodily.

Appearance A pale weak looking man

Skin Clean Hair dark

Eyes Brown Pupils Large equal react-

Muscularity Fair Fatness poor

Nervous System—*Motor* /

Sensory /

Reflex Action K. j. (left) + Special Senses /

Retina /

Lungs Long narrow shape: note high pitched at both apices: Moist sounds at left apex

Heart pure regular 1st normal 2nd accentuated.

Tongue / Bowels /

Other Organs, Abnormalities, Bruises, &c. Amputation of right thigh for long standing disease of knee joint
Left leg eczematous eruption

Appetite Fair

Urine 1018 pale no alb

Menstruation /

Pulse 88 soft regular Temp. /

Height 5 ft 8 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.

19

NAME. William Brown

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 8th						He is a case of probably phthisical insanity. He is markedly enfeebled and refuses to reason with you and at times even to talk. He is evidently subject to attacks of excitement + was mostly excited on admission. He also looks impulsive and is threatening to attendants. Slept fairly last night
Sept 10th						He is now settled down and much quieter. He is reading quietly and enfeblement is the chief symptom He also is suspicious of those around him + misconstrues any little attention paid to him. He sleeps well.
Sept 16th						Quieter. He is improving also in his physical health. He has no cough and is having an acid + bitter tonic. He sleeps fairly and has shewn no signs of impulsiveness lately: is still suspicious.
Oct 1st						Much as above. He is brighter in many ways + knows the ways of the house better. He is however still suspicious and keeps aloof from any company occupying himself entirely reading
Nov 1st						Still much as above. He has been quiet and easily managed here but he looks at times as if he might be difficult to deal with This passes off in a few minutes without any outward signs He has a strong minded guardian he would do well outside: Sleeps fairly Eats well.
Dec 1st						Much as above still suspicious but quiet + easily guided. He has however acquired a strong dislike towards Attendant + his gallery has been changed.

NAME. William Brown.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
January 1st 1898.						Has lately had an attack of diarrhoea and was given a catechu & opium mixt. This he thought made him worse & he refused to have more of it. He has since written home that he is having no treatment, and is being tortured and starved. He is very suspicious. Thinks that people pass remarks on him for soiling his linen &c. and also that they look into his room for the purpose of jeering at him &c.
Ebry 13th 1898						Today made a great scene: stated a patient had knocked him down & broken his pin leg: This was discovered to be due to a piece of a clay pipe shank which he had placed in the joint of the leg when questioned about it said that he ~~[illegible]~~ did not know how it came there. He "reported" Mr Yeata (page 57) for spying upon him last night also and making remarks about him. He is nasty and sneering in his remarks to others and naturally at times upsets them: Writes home periodically most "distressing" letters of his treatment here.
March 1st 1898.						Much as above: He will not go out as his diarrhoea may come on any attempt to make him go leads to a struggle during which he is most vicious in his lunges with the "leg". Still wanting away says he will "go for" his mother when he goes out if she does not take him away at once: "Mr King will know about this she will put it all right." It is useless giving him any drug treatment as this soon becomes another item of our cruelty to him; Sleeps fairly well in a room in 2nd Div: special: Eats well. Will not sit in day room because of the others & complains of cold in consequences

page 897 -

NAME, Peter McArthur No

Admitted, 12 October 1897 Pr. Ad. /

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

Education, Fair Religion, Protestant.

Private or Pauper, Dumfries Where from? D & G. Royal Inf

Bro. Thos. McA 5 McKerrell St Paisley

HISTORY.

Causation.

Disposition Quiet reserved –

Habits Correct Hardworking

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity None

Other Diseases /

Predisposing Phthisis. probably.

Exciting /

Symptoms. First. Mental Became quieter and depressed but was able to go on with his duties: He was formerly a private

Bodily in the , and entered the reserves a few years ago. He then resumed his occupation as painter

Recent. Mental and became foreman. For some months past he has acted as supervising foreman to a firm decorating

Bodily a house near Lockerbie. He then became depressed thought he had spoilt the work & ruined his

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack 14 days?

Other Facts or Remarks

master and after leaving his work one forenoon he cut his throat. He was then taken to the D & G Infirmary and as they had no adequate means of supervision He was sent on here. He cut his throat about Sept 29 Infirmary Oct 1st Here 12th

Facts of Medical Certificates

Dr Kerr: appearance, miserable, hopelessly lost, accuser? murder, dealers in Infy due to him, police coming

Dr Taylor Depressed, delusion of mistake identity massacred on mountain of chicore.

NAME, Peter McArthur.

STATE ON admission.

Mental.

Exaltation /

Depression Marked, will hardly speak, attitude speech and aspect all markedly depressed

Excitement /

Enfeeblement Some slight

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions Says he has ruined himself & his master

Other Abnormalities states he wants to die.

Bodily.

Appearance: Is very pale & weak

Skin Clean moist Hair Brown

Eyes Grey Pupils R. large Left small react L & A

Muscularity Fair Fatness Poor

Nervous System—*Motor* /

Sensory /

Reflex Action K. j present + Special Senses /

Retina /

Lungs Rt apex has a higher pitched note & expn is prolonged — Bases clear

Heart action rapid and weak no murmurs

Tongue Furred Bowels Incontinences of faeces —

Other Organs, Abnormalities, Bruises, &c. A large wound in neck — from posterior border of the sternomastoid at a level of the cricoid forward to trachea which is opened into 5" 2¾"

Appetite Fair

Urine healthy

Menstruation /

The superficial muscles are cut through & sheath exposed: unhealthy base pus passes along fasciae.

Pulse 140 per minute Temp. 97.8 —

Height 5 ft 9 Weight 10 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, Peter McArthur

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Oct 12th			140	+		Is very weak. The temp. is not up & bases are clear but the pulse is very rapid & any exertion causes it to become almost imperceptible. Mentally very depressed and delusional. Treatment: Neck dressed with Boracic Lint & Antiseptic wood Int. Quin & Iron Mixture and mild stim.
Oct 13th			132	140		Slept little or none in forepart of night was given paraldehyde ℥ij at 12 & Slept four hours after this. Much as yesterday: Appetite variable.
Oct 14th			120	120		Temp still remains down. He has evidently no power to react at present. The pus seems to be passing into mediastinum. There is slight fine crepus at bases — Paraldehyde was repeated last night.
Oct 16th			–	130		Still very depressed: The wound is slowly granulating and appears more reddened & healthy looking: Sleep poor.
Oct 19th			110	108		Much as above. The Quin is continued & small doses of strychnine added. The pulse seems to be slowly improving.
Oct 20th						To day two silk ligatures came away from wound & it is not looking so healthy granulations oedematous and breaking down. Instruments are ready in case of secondary haemorrhage.
Oct 25th						Base of wound again healthier looking. Tonics continued: Mentally very depressed would scarcely speak to brother. Says he feels very bad & has ruined everyone connected with him. There has been no suicidal impulse since his admission.
Nov 1st						As above: Temp. has never been raised. To day had retention of urine after fomentations were of no avail: 40 oz were drawn off by catheter. He has had occasional incontinence of faeces at times. Nov 2nd Do Do Nov 3 – 6 Do Do Do. K.I. was tried & had to be discontinued as pulse rdn up

NAME. Peter McArthur.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 6						passed urine today. It has been repeatedly examined & no albumen found. Is sleeping fairly without draughts of any description. Tonics continued.
Nov 8				96		Bed sores are threatening to form on both trochanters and are angry & red looking: Boracic lugt to slough & S.V.M & albumen to other parts round. Mentally still very depressed
Nov 16.						Much as before as regards mental condition. Takes no interest in anything around him. No impulse. Is not improving as regards throat wound. The tracheal opening became worse when the urine had to be drawn off as he strained neck not healing kindly — Sleeps well.
Nov 24			–	96		Bed sores are improving slowly under any aseptic treatment. Throat as before. No temp. pulse 96. Mentally as before
Dec 2nd						Much as above. Bed sores healing very slowly: Sleeps well eats fairly
Dec 15th						Shortly after this note the wounds again took on a more acute action. He was freely stimulated. Quinine Iron &c were all given with no effect. Mentally he died very depressed cursing with almost his last breath the woman who had
				99.4 →		brought his trouble upon him. We afterwards heard that he had admitted to the people at the D. Infirmary that he had had Syphilis.

Died

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NAME, Gregory Lyons No

Admitted, 30th October 1897 Pr. Ad. /

Sex, Male Age, 32 Marriage, Single Occupation,

Education, / Religion,

Private or Pauper, A Thomson Govt Where from? Maxwelltown

Maxwelltown jail

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. probably one Kind /

Duration Where treated in asylum in N of Eng.

Hered History—*Insanity* /

Other Diseases /

Predisposing Previous attack.

Exciting alcohol.

Symptoms. First.

Mental He was admitted as a tramp to the poorhouse & was not then certified to be being discharged. He almost immediately became insane & committed the Breach of Peace for which he was convicted.

Bodily

Recent.

Mental He was very noisy in jail smashing all chinaware about also windows &c.

Bodily

Insane Habits and Propensities /

Suicidal No

Dangerous Yes

Duration of Existing Attack 14 days (26th Oct.)

Other Facts or Remarks

He states he has been in another asylum but can give no reliable information

Facts of Medical Certificates

Dr. McDonald: is incoherent: has an imbecile expression.

ii as above.

Dr. Lorraine: violent & incoherent Has delusions is dangerous to himself

NAME, Gregory Lyons

STATE ON admission

Mental.

Exaltation : some

Depression /

Excitement great, can scarcely be controlled, is talkative swearing &c

Enfeeblement some

Memory Cannot be tested

Coherence Incoherent Can answer questions? Some

Delusions Many expressed in a rambling conversation.

Other Abnormalities

Bodily.

Appearance A coarse thick set man: face congested.

Skin Clean Hair Dark

Eyes Blue Pupils Large equal react

Muscularity Good Fatness Good.

Nervous System—*Motor* /

Sensory /

Reflex Action / Special Senses /

Retina /

Lungs Rt: percussion good: crepus with prolonged expir in front
left: dulness & bronchial breathing coarse crepus with both sounds

Heart 1st sound indistinct 2nd very sharp nonmurmurs are enlarged.

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. There is a recent cut over the left eyebrow with stitch in situ & numerous small bruises over body generally

Appetite Fair variable.

Urine healthy 1008

Menstruation /

Pulse 88 good movement Temp. /

Height 5 ft 8¾ Weight 10 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, Gregory Lyons

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Oct 31st						He is a very thick set coarse low type of man. He was very noisy + troublesome on his admission and fought with attendants etc. His physical condition is one of advanced tuberculosis. He is noisy + impulsive.
Nov 1st						Since admission his condition has been variable. At times he has kicked off his shoes + sullenly refused to do anything at others he has been actively maniacal swearing + struggling when restrained at nights he has slept quietly for a few hours wakening up & then singing or shouting for a short time or muttering whimself for half the night.
Nov 3rd						His mania evidently goes on to the verge of a collapse each time His face becomes more congested. The pulse becomes almost imperceptible at wrist and generally he becomes almost comatose from syncopal symptoms only to again break out as the heart action improves. There is now a diffuse systolic murmur to be heard when he is quiet. When excited auscultation of course is impossible.
Nov 6th						He has been rather quieter or rather he has been maniacal within bounds. He is not so readily impulsive & is more easily controlled but is still talkative and noisy. Behaves at nights as before.
Nov 9th						He was today very much swelled in legs + scrotum + could not be got up so that he was certified while in bed & readmitted on ordinary paper warrant. See page 49

NAME. Gregory Lyons –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						It has been almost impossible to keep him as any attempt to do so leads to violent struggling. His appetite has been variable at times good or excessive, then refusing food.

Discharged by
Expiry warrant
Nov 49

NAME, James O'Neill. No

Admitted, 30th October 1897 Pr. Ad. /

Sex, Male Age, 29 Marriage, Married Occupation, Spirit dealer

Education, / Religion, R. C.

Private or Pauper, Paisley Where from? Charles O'Neill (father) 27 storie str Paisley -

HISTORY.

Causation.

Disposition Hard working quiet reserved

Habits

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity none known

Other Diseases /

Predisposing Freq. imperance

Exciting Fright

Symptoms. First.

Mental His father states that from boy hood he has had an aversion to certain colours &c notably

Bodily red & that these always "put him about" About 3 mos ago he saw a severe cut on his

Recent.

Mental a hand & the red blood (sic) caused him to faint: He became peculiar shortly after

Bodily this would pray in public &c. His father also states that he has twice openly seen him

Insane Habits and Propensities

Suicidal No

Dangerous ?

Duration of Existing Attack 3 months

Other Facts or Remarks

practice masturbation & suspects he does it in private. Would never take liquour when offered him but drank also secretely. Thought his wife unfaithful wanted to go to sea as a steward to prove who was doing the work &c. This became worse & necessitated his confinement

Facts of Medical Certificates

Dr Gibb: Says he is jesus Christ &c. Sent by God &c

Dr Hunter Talks excitedly, incoherent. talk of going to sea &c.

NAME, James O'Neill

STATE ON admission.

Mental.

Exaltation : none states he never was better
no need to remain here &c

Depression : none

Excitement : marked calls for whisky brandy &c

Enfeeblement Is facile readily persuaded &c

Memory Fair

Coherence At times Can answer questions? Yes

Delusions None expressed : This mental condition

Other Abnormalities was masked on admission by drunkenness
his friend who accompanied him could
give no recent history for similar reasons

Bodily.

Appearance Spare active looking man

Skin – Hair light –

Eyes Blue Pupils Large & equal react slowly

Muscularity Fair Fatness Fair

Nervous System—*Motor* Slight tremulousness of face & hand
muscles : gait also unsteady :

Sensory No speech alteration

Reflex Action K. J's present + Special Senses –

Retina

Lungs healthy

Heart healthy

Tongue Slight fur Bowels –

Other Organs, Abnormalities, Bruises, &c. none

Appetite Fair

Urine no albumen healthy

Menstruation –

Pulse 88 Large regular m/s Temp. –

Height 5 ft 8½ Weight 10 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 Enfeeblement.

31

NAME, James O'Neill

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Oct 31st						This is evidently from the history a case of delusional insanity probably alcoholic. On admission he was under the influence of liquor and also had ordering more. He was excited & talkative but expresses no delusions. He slept well at night and was quiet & rational next morning.
Nov 2nd						Is now quite reconciled from his bout is quiet and talks very sensibly He has expressed no delusions & has settled down quietly here. The facies do not correspond to a bout of drinking they are from & well under control. There are no speech symptoms which might indicate G.P. the chief feature is at present enfeeblement. He is facile, easily persuaded in any way. but he will not talk of his delusions.
Nov 6th						He has been quiet & very rational. The treatment has been chiefly confined to special symptoms, keeping bowels &c.
Nov 10th						The only symptoms of mental disorder are the enfeeblement & a curious facility of manner. Sleeping & eating well.
Nov 18th						As above. Treatment by arsenic & strychnine is now being begun.
Nov 24th						To day was observed to be rather more vacant & smiling than usual on the morning visit & on going back to him & again tackling him on his delusions they were freely expressed. He gave a long story of going to Saltcoats with his wife while there he heard voices & felt impelled to leave at once for home doing so without ticket & leaving his watch as security for it. He then travelled to Ireland with his father & slept with him. He says his father used to talk all night in his sleep. & he also at this time saw visions appearing on the wall and his father did not see these.

Dec 1st

Dec 18th

NAME, James O'Neill.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He spoke to his priest about this who told him that "God did not play such tricks on men" but could not get rid of them. He denied drinking heavily He now state that he still hears these voices speaking to him but has not seen any visions since coming here. The voices speak to him generally about things going on around him but have never asked him to do anything unusual. He cannot be convinced that these voices are the result of his illness & says that they are facts. He also says they compel him to laugh when seeing his priest &c. He continues to sleep well & take his food well. He denies self abuse.
Dec 1st						Much as before he denies his delusions again & rather refuses to discuss the subject.
Dec 18th						He was today discharged. He has absolutely been well since last visit. He has denied his delusions though they may exist. but has behaved well & as it is quite free from this influence as his friends wish to remove him. He was discharged
						Recovered

NAME, Alexander Dunlop No

Admitted, 4th November 1897 12 noon Pr. Ad. /

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

Education, Fair Religion, Protestant

Private or Pauper, Where from? A. Dunlop (Father)

Restaurateur 261 Dumbarton Road Glasgow

HISTORY.

Causation.

Disposition : Quiet dull

Habits : Active at times

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity None

Other Diseases /

Predisposing Epilepsy

Exciting

Symptoms. First. Mental / Bodily

Recent. Mental / Bodily

He has had fits since boyhood at 4 or 5 years. He was active in play & could take part in all boys games &c. He was never trained to do anything beyond house work &c. He gradually developed a noisy impulsiveness &c. this has progressed. The fits on an average are once a week if unchecked and he has latterly been treated.

Insane Habits and Propensities

Suicidal No

Dangerous At times strikes

Duration of Existing Attack Several years

Other Facts or Remarks

by Dr. French's Remedy Aquack preparation. this checked the fits for the weeks but evidently caused the alternating neurosis of insanity to develope as it became necessary to send him from home also, the fits have lately recurred, no night fits.

Facts of Medical Certificates

Dr Marshall: Childish in manner & appearance irritable & easily excited & his mental faculties are weak: ii temper uncontrollable before a fit.

Dr Carswell: weak minded dull. Stupid in manner & appearance subject to fits & delusion ideas.

ii childish emotional & dangerous.

NAME. Alexander Dunlop

STATE ON admission.

Mental.

Exaltation : Some is "cheeky" and forward evidently anxious to be thought of importance

Depression : /

Excitement : Slight, restless

Enfeeblement : Marked, does not appreciate his surroundings

Memory : Fair

Coherence : Yes Can answer questions? Yes

Delusions : None expressed.

Other Abnormalities : He has the typical heavy aspect of epileptic

Bodily.

Appearance A pale ill-developed youth

Skin Sallow clean, Hair Dark, downy hair on face

Eyes Dark Pupils Small Equal react

Muscularity Fair Fatness Fair.

Nervous System—*Motor* /

Sensory /

Reflex Action K.R. present Special Senses /

Retina /

Lungs Chest: slight pigeon shaped: apices flat
No acute signs: Breathing puerile

Heart 1st sound thumping loud, slight irregularity: force 2nd sounds

Tongue Clean Bowels

Other Organs, Abnormalities, Bruises, &c. some fine scars on forehead from epilepsy

Appetite Fair Palate: Good

Urine healthy no albumen

Menstruation /

Pulse 90 per min Temp. /

Height 5' 9" 3 Weight 6st 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.

NAME, Alexander Dunlop

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 5th						D. is a case of epilepsy with mental symptoms. Practically all his life he has had fits on an average of 1 a week. There is no evidence of nocturnal fits. Generally before a fit he is irritable. At present, he is a boy looking about 17. The facies is dull & heavy, mouth & eyes being almost typically epileptic. The speech also is slow & somewhat drawling. He is enfeebled evidently anxious to shew he is at home being "cheeky" forward & impertinent. Slept fairly
Nov 7						One fit, lasted about 2 minutes only, was in a general clonic condition when seen. He was irritable & struck out all round until he struck a patient who rather surprised him by flow of language. Tonight he is dour and sullen demanding his books, cake from his box &c &c.
Nov 9th						2 Fits each lasting 14 minutes. Has slept well up to last night.
Nov 11th						His medicine is to be resumed until he finished a 6 oz bot. he has by special agreement with his father, who puts his faith in French. C.B. page 363
Nov 17th						Has had no fits but the mental irritability and excitement are occasionally present. Nothing is good enough for him. He is impulsive & strikes any one who irritates him. He also has an epileptic's talent of colouring any story to suit himself —
Nov 24th						Was today discharged to care of friends. Since last week he had 3 fits each of short duration. He is as a rule quiet and easily managed and was improving somewhat in general appearance. He was also settling into institution ways and becoming more contented

NAME. Alexander Dunlop

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						His parents evidently had thought they had taken an unwise step in having him here removed him. There has been no nocturnal epilepsy. He will probably pass gradually into a case of chilectic dementia
						Discharged to Care of friends —

NAME, William Milroy No

Admitted, 5th November 1897 Pr. Ad.

Sex, Male Age, 17 Marriage, Single Occupation, /

Education, Poor v. I. Religion, Protestant

Private or Pauper, Annan Where from? Robert Milroy.

John Lawrie J.P. 39 Port Street

HISTORY.

Causation.

Disposition Quiet, fond of company &c.

Habits Active

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity none

Other Diseases /

Predisposing

Exciting

Symptoms. First.

Mental Has been weak minded from birth. He has been uneducated owing to his inability to "pick up". He has been an active boy all his life running to Nomura &c.

Bodily

Recent.

Mental + evidently enjoying his open air freedom. He has also been manageable up to a few days ago but has since been sleeping out at night beyond control &c

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Doubtful.

Duration of Existing Attack

Other Facts or Remarks

Has been employed at odd farm work

Facts of Medical Certificates

Dr Howie: faculties weak, memory defective unable to give intelligent answers to questions. Expression that of an idiot.

ii Has threatened violence

Dr Murdoch: imbecile weak minded. Silly & childish memory defective.

ii uses obscene language. & an alien

NAME, William Milroy

STATE ON admission.

Mental.

Exaltation /

Depression /

Excitement Slight restlessness.

Enfeeblement considerable, infantile,

Memory Fair, good for some events

Coherence Yes Can answer questions? Most

Delusions /

Other Abnormalities

Bodily.

Appearance A healthy looking boy

Skin Clean, Hair Dark

Eyes Brown Pupils Large equal react

Muscularity Fair Fatness Good.

Nervous System—*Motor* /

Sensory /

Reflex Action K. j's increased Special Senses /

Retina /

Lungs healthy

Heart healthy

Tongue / Bowels /

Other Organs, Abnormalities, Bruises, &c.

There is slight asymmetry of face

Appetite Good

Urine healthy

Menstruation /

Pulse 90 small regular Temp. N

Height 5ft 6 Weight 82lb.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

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NAME, William Milroy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 7th						M. is a case of imbecility in whom lately more acute symptoms have come on. He is a fresh healthy looking lad fairly developed. Mentally he smiles vacantly. Evidently only partly understands what is said to him. At home he got beyond control only coming home when it smiled his mother reasoned with he became threatening. The beard is undeveloped and there is slight asymmetry of the face.
Nov 17th						Mentally has been very quiet since his admission. He is quite pleased to be here, and the little excitement evidently is new to him. He is now out working with a farm squad. He has slept well there has been no trace of excitement since his admission.
Dec. 1st						Has now quite settled down to his evidently quite at home here. So quiet & biddable. Works well with his squad. Physically he has a slight blue look at times over malar bones as if there might be slight heart mischief but no breathlessness on exertion or any subjective sign of his case. He is of course weak minded but there is at present no restlessness.
January 1st 1892.						Is now constantly outside and works well. He has been quiet & well behaved.
Feby 1st						Quiet active and easily managed: He has been given tonics and has been eating sleeping well Has given no trouble and has shown no excitement. He is unconnected vacant but makes up for this by a good deal of natural wit

NAME. William Milroy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
March 1st 1898						Much as at last note: He is steadily gaining in appearance and is brighter in every way. He has lost the boyish look also and now looks distinctly older: The chest is improving under the active work: Heart has lately not he giving him any trouble but he still has a slight cyanosis of lips.
May 1st 1898						Has been out working constantly quiet & well behaved: His friends are anxious for his return home
" 7th						Discharged

RECOVERED.

About one month later the I.P. on bringing a case here said he was doing well: working actively at a man & now bringing in a little to help his mother.

NAME, John Crawford Young No

Admitted, 5th November 1897, 4 P.M. Pr. Ad. /

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

Education, Good Religion, Protestant

Private or Parper, Mrs Young (Mother) Where from? 6 Cecil Place Paisley Road West Glasgow

£32.

HISTORY.

Causation.

Disposition Quiet Reserved.

Habits active

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity None acknowledged.

Other Diseases /

Predisposing /

Exciting Cerebral congestion from bathing.

Symptoms. First.

Mental He was a good & active swimmer & about six months ago while heated went into a bath. He complained of headache loss of appetite almost immediately.

Bodily

Recent.

Mental & was unable for work owing to this. went to country for 3 months but has not improved by this, is suicidal.

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous No (see 1st. certif)

Duration of Existing Attack about 6 months.

Other Facts or Remarks

Facts of Medical Certificates

Dr Nairn: seeking an opportunity to cut his throat.
Incoherency of speech
Expresses a desire to take the life of those around him
" regardless of everything told him
unwilling to take food

Dr Cunningham: His expression indicate mental disorder, melancholia, has suicidal impulses.

NAME, John Crawford Young

STATE ON admission.

Mental.

Exaltation /

Depression Marked in attitude & aspect

Excitement great cannot be kept still in seat wanders restlessly about room

Enfeeblement Considerable

Memory Cannot be tested

Coherence Incoherent Can answer questions? Very few

Delusions None expressed.

Other Abnormalities wants to be alone &c

Bodily.

Appearance He is a short pale man

Skin Clear, sallow Hair thick, dark.

Eyes dark Pupils medium react.

Muscularity Fair Fatness Fair

Nervous System—*Motor* restlessness as above.

Sensory /

/

Reflex Action K. j. active Special Senses /

Retina /

Lungs Percussion note good.
examination difficult owing to restlessness

Heart Regular rapid no murmurs

Tongue clean Bowels /

Other Organs, Abnormalities, Bruises, &c.
No marks or bruises

Appetite /

Urine Healthy

Menstruation /

Pulse 96 small, regular Temp. 98°

Height 5' 5½" Weight 90

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 Crawford Young

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 6th						Y. was very excited & restless on his admission he struggled violently all the time he was being bathed &c. He then settled down & slept quietly for over 6 hours. This morning he is restless wants out of the gallery. Wants into different rooms requires an attendant constantly beside him. He is dull & depressed can scarcely be got to talk. His appetite has been variable.
Nov 8th						He is still very restless and depressed but is quieter. He continues to sleep well each night. There is undoubtedly a large element of enfeeblement present. He talks little & says he wants away. At present his case does not look a hopeful one.
Nov 11th						As above. Still very restless & evidently in an abstracted semi dreamy state. He is taking is food better. Uptill now he has not gone out. He refuses to move out & any attempt to make him do so by force would in this abstracted state be dangerous. He is however improving in this also.
Nov 17th						There is no doubt that during the last few days he has improved much as regards the restlessness and excitement but the enfeeblement which exists has not shewn any signs of improving. He is more manageable & will sit quietly if left, but on the whole the progress is disappointing.
Nov 22nd						Much as at last note. Will not answer unless monosyllabically & then only at times. Sleeps well.
Dec 1st						Continues as above. Mentally is improving but the element of enfeeblement is becoming more marked as the more acute restlessness passes off. Tonics and Syp Fe I2 are being tried alternately

NAME, John Crawford Young

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Dec 7th						He has been much quieter but is still to a certain extent resistive: He refuses to go out & is not forced to do so as this is probably the result of a delusional state which may pass off: Sleeps well
" 14						He has improved as regards his general resistiveness & this has been replaced by a degree of obstinacy: He is mildly enfeebled: never reads: Eating well
" 21st						Still improving notices more that is going on &c. Eating well: Quiet
Jany 14th 1898						Well & quiet but slowly getting bodily tone: more active. Still on the Syr of Iodide of Iron
Feby 1st						This week he one day appeared at the door as the patients were going out and was coaxed to go with them: He has been no trouble since about going out and he is improving in appearance in consequence. Has also begun to read on little. Still unable to be long at one thing. readily tires mentally: Sleeping well.
March 1st						At times he appears as if the only change were towards enfeeblement: He has lately had one or two days during which he has been morose and mildly depressed taking no interest in his surroundings at all.
April 23rd						Still on tonics alternating with the syrup: weight improving & again more bright and active. His bodily health is fair.
May 1st						He has brightened up wonderfully since last note: He now talks well and voluntarily join in any conversation: He smiles more readily with more expression, active, and cheery: This has been very rapid since 10 days ago.

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NAME, James Flynn No

Admitted, 8th November 1897 Pr. Ad.

Sex, Male Age, 55 Marriage, Single Occupation, Labourer

Education, – Religion, Protestant.

Private or Pauper, Kirkcowan. Where from? Isabella Flin Sister.

James McWilliam J.P.

HISTORY.

Causation.

Disposition Cheery

Habits Active hard working

Previous Attacks—No. 6 Kind Mania

Duration last May 1881 Where treated C.R.I

Hered History—Insanity None

Other Diseases –

Predisposing Previous attacks

Exciting senility

Symptoms. First.

Mental Became noisy

Bodily loss weight

Recent.

Mental

Bodily

Insane Habits and Propensities Sings at all times &c.

Suicidal No

Dangerous Not known

Duration of Existing Attack Some days.

Other Facts or Remarks

Facts of Medical Certificates

Dr McKie: Facial expression changed
Emotional restless
" Chases children annoys his neighbours

Dr Gilmore. Singing noisy, talks incoherently.
restless delusions

NAME, James Flyn

STATE ON admission –

Mental.

Exaltation Some states he is an exceedingly strong man

Depression /

Excitement restless singing

Enfeeblement considerable

Memory Fair

Coherence at times Can answer questions? Some

Delusions mistakes those around him evidently thinks them all old friends –

Other Abnormalities –

Bodily.

Appearance A thin old man

Skin Clean Hair White

Eyes Grey Pupils very small equal react

Muscularity Fair Fatness poor

Nervous System—*Motor* as above.

Sensory

Reflex Action K. j' present Special Senses /

Retina /

Lungs Badly developed chest, apex note resonant auscultation expiration prolonged; no accompaniments

Heart sounds regular 1st sharp short 2 muffled.

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Aortic dulness increased.

Face & nose congested

Appetite Good

Urine healthy

Menstruation /

Pulse 92 per min. vessel thickened Temp. –

Height 5 ft 1 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, James Flyn

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 9						A Case of recurrent mania. He is older looking than 55. Face & nose are large & congested. He has a good deal of reasoning power & is very amusing at times. He will suddenly skip round chairs & tables & pull up quinacing in front of you to beg tobacco. He sings also at times and is noisy & talkative. At nights he is very restless not noisy but pulls his bedclothes about making dolls &c.
Nov 11th						Has continued much as above. He remembers many points about the asylum, and promises to work outside in a "weekhile". Is still very restless & talkative. Last night was given Sulfonal 30 grs with fair effect at night this morning he is livelier than ever.
Nov 15th						Still noisy and talkative & very restless both by day & on the evening.
Nov 17th						Much as on admission. He is singing less now & is not so noisy but his motor restlessness is as great as ever. He has had the sulf. again
Nov 22nd						Has been much quieter again & is now settling down to do a little ward work.
Dec 1st						Is now allowed to dance & dances well. He is still inclined to be destructive in a small way tearing linoleum &c. Mentally is at times subacutely excited but only for short periods. Is still very talkative. Sleeping well.
Jany 1st 1898						Still talkative & noisy. And if upset is destructive and impulsive. He has not progressed much since last note.

NAME. James Flyn.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 1st						Has lately written one or two amusing letters to a nephew describing the dances & giving glowing accounts of the nurses and of his conquests: Sings & is at times noisy always talkative
April 1st 1898						He was inconsolable when the dances stopped & to occupy his time was sent out to work: Still at times restless and noisy, grimaces, teases the others.
14th						Was brought in again as unfit to be out: His physical health not permitting any active employment.
June 1st 1898						Much as above: quiet and sleeping well at nights but noisy at times during the day. He is at times inclined to do useless "insane" work as he will spend days crimping paper for a fire screen & working mysteriously. Then takes you to see it: "See that, could you do that: You'll say a daft man did it" &c.
Sept 1st 1898						Has lately begun to lose a good deal of his amusing way & to become abusive and noisy: He uses at times very bad language: sneaks all round. If at these times any patient comes near him he is irritable & impulsive & may strike them: He wants away and readily becomes angry & excited: His physical health has lately not been so good.
Nov 1898						He has been again enjoying the dances but will at times suddenly leave go a partner in the expectation of a fall: He is noisy & abusive still as a rule.
Dec 1898						He has lately acquired a distinct habit of appropriating trifles in the shape of spoons forks &c from the dining hall: Neckerchiefs &c. There is a bad scene when these are taken from him followed by much slang-ugge & talking.

page 903.

NAME, Gregory Lyons No

Admitted, 9th November 1897 Pr. Ad.

Sex, Male Age, 32 Marriage, Single Occupation, Labourer

Education, / Religion, R. Catholic

Private or Pauper, Dumfries Where from? page 25

Miles McInnes St.

HISTORY.

Causation.

Disposition

Habits a wandering tramp

Previous Attacks—No. states he has been Kind in an asylum in

Duration North of England, (see ...) Where treated

Hered History—Insanity /

Other Diseases /

Predisposing Previous attack (?)

Exciting

Symptoms. First.

Mental was wandering & taken to the poorhouse but was discharged as uncertifiable. The went out became obstreperous & was sentenced to 14 days imprisonment for breach of peace.

Bodily

Recent.

Mental went to Maryhill Jail was then found insane & sent in here on sheriffs warrant.

Bodily discharged on expiry of sentence. readmitted as pauper

Insane Habits and Propensities

Suicidal No.

Dangerous ~~Yes~~ No.

Duration of Existing Attack about a fortnight -

Other Facts or Remarks

Facts of Medical Certificates

Dr Kerr: Stupid & confused Has no idea where he is, is very violent & maniacal at times.

Dr Smith: cannot restrain himself becomes at times violent & destructive. without cause is ...

NAME, Gregory Lyons

STATE ON re-admission.

Mental.

Exaltation Some

Depression /

Excitement restless and excited, & at times acutely so

Enfeeblement ~~[illegible]~~ marked: is weakminded

Memory Fair at times.

Coherence No Can answer questions! Some

Delusions Is in a state when everything causes a delusive state.

Other Abnormalities rambling & incoherent as a rule.

Bodily.

Appearance He is a florid coarse man

Skin Clean Hair Brown

Eyes Blue Pupils Large equal react.

Muscularity Good Fatness Poor

Nervous System—*Motor* There is slight swelling of ankles

Sensory /

Reflex Action / Special Senses /

Retina /

Lungs right apex, expiration prolonged with fine crepitation at end insp. Left lung dull over whole anterior aspect

Heart No murmurs irregularity (11th marked mitral systolic)

Tongue Clean Bowels /

Other Organs, Abnormalities, Bruises, &c. Intestine probably tubercular enteritis General condition that of kidney disease & general tuberculosis.

Appetite Variable

Urine 1009 faint trace of albumen

Menstruation /

Pulse 92 small & irregular 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, Gregory Lyons –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 10						This case continues much as he has done for some days. He is still confined to bed. He talks incoherently rambling from one subject to another any word heard in conversation near him being played upon until he gets another word & so on. Occasionally singing. Leaning his head over the bed & struggling when it is put back. He become actually maniacal & very restless sometimes at night. When excited the pulse becomes almost imperceptible generally it is large & of fair tension. Treatment stimulant if required: Small doses of Strychnine and Potass acetate &c.
Nov 17						Continues much as above the swelling of the feet has now almost disappeared and physically he looks better mentally he continues much as at last note.
Dec 1st						Is now much improved in bodily health. The oedema has gone from his face & feet and he is better in many ways. The pulse rate is 80 per min & regular. Tension not markedly increased. Mentally still very rambling in talk, incoherent and at times becomes excited & restless.
Decr. 14th						Has become much quieter mentally and is now much more coherent in his talk. giving a fairly connected account of himself. I hope well. He is now up each day for 2 hours in the afternoon without any bad effects

NAME, Gregory Lyons —

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Dec 27th						Was to day transferred to Mehose Asylum

Transfer

NAME, William McKnight No

Admitted, 10th November 1897 Pr. Ad. /

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

Education, Very poor. Religion, Protestant

Private or Other, Father Where from? Lochmaben

£25 Jas McK. Springfield Lochmaben

HISTORY.

Causation.

Disposition Reserved quiet

Habits Hardworking

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity Mother excitable at times peculiar.

Other Diseases /

Predisposing

Exciting

Symptoms. First.

Mental Has been all his life weak minded. This was not noticed until some years after he was at school. He never got into any standard. At home he was quiet & active enjoying a 'crack' with anyone passing the croft &c. He became excited 2 weeks ago

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities /

Suicidal No

Dangerous No

Duration of Existing Attack 2 weeks

Other Facts or Remarks

His delusions developed a few days ago.

Facts of Medical Certificates

Dr Sanders: Mutters continually incoherently, imagine that people are outside waiting for him
ii mutter night & day excited paroxysms of anger & throws thing about

Dr McClarkla i Lost & demented, incoherent, Restless groaning
ii would strike his nodes &

NAME. William McKnight

STATE ON admission.

Mental.

Exaltation /

Depression Some is dull + depressed

Excitement some, moves restlessly about, &c

Enfeeblement is weak minded

Memory Cannot be tested

Coherence Yes Can answer questions? Some

Delusions Has evidently delusions of fear + also hallucinations of sight as he continually raises his hand above as if to ward off something.

Other Abnormalities

Bodily.

Appearance A pale thin badly developed boy

Skin Clear Hair Fair.

Eyes Blue Pupils Moderate equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* is restless.

Sensory

Reflex Action K. j's increased Special Senses —

Retina /

Lungs Chest flat and badly formed, percussion note fair, expiration prolonged: no moist sounds

Heart 1st sound thumping 2nd pure.

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

No bruises

Appetite Fair

Urine healthy

Menstruation —

Pulse 90 small regular Temp. —

Height 5 ft 4 Weight 7 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 Enfeeblement.

NAME, William McKnight

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 11					100	W. McK is a case of imbecility. Not very marked or noticeable at first but gradually becoming more marked at school he could never be learned & never advanced beyond the "3d book". He worked about the farm & "the neighbours enjoyed nothing better than a crack with Willie". Lately this maniacal(?) attack has developed & he was unfit to remain at home. At present he has a vacant expression, will not answer when spoken to. Is restless & moaning at times every now & again he jerks his arms across his face in a semi choreic way as if to ward off something but he will not talk about this if asked. He has slept fairly last night
Nov 14						Much as above still restless, excited looking and unable to keep his hands still in any way. His physical condition is below par
Nov 17						Much as above if any thing less restless than before.
Dec 1st						Still very stupid and restless is very emotional readily weeping if in any way crossed. Is however less restless & sleeps well.
January 1st 1898						Much as at last note. Is slowly improving. He sleeps well & eats well. Has not yet been sent to work.
" 20th						Still improving, brighter, now greets you cheerfully in a visit & is gradually reverting to his normal condition
Feby 1st 1898						Has been sent out to work: He is more active and brighter Still has a "hang dog" expression and at times is vacant & silly looking. Sleeping & eating well.

NAME. William McKnight

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Feby 14th 1898						He has been doing well outside working actively & fully occupying his time: His physical health is improving he has lost the pale sickly look and is now more robust looking: He is quiet and easily managed: He wants intelligence and his expression is very vacant especially if "chaffed" in any way sleeping well. The motor restlessness is passing off and he can control the choreic movements for a considerable period.
March 3rd 1898						Still improving: Physically he is active and energetic & healthy looking: Mentally has shewn no impulse and is quiet & easily guided.
April 10th						He was today discharged to care of friends: He is stated to be in better health than they have ever seen him in stout and more active: The pulse is now 82 and regular and good movement Mentally quiet and biddable and anxious to be home.

RELIEVED.

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NAME, Lester George Yeates No

Admitted, 12th November 1897 Born. Pr. Ad. —

Sex, Male Age, 46 Marriage, Single Occupation, Mercantile Marine Service

Education, Religion, C of Ireland

Private or Pauper. Wm Yeates (father) Where from? Carnhill Asylum

22 Rathmines Road Dublin

HISTORY.

Causation.

Disposition Quiet reserved

Habits active hardworking

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity None acknowledged

Other Diseases

Predisposing

Exciting Sunstroke

Symptoms. First.

Mental He was third officer on board the Great Eastern cable laying &c. He

Bodily became insane & has been since then in different institutions (Script. St Anns Heath, Virginia Water & Carnhill)

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 20 years

Other Facts or Remarks

Facts of Medical Certificates

Dr Mosby i wild insane expressions, garrulous, rambling sociable in manner wrote most insane letters.

ii as above

Dr Clarke i talks incessantly wanders from one subject to another, " "

NAME, Lester George Yeates

STATE ON admission

Mental.

Exaltation, Some, considers his actions perfect as regards reserve &c

Depression /

Excitement restless, talkative.

Enfeeblement Considerable

Memory Good

Coherence at times Can answer questions? Yes

Delusions (None expressed.) thinks there has been a conspiracy against him.

Other Abnormalities His conversation is coherent as regards the individual sentences but he readily wanders to others —

Bodily.

Appearance A thick set active looking man

Skin Dark Clean Hair Coarse Grey Curling

Eyes Blue Pupils Smallish: react:

Muscularity Good Fatness Good

Nervous System—*Motor* /

Sensory /

Reflex Action K.; not increased Special Senses /

Retina /

Lungs Chest well shaped slight emphysema. There is slight catarrh of Larynx & bronchi. Note good ↑ at both apices

Heart Sounds good

Tongue Clean moist Bowels constipated

Other Organs, Abnormalities, Bruises, &c.

No bruises

Appetite Good

Urine healthy

Menstruation /

Pulse 88 large movement regular Temp. /

Height 5 ft 9 Weight 10 st 5 —

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, Lester George Yeates

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 13th.						He is a case of chronic delusional mania. He is a strong active man and generally expresses himself well in conversation. He cannot understand the constituency which brought him here. He has difficulty in concentrating his attention on the one point when talking to you. He branches off repeatedly into side issues, each of these deviations causes him evident pain but he cannot avoid doing so again & again. He is not rambling in sentences therefore but rather in groups of sentences each being perfectly coherent. Memory fair. Treatment at present by Ext Cascara to keep bowels freely open.
Nov 17th.						Continues garrulous as above. He sleeps well takes his food well — says he cannot appreciate the Scotch character yet that this may account for certain insults he thinks he has got.
Decr 1st.						As above generally quiet & easily managed, has no impulsive mess. He still very talkative & button holes you in any quiet corner taking about 20 minutes to tell you his bowels are improving & requiring many similes & so on. Is sleeping well takes his food well.
Decr 14th.						Much as above his letters to his father are generally much underlined and show many ins and outs and tendencies. Words are left out or repeated and he states many delusions in them.
January 1st. 1898.						Continues much as before. Bodily health good except for a slight bronchitic cough of a chronic nature. Refuses to work outside as he will not do so with [illegible]

NAME. Lester George Yeates —

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
January 14th						Is now more vehement than ever than in his attempts to convince you of his sanity. There is some doubt as to whether he may not have hallucinations of hearing. He denies them but several incidents lead one to suppose that he has.
February 1st 1898						He is continually branching off into the story of his life and if allowed would give you an hour at a time & then ~~stat~~ you were hurrying him: His letters are incoherent and much underlined: He has sometimes difficulty in explaining an old letter if this is given him. He has not lately complained of any bodily illness and he looks the picture of health:
April 1st 1898						No change: He is usefull & active about the house doing beds in the mornings and helping at dinner: always ready at any time to tell you something of importance.
June 3rd 1898						He is much as above: will not work outside however: Is very anxious to have parole and be at times is abusive a little when this is denied: He will not go to church and wrote me recently a 14 page letter giving his reason: This was a long history of all his life up to the time of going to sea & one little connection with the subject.
Aug 1st 1898						Still as above: Quiet enough but occasionally falling foul of the others, he has never been in any way impulsive. He spends his forenoon in the dormitory & his evening 6-8 ~~spending~~ playing monotonous & tiresome sea chanties on his violin.

907

NAME, Alexander Crombie No

Admitted, 30th November 1897 11.15 A.M. Pr. Ad.

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

Education, / Religion, Protestant

Private or Pauper, A. C. (senior) Where from? Edinr.

Tipperlinn Cottage T. Road —

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases

Predisposing Infantile Paralysis.

Exciting

Symptoms. First. Mental / Bodily

Recent. Mental / Bodily

Had an attack of P.M.A.A. at age of about 8 mos. He was always weakly as a child & his education is very poor. He was trained as a gardener & did well under his father for many years but a few years ago refused to work more. Giving no reason for so doing. He was useless & would do nothing about house. Became suspicious of those around him and had delusions regarding them. He then became more moody. Would sometimes lie in bed for days together. & has latterly become impulsive and dangerous.

Insane Habits and Propensities ?

Suicidal No

Dangerous Sometimes

Duration of Existing Attack Since childhood, worse the last 5 years.

Other Facts or Remarks

Facts of Medical Certificates

Dr. Burn Murdoch, i demented appearance, refused to answer many single questions. Would not work as women from the hill, i refuses to work lies i bed till after noon. barricades door. fancies stone aspect in paper about him.

Dr Carmichael. answers in a loud & angry manner

says C. has made him a heavy smoker by talking of woman kind.

[illegible]

NAME, Alexander Crombie —

STATE ON admission

Mental.

Exaltation /

Depression /

Excitement slight. threatened to strike when his cap was taken off.

Enfeeblement marked, will not speak or converse. aspect apathetic.

Memory Cannot be tested

Coherence — Can answer questions? no out

Delusions looks with evident suspicion on all our movements & is ready to resent any interference

Other Abnormalities. /

/

Bodily.

Appearance a stout well nourished man

Skin clean moist Hair thick dark.

Eyes Brown Pupils mod: equal: react

Muscularity Good Fatness Good

Nervous System—*Motor* There is slight atrophy of the muscles on the right side of body from infantile paralysis. The heel ~~Sensory~~ on right side is drawn up from this cause

Reflex Action R. j. st + Special Senses /

Retina /

Lungs apparently healthy. He gives no assistance to auscultation & sounds are difficult to make out

Heart healthy

Tongue Clean: normal Bowels /

Other Organs, Abnormalities, Bruises, &c. /

/

Appetite Good

Urine healthy

Menstruation /

Pulse 88 regular good Temp. /

Height 5 ft 8 Weight 16 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, Alexander Crombie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Dec 1st						Is a case of weak mindedness who for many years has done well at home. About 5 years ago he refused to work since then has gone from bad to worse becoming more stupid, confused and impulsive. He now refuses to speak or converse will not work, occupies his time gazing out of the day room window will not even look at you when addressed. Habits are cleanly and he is biddable and easily managed. Sleeps well also takes his food well.
January 1st 1898.						Continues as above. You may occasionally get a monosyllabic answer out of him or a smile but never more. Has continued quiet and biddable.
February 1st 1898						No change: Is quiet and easily managed: able to look after himself and to keep himself tidy: He works none and so far cannot be got to do so: He is generally sitting or standing in P. Div: corridor and shows no interest in his surroundings: has not been impulsive in any way since coming here: Sleeps & eats well.
April 1st 1898						Is an automaton: goes to meals & bed without being told & shows no change or alteration.
June 1st 1898						An easy going demeanour: There has been no impulse and he is quiet and easily managed: Gives no trouble sleeps & eats well and is stout & healthy looking.
Augt 1st						Repeated attempts have been made to get him to work outside but without success: He refuses & will not budge: Is unchanged.

NAME. Alexander Crombie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Oct 1st 1898:						Practically no change: Is if anything stouter and more indolent
Jany 1899						Has remained well all winter Is Generally in the corridor and is then silent & moodily gazing out of the window: never reads and never occupies his time in any way Goes to dances and gives his bodily presence but takes no interest. Quiet & easily guided except as regards work.
March 1899						As above: No change & answers in monosyllables.
November 8th 1899						There has been absolutely no change in this patient: His father was retired and is unable to pay for him so he has been taken over by the parish and has sent to Fife to be boarded out

TRANSFER.

NAME, William Beck No

Admitted, 14th December 1897 Pr. Ad.

Sex, Male Age, 37 Marriage, Single Occupation, Farm Labourer

Education, Religion, Protestant.

Pauper or Pauper, Doonock Where from? Louthertown Doonock

J. Latimer J.P. Agnes Beck Sister East rigg Cottage.

HISTORY.

Causation.

Disposition Cheery.

Habits Active so far as health allowed.

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental The 1st attack came on about a week ago. He became unable to speak & was very confused & had both homicidal & suicidal impulses.

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

Dr Lucas: Gets frightened threatens suicide turns brother & sister out of house. ii Holds bedclothes over head. Laughs & talks about being engaged to be married.

Dr McKenzie: Curious notions & delusions. has changed his ordinary manner ii Insomnia.

NAME. William Beck.

STATE ON admission.

Mental.

Exaltation slight. well pleased with himself.

Depression /

Excitement /

Enfeeblement Does not appreciate where he is x

Memory Good

Coherence Yes Can answer questions? Yes

Delusions None expressed.

Other Abnormalities His general aspect suggests a considerable degree of developmental weakness.

Bodily.

Appearance He is a small deformed man with a large head.

Skin clean Hair Fair

Eyes Blue Grey Pupils Rod: eq: react

Muscularity Fair Fatness Poor

Nervous System—*Motor*

Sensory

Reflex Action K. j. present Special Senses /

Retina /

Lungs Breathing at apices is puerile

Heart Sounds are distinct 1st. systolic murmur 2nd clear

Tongue fairly clean Bowels /

Other Organs, Abnormalities, Bruises, &c. He has marked lateral curvature of spine with the accompanying chest deformity

Appetite Good

Urine healthy

Menstruation /

Pulse 88 Regular good Temp. /

Height 4'9" Weight 80

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, William Beck –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Decr 16th						Beck is an interesting case. His whole aspect suggests a more or less congenital condition but on enquiry this seems to be only half true as he had a fair amount of intelligence up to a few years ago. His condition now is that he takes attacks of aphasia with a short period of unconsciousness during this whole period he looks scared cannot recognise anyone and then the whole condition seems to resolve itself in a few seconds. He cannot give any account of what happens, during these attacks.
Dec 20th						Beck was sent out to work today & came in with an attack of acute hallucination of sight & hearing which lasted a few hours
January 1st 1898.						Has again been quiet and not excited. Has talked well lately. In all he has had 5 attacks of aphasia since his admission. He has had no true epileptic fit. Has slept well & taken his food well
January 10th						Again sent out to work
" 4th						Has been doing well and has had no return of his excitement
" 20th						This morning he had another attack of confusion and marked restlessness. Said he was going to be married &c. This is the first occasion on which he has had delusions since coming here.
Feby 1st 1898						The more acute attacks has passed off and he is again well and easily managed and no trouble in any way: usually sleeps well & eats well.

NAME, William Beck

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sby 16th - 1898						Was seen this morning in one of his turns. He had had an attack during the night & was in bed: The head suddenly without any aura was drawn down towards left shoulder and the face & neck muscles twitched for about 10 seconds: There was no general convulsion. He then gazed in a frightened manner straight before him. Chattered in an incoherent guttural way for about 2 minutes & then became acutely excited having evidently acute hallucinations of sight & hearing & screamed and tried to hide in the bed & resisted any attempts at control and then passed into a condition of terror unreasoning and "clinging" like that of a child in night terrors. He never recognised anyone during this period and settled gradually down in about 3 hours: At 2 o'clock he recognised me but had no recollection of any "turn": He then was mildly exalted and confused: During the attack the pulse varied a good deal in time (82 - 108) & in force.
Sby 18						Has again quite got over his last series: He wants away to be married and is happy & active:
March 2nd 1898						Has had no recurrence of the mental symptoms: The actual "fit" could pass unrecognised if not seen as it is over in a few seconds: Is again out working & goes out regularly.
March 18th - 1898						Much as at last note 8 A.M. for 8 o'clock & stupid but without excitement: He had a turn again yesterday but without any mental concomitant. Bromides had little or no effect on him.

893

NAME, William John McCaul No.

Admitted, 17th December 1897 Pr. Ad.

Sex, Male Age, 38 Marriage, Married Occupation, Farm C.

Education, Religion, Protestant

Private or Pauper, Penninghame Ht. Where from? Wearthen St. Newton Stewart

Brackenridge Pl.

HISTORY.

Causation.

Disposition Quiet, reserved

Habits Hanworking

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity denied

Other Diseases

Predisposing

Exciting McCaul is an irishman who came over to harvest on several occasions & then married a servant in N.S & settling in this country. About a week ago he became almost suddenly ill. Became suspicious. Went off his sleep and refused food &c.

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

Dr Dickson: head is queer, cannot trust himself alone manner & behaviour unusual. Has delusions people trying to entrap him

ii wife says he tries to poison him & he refuses food never at night

Dr McWalter: as above.

[illegible]

NAME. William John McCaul

STATE ON admission.

Mental.

Exaltation /

Depression Mildly

Excitement /

Enfeeblement Considerable.

Memory Good

Coherence Yes Can answer questions? Yes

Delusions Suspicion: Says his wife was untrue to

Other Abnormalities –

Bodily.

Appearance A dark complexioned man pale & delicate looking

Skin Clean Hair Dark

Eyes Blue Pupils Mod: eq: react

Muscularity Fair Fatness poor.

Nervous System—*Motor* Is restless

Sensory

Reflex Action K. j. both + Special Senses /

Retina /

Lungs Chest long narrow shape, Apices are both high in front and there are crepus at left apex

Heart slight irregular no murmur

Tongue clean Bowels /

Other Organs, Abnormalities, Bruises, &c. There is a skin eruption over buttocks & at one part a hard swelling as if an abscess were forming. (Syph?)

Appetite Fair

Urine healthy

Menstruation – /

Pulse 92 small rapid Temp. /

Height 5' 9½" Weight 10 st 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, William John McCaul

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18th Decr.						McCaul is a case of Phthisical insanity. He has had the usual suspicious delusions and ideas and has been gradually becoming worse. Thinking that people are endeavouring to entrap him &c. That his wife is untrue &c. These delusions he now repeats with some diffidence. He is enfeebled. Treatment: Full diet - Tonics.
24th Dec						Has been doing very well. Is exceedingly anxious to please and smiles during the whole of your visit. Sleeps well.
January 1st			1898			Is steadily improving looks much better in bodily health and is fresher & more healthy looking. Mentally is brighter still inclined to be enfeebled.
Jany 13th						Is much as above. Has been sent out to work and this has caused steady improvement. He is now no longer delusional and is not so enfeebled -
Jany 21st						Much as at last note. Has steadily improved both bodily & mentally & is now only mildly enfeebled. Phthisical condition continues as before.
Feby 1st			1898			He has steadily improved since last note on tonics &c. The physical health is better he is stouter and fresher looking and he has been sent out to work & is fit to do it well. He is less suspicious but the leading feature is now the enfeeblement. He wants go is a simple minded man with no ambitions

NAME, William John McCaul

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Feby	14th					He has had one or two visits from his wife she has been in good condition bodily: mentally he is still a mildly enfeebled man: This is probably more or less natural to him and he is cheery and active: Does not now suspicion: More Frank & open in his manner The lung condition has improved the circulation having been reached.
March 2nd		1898				Still improving he is more active and settled work well.
"	19th	1898				Has now no delusions & is not suspicious: Sleeping & eating well was to day discharged

RECOVERED.

NAME, William Stitt No.

Admitted, 18th December 1897 Pr. Ad.

Sex, Male Age, 19 Marriage, Single Occupation,

Education, Religion, Prot

Private or Pauper, Glencairn P.C. Where from? Dunaggan Glencairn.

R. Hunter J.P.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 1 year Kind

Duration Where treated

Hered History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Threatened

Dangerous

Duration of Existing Attack ~~6 year~~ 6 weeks

Other Facts or Remarks

Facts of Medical Certificates

Dr. Adamson : Appearance & behaviour, people pursuing him to do him harm, wishes to hang himself

" as above

Dr Smith imbecile insane appearance K.

" W.A.

NAME. William Stitt

STATE ON admission

Mental.

Exaltation /

Depression marked

Excitement unsettled + shifty looking.

Enfeeblement considerable

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions People looking against him &c.

Other Abnormalities

Bodily.

Appearance a pale looking lad

Skin – Hair Fair

Eyes Light Pupils Small equal react

Muscularity fair Fatness Poor

Nervous System—*Motor* –

Sensory /

Reflex Action D. j's present Special Senses –

Retina –

Lungs apparently healthy (2nd sound also a reduplicated)

Heart Has a first considerably like a soft presystolic m.

Tongue / Bowels –

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair

Urine Healthy

Menstruation –

Pulse 90 small regular Temp. –

Height 5 ft 7½ 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.

NAME, William Stitt

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Dec 20th						Stitt is a case of adolescent insanity. He seems to have always been of a quiet even morose temperament and this has lately become more marked. Recently within the last 6 weeks he has threatened both homicide and suicide. He looks a boy. Beard has merely a downy aspect. His eyes has a distant shifty expression. Mentally he will not speak, will not work. Says every one has been against him &c. He is closely under observation & has been put on a tonic regime
January 1st 1898						Has been rather more anxious to please lately. He is mildly depressed. Enfeebled & childish in many ways. Still has a distant delusional look.
January 8th 1898.						Improving slowly. Is less depressed. Reacts more quickly to external impressions and is now talking & acting more freely.
February 16th 2nd 1898						Has been sent out to work. Has been quiet and more settled lately: Still has the delusion that people plotted against him at home. The depressed condition is much less marked and he is more open & cheerful not so suspicious. He is mildly enfeebled and looks more like an imbecile than a case of melancholia occurring in a person of normal intelligence. Sleeping well & eating well.
March 3rd 1898						Much as above is still in 1st Div and at times is mildly depressed: Has shown no impulse since coming in.

NAME, William Stitt

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
April 1st 1898						He is now more active and is nothing more of what goes on about him. Has been in the farm squad and has worked well there. Still mildly enfeebled: never reads never in any way occupies his time in the house. Is still occasionally suspicious of those about him & may weep in a silly vacant childish way if 'crossed'. He is sleeping well and has been eating well is getting stout. Hair on face is still fine & downy
June 1st 1898						Little change has been in 3rd Div for some time and has been doing well there: occasionally gets 3 days off from work with a bad hand or sore neckcloth. Has had one or two boils also lately and these have kept him off work. They have been accompanied by no mental change.
Aug 1898						Recently he has been more unsettled and wants pay for his work or he will go home: He left the farm a few days ago & when missed was got in town making no endeavour to get home simply enjoying himself looking at the windows etc: It made no objection to returning. There has lately also been a distinct change in so much as the prevailing mental symptom in addition to the enfeeblement is at present one of slight exaltation. This a grand worker delighted with his results and quite pleased with himself except as regards the question of pay. Still in 3rd Div & sleeping in farm.

911

NAME, William Kirkpatrick No.

Admitted, 27 December 1897 Pr. Ad.

Sex, Male Age, 26 Marriage, Single Occupation, Mill

Education, Religion, Protestant

Private or Pauper, Maxwelton Where from? Appr. Asylum

Maxwell P.P.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered History—Insanity None acknowledged

Other Diseases

Predisposing

Exciting Alcohol

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes:

Dangerous Yes:

Duration of Existing Attack Sept 1897

Other Facts or Remarks

Facts of Medical Certificates

Dr Rae: Insane subject to seizures of maniacal excitement, accompanied by extreme violence of conduct. Strong suicidal propensity. In ultimate mild dement

Dat J Warrant

1st Oct 1897

NAME, William Kirkpatrick

STATE ON transfer

Mental.

Exaltation mild

Depression /

Excitement slight

Enfeeblement slight, is weak volitionally

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions none expressed.

Other Abnormalities -

Bodily.

Appearance Is a pale short man

Skin Clean v.l. Hair Fair

Eyes Blue Pupils very large equal react

Muscularity Fair Fatness Poor

Nervous System--*Motor* There are slight tremors of face

Sensory /

Reflex Action K-j increased Special Senses /

Retina /

Lungs apparently healthy

Heart 1st sound prolonged 2nd reduplicated.

Tongue tremulous Bowels regular

Other Organs, Abnormalities, Bruises, &c.

There is eczema of forearms hands & legs
There are recent healed scars of cut throat

Appetite healthy

Urine -

Menstruation /

Pulse 88 small regular Temp. -

Height 5 ft 4 ½ Weight 90

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, William Kirkpatrick

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Jany 1st 1898						Has been quiet + easily managed since his admission here. He is enfeebled, being facile, lacking initiative &c. He is stated to be impulsive but has shewn no sign of this. The eczema forms small boil like masses which shell out + heal. He is being treated for these with a weak mercurial ointment.
Jany 7th 1898						Much as above. Improving in muscular tone he has been at one or two dances but his legs are still shakey. He is polishing quietly in gallery. He has shewn no impulse
January 21st						Has improved much in his physical condition is now well + active looking. The skin condition has almost entirely gone. He is mentally quiet + biddable + working quietly outside. Still enfeebled.
Feby 1st 1898						Is still improving more active and lively and works well. He is anxious to get out + has shewn no impulse or even depression since his coming here: Sleeps well Eating well and getting
					9 st 8	stout + strong:
Feby 13th 1898						Is active & cheerful and has been doing well as an outworker: He sits up in special each night a good card player and he is doing great execution at bagatelle. He probably wants a degree of mental balance being at present at time inclined to exaltation:

NAME. William Kirkpatrick

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 26		1898				was today discharged

RECOVERED.

NAME, David Warwick No

Admitted, 3rd January 1898 — Pr. Ad.

Sex, Male Age, 32 Marriage, Married Occupation, Labour

Education, / Religion, Protestant

Private or Pauper, Graitney P.C. McTaggart St. Where from? Mrs W. Browhouse Annan.

HISTORY.

Causation.

Disposition. Quiet reserved.

Habits.

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity Brother was in C.R.I.

Other Diseases /

Predisposing H.P.

Exciting

Symptoms. First.

Mental Inability to concentrate himself on any work

Bodily Sleeplessness

Recent.

Mental Delusions, restlessness &c

Bodily Loss of weight

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Some days —

Other Facts or Remarks

Facts of Medical Certificates

Dr Carruthers: Is anxious & depressed in appearance Says he has the strength & will to work but cannot apply himself to it.

" Feels his mind becoming unhinged.

Dr McKenzie: Melancholy, groundless fears dread of impending calamities, unfit for ordinary duties

" 10 v.t.

NAME, David Warwick –

STATE ON admission

Mental.

Exaltation /

Depression marked is dull & listless

Excitement considerable is restless and wrings his hands, cannot settle.

Enfeeblement slight

Memory Good

Coherence Yes Can answer questions? Yes.

Delusions That evil has overtaken him & that further calamities are coming.

Other Abnormalities Is impulsive.

Bodily.

Appearance He is a thin tall man

Skin Clean Hair Fair

Eyes Blue Pupils Large equal very sluggish

Muscularity Fair Fatness poor.

Nervous System—*Motor* The whole muscular system in a state of tremor

Sensory /

Reflex Action K.J. active + Special Senses /

Retina /

Lungs Chest badly formed, Apices flat and dull on percussion Breathing at both side Bronchovesicular –

Heart 1st sound thumping 2nd accentuated.

Tongue burred Bowels tend to constipation

Other Organs, Abnormalities, Bruises, &c. ; Ankle clonus present.

No marks

Appetite Fair

Urine healthy

Menstruation /

Pulse 94 large regular Temp. /

Height 5 ft 10 Weight 9 st 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, David Warwick

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Jany 4th			96			Is a case of delusional insanity with motor melancholia coming on in a phthisical person. He is depressed has many delusions and is very impulsive. Yesterday he required constant watching to prevent him breaking windows &c. He was very restless and exhausted looking all last night & slept none. Has taken a little food.
January 5th			92			As he was still very restless & depressed last night he was given paraldehyd ℥ij and whisky ℥j. This had the effect of giving him 7 hours sleep. He is more settled & looks less haggard to day
Jany 7th						Still very depressed & delusional but much less impulsive than before. Sleeps poorly: Eats fairly.
Jany 9th			88			Has lost to a great extent the tremors which he had on admission but is still very moody, has many delusions that he is ruined. that he is watched & commented on by those around him. He is sleeping better.
Jany 11th						Tonight complained of severe pain in left abdomen. No tenderness, pulse rate no increased. No dulness. was given Kopii m45 & a fomentation. Urine all right. Slept fairly.
January 13th						This has passed off & he is again up & in his usual.
January 27th						Has been again sick & complaining of being uneasy & also yesterday has been sent off to bed. Mentally he is much enfeebled at present but the more acute restlessness and impulse have passed off.
Feby 1st						Is still much as above: Depressed and moody. Sleeping badly: in S. Room

NAME. David Warwick—

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Feby 14th 1898						The lung condition is at present slightly improved but the pulse rate has gone up to 94: He is depressed dull & miserable. Sits quietly however in the dayroom with the nose red congested and the ears also blue looking very cold and ill: There has been no impulsiveness and the enfallement is still marked: Takes little interest in his surroundings and never reads. Has been put on Bigbie with Strych m ii
24th 98						Mentally picking up a little, less depressed & more active: Physically no change.
March 20th 1898						Mentally little change from last note Physically there has been at times diarrhoea and lately the heart condition has been giving trouble: The fat are swelling & the oedema is also causing a mild degree of albuminuria: Tr Strph m iv Acid N. HCl m X Inf Gent Co ad 3/4
May 1st 1898						He has improved a good deal since the warmer weather set in: The oedema has passed off, the pulse has improved and the lung condition has lately been in abeyance: He is quiet with a mild degree of dementia and this is only improving slowly. Taking his food better however and sleeping much more regularly.
May 18th						His friends come to see him regularily and David has been slowly improving he is still inactive and feeble but his physical health has lately been steadily improving He is brighter & more cheerful
June 1st						Is still improving: The invalid look is passing off and he is now cheerful and sanguine. The lung condition is still much the same but the heart's action has improved

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NAME, William Kirkpatrick No.

Admitted, 4th January 1898 Pr. Ad.

Sex, Male Age, 64 Marriage, Widower Occupation, Baker

Education, / Religion, Protestant

Private or Pauper, W.K. junr. Alpine St. Where from? Dalbeattie.

HISTORY.

Causation.

Disposition Cheery

Habits Hardworking steady

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental About 3 months ago his mental condition changed suddenly. He became weakminded and suffered from loss of memory &c. Has been very uncleanly in his habits.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities /

Suicidal No

Dangerous No

Duration of Existing Attack 3 months.

Other Facts or Remarks

Facts of Medical Certificates

Dr. McKerchar: Memory has failed, says he is at present in Isle of Man. Hate he has lost money

ii habits are filthy. is noisy, get out of the.

Dr. Gillespie. i says he is not at home, thinks he is surrounded by water & cannot get away

ii Gets up at night & roams about house is dirty &c.

NAME. William Kirkpatrick.

STATE ON a division

Mental.

Exaltation /

Depression slight

Excitement slight

Enfeeblement very marked.

Memory Entirely lost

Coherence Incoherent Can answer questions? Not correctly

Delusions many. that he is at Newton Stewart. says he has been here 6 weeks or.

Other Abnormalities /

Bodily.

Appearance He is a stout healthy looking man. looks 55

Skin clean Hair Gray

Eyes Blue Pupils Large equal react to light

Muscularity Fair Fatness Good.

Nervous System—*Motor* He is very feeble in gait & tremulous in nearly all his muscles.

Sensory Fair.

Reflex Action K.j. present + active Special Senses

Retina Is almost blind from central causes

Lungs healthy

Heart 1st sound loud thumping 2 sharp

Tongue tremulous. Bowels /

Other Organs, Abnormalities, Bruises, &c. No recent marks

Has an ankylosis right hallux for injury.

Appetite Fair

Urine healthy 1016 No albumen

Menstruation /

Pulse 88 large equal T for Temp. /

Height 5 ft 8½ Weight 13 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, William Kirkpatrick

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Jany 5th						He is a case of senile insanity in all probability due to a lesion in the cortex of the occipital lobes. His muscular weakness is not defined to any particular group of muscles. He is almost entirely blind. Runs into obstacles of all sorts without noticing them. Says he can see perfectly but cannot count fingers at 3 feet. The left eye seems the worse but it is impossible to test for hominous hemianopsia which is almost certainly present. He has also no subjective sight hallucinations. His speech is thickened & blurred especially for linguals & sibilants. Mentally there is complete loss of memory and he is incoherent in any conversation you endeavour to carry on. He has evidently no control over either bladder or rectum & does not call attention to any thing of this sort. The lesion from the heart condition is probably a haemorrhage or embolus. He has been put on Iodide of Potass gr x ter in die. As yet he has slept fairly.
Jany 7th						He has been quiet at night in fact has slept "like a stone" all night since admission & rather tends to somnolence during the day. His mental condition is unchanged.
January 12th						Continues practically as above. No improvement. Habits very dirty.
16th						Hemianopsia left hominous is now proved almost to a certainty.
Feby 1st						Has now quite settled down to the institution ways and can trail along to the lavatory etc is still sleeping in the sickroom

NAME. William Kirkpatrick.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3 July 13th						The more acute restlessness has passed off and he is now brighter & more intelligent. His physical condition is as far as can be made out as follows: There is diminution of power in both lower limbs: the right is trailed more than left & the knee jerk on that side slightly greater than on left the one being about +1. The sensation does not appear to be affected but there is slight increase of aesthesia for pain: Rt hand dynamometer is 48. left 52. no jerks can be elicited but the movements are tremulous and incoordinate: Face is not much altered as regards mobility but the lines are slightly less marked on the right side: the tongue is tremulous and is projected slightly to right. Taste cannot be tested nor smell. Eyes: ocular movements fairly performed: slight nystagmic lateral motion to right rotation. The sight is very poor: He cannot see fingers at a greater distant than from 3 to 4½ feet and then frequently counts incorrectly. The field of vision roughly tested shews homonymous hemianopsia for left half of field & contraction on the right side: Ophthalmoscopic exam. is difficult owing to his not being able to fix but the discs beyond slight congestion shew nothing: No retinal haemorrhages: There is no alteration of pupils which are large equal and contract to light & accommodation. The visceral reflexes are fair now the rectum is moderately controlled but the bladder has occasional precipitate urination

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NAME, James Sorbie No.

Admitted, 6th January 1898 Pr. Ad. 1

Sex, Male Age, 71 Marriage, Single Occupation, R'd n

Education, Religion, Protestant

Private or Parper, John S. Roarman Where from? Langholm
25 Eskdaill Street

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind

Duration 17 years ago Where treated C.R.I.

Hered History—Insanity /

Other Diseases

Predisposing P. A.

Exciting

Symptoms. First.

Mental Has been well since last attack up to about 6 weeks ago. when he began to have

Bodily delusions again that he was sent to Judge all people & others of a grandiose

Recent.

Mental nature. Afew days ago became dangerous & threatening.

Bodily

Insane Habits and Propensities wanders, reads his bible & a loud voice

Suicidal No

Dangerous Has threatened

Duration of Existing Attack 6 weeks

Other Facts or Remarks

Facts of Medical Certificates

Dr Mason: He has been slandered all his life. that people are telling lies about him. &c. people lying & wait without him

ii wandering &c.

Dr Gill. i specially endowed with wisdom. &c v.a.

ii v.a

NAME, James Sorbie

STATE ON admission.

Mental.

Exaltation Considerable – says God has made him the wisest man that ever lived.

Depression –

Excitement is restless

Enfeeblement marked

Memory Fair

Coherence at times Can answer questions? Yes.

Delusions Has many grandiose ideas as above.

Other Abnormalities –

Bodily.

Appearance A frail old man

Skin dry scaly, almost exfoliative – itis Hair Thin Gray

Eyes Pupils small equal react.

Muscularity Fair Fatness Poor

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs Note good: There are fine crepitations at bases:

Heart 1st systolic murmur 2 reduplicated.

Tongue clean Bowels regular.

Other Organs, Abnormalities, Bruises, &c.

There is an old callous ulcer on leg broken down in several areas.

Appetite Fair

Urine 1026 Acid: healthy

Menstruation –

Pulse 94 regular Fair tension Temp. –

Height 5 ft 9½ 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.

NAME, James Sorbie -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7th Jany						James and his brother are old roadmen at Langholm. Jas. retired from active work about a year ago. At present he is a case of Senile Mania. He is very exalted is endowed with special wisdom from God. Quotes scripture profusely. Says he talks to angels &c. He is in fair health. Slept fairly last night. Has been put on tonics: Eats well.
8th Jany.						Is very talkative and noisy and always wanting tobacco or a light for his pipe. Is very grandiose announces his strength & wisdom in loud tones: resents any interference or restraint. Restless last night.
10th Jany.						Continues noisy and garrulous. Any encouragement makes him lay forth his views on any subject. The skin condition is exceedingly like and exfoliative dermatitis. Each morning the sheets are covered with fine dust from the desquamation. His leg ulcer is very filthy & is being treated by antiseptic dressing &c.
18th Jany						Shews little sign of quietening is still grandiose and talkative. He shews marked enfeeblement is facile, and wants initiative.
1 Feby.						Continues much as above: no sign of settling. Every few days. The pulse runs up to 96 & there is an increase of the basal crepitus. On these occasions Digitalis is added to his tonic: Sleeps fairly.
1 March.						Much as on admission: More settled into the institution ways. He is at times mildly impulsive. and the grandiose ideas are leaving him: He is very facile: Each bathing day for example there is a scene.

NAME. James Sorbie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						but if he is told that his br the Rev John sent a message he wants to be bathed each week he goes willingly. This plan can always be relied on to get him to do anything wanted.
1 April						Rather quieter: reads the papers now regularly but is still very talkative & easily upset: sleeping better: eats well. The leg ulcer is very different to look clean & shows little sign of healing.
1 May						As above: quieter and more easily managed. still talkative & at times "thrawn". Pulse 90 regular.
1 July						Improving is now more sensible and anxious to be home. Easily managed: Jane has recently been no sign of any impulsiveness.
8 July						Today the leg ulcer was examined. The edges were very oedematous & drooping: Boracic Poultice applied.
9th.						The whole edges are gangrenous and large shreds coming away. There is no sign of any active inflammatory condition. Iodoform is used.
12th "						The overhanging edges have now cleaned and there is a much more healthy action apparent on base of ulcers which now look healing
1 Sept.						The ulcers are rapidly healing & only small patches of open granulations are visible. Mentally quiet. more sensible: easily guided Chatty and talkative still but no delusions are expressed. In every way more rational.
2 Sept 1898						was today discharged in excellent bodily condition: ulcers healed Pulse 84 regular good. Mentally A dear old man but vane

Recovered.

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NAME, Robert Kennedy No

Admitted, 14th January 1878 Pr. Ad.

Sex, Male Age, 45 Marriage, Married Occupation, Baker

Education, / Religion, Presbyterian

Private or Pauper, Pp Where from? 38 High St - Pp.

HISTORY.

Causation.

Disposition Quiet (peculiar?)

Habits Easy going: comfortable comparatively circumstanced

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity Not known

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Refusal to work.

Bodily Sleepless &c

Recent.

Mental Delusions & hallucinations

Bodily loss weight

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack a few months.

Other Facts or Remarks

He comes not get on with the others at Laughton home & refused to work. Wanders in diet & became very peculiar in manner &c. says talking in odd ways as signs of his influence from on high &c. Has now been ill 3 mos.

Facts of Medical Certificates

D Rees: Hallucinations of sight and hearing. Ordered by God to stand & watch evildoers

D Smith: Voices from unseen people will not allow him to work. Angels & the devil have appeared to him.

NAME, Robert Kennedy

STATE ON admission

Mental.

Exaltation Considerable :

Depression /

Excitement uneasy & restless in manner

Enfeeblement considerable :

Memory Fair

Coherence at times Can answer questions? Yes.

Delusions Many : dont to watch evil doers &c.

Other Abnormalities Has many mystic symbols and is evidently from his manner very delusional.

Bodily.

Appearance A thin neurotic looking man

Skin Clear Hair Grey scanty

Eyes Blue Pupils Small equal react.

Muscularity Fair Fatness Poor

Nervous System—*Motor* Has a current high voltage gait—

Sensory /

Reflex Action / Special Senses /

Retina /

Lungs Chest is flat at apices : resonance fair Expn is prolonged

Heart has an aortic systolic murmur 2nd Rhy reduplic

Tongue Clean Bowels —

Other Organs, Abnormalities, Bruises, &c. /

Appetite

Urine healthy

Menstruation /

Pulse 84 small wave low T Temp. /

Height 5 ft 3½ Weight 70 lb 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, Robert Kennedy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16 Jany						A case of delusional insanity. His physical health is much below par: There is probably a chronic condition at apices: Mentally he is very delusional has heat sent to watch evil doers on this earth. He has many peculiar actions gestures &c evidently prompted by delusions or hallucinations: He hears voices: Is very enfeebled. No initiative: Sleeps well Eats well.
18th Jany						As above: Is very silly and vacant in expression. Many of his actions are evidently meant to impress you with his superlative wisdom.
1 Feby:-						Is still very delusional. These he rarely talks about & when he does so it is in a vague indefinite way: Angels speak to him & direct his actions: Eats well Sleeps well. Is now in 3rd Division.
1 March:-						Improving slightly in physical looks & appearance but mentally little or none: still very delusional and markedly enfeebled.
1 Ap:-						As above: no change: he was sent to work with the slaughter house squad here & did fairly for a day or two but he then was again acted upon by his delusions & only wrought by fits & starts. He remained at this about 10 days when he had to be brought in as his feet blistered.
1 June.						Little or no improvement: Still peculiar & distant in manner silly and delusional in talk.
1 Oct 1898-						Has been in garden squad for some weeks & does fairly. As delusional & silly as ever. Continually asks now to be allowed off but is easily persuaded against wishing to go.

NAME. Robert Kennedy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						His physical health is fair: The pulse movement has increased in amplitude and is regular & good. Sleeps well: Eats well.
Dec 1st 1898						Little or no change: Still quiet & inoffensive: will not look straight at you as he prefers to gaze round the cornices of room or at clouds if outside evidently seeing objects there: He talks little says that people here are talking about him but he works steadily & quietly at the farm squad: Sleeps & Eats well: Is still in 3rd Div:
Feby 1st 1899						As above: always dreamy and vacant: gazes by the hour round him in a composed way. Speaks sensibly when asked questions but readily rambles off into his delusions: No change in physical health which is at present good.
April 1st 1899						No improvement: At times he is quiet & active at other would stand & gaze heavenward for an hour at a time.
July 26th 1899						No change: He is in fair health & works in garden squad still. Readily drawn at present about his delusions - Says he has been ordered by God to watch the heavens - He also states he sees angels occasionally & that they speak to him.
Nov 16th 1899.						No change: He is in good health. Anxious to be hoved occasionally but avoids looking at you as he says so & soon relapses into his usual apathetic star gazing.
Dec 1899						Sent to

FARM. ANNEXE.

1902 - Aug 21 - Died - of Phthisis pulmonalis

NAME, Samuel Hyslop — No

Admitted, 18th January 1898 Pr. Ad.

Sex, Male Age, 20 Marriage, Single Occupation, Smith.

Education, / Religion, Prostestant

Private or Pauper, Dunscore Where from? Bankend Carlaroch

Margt. H. (Mother) Dunning Auldgirth.

HISTORY.

Causation.

Disposition Retiring:

Habits Hard working, active

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental a week ago was observed to be more reserved & retiring than usual: He was unable to

Bodily sleep: He then became depressed and suspicious of people: & was sent home to

Recent.

Mental Auldgirth: thence here:

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack about one week

Other Facts or Remarks

Facts of Medical Certificates

Dr. J.W. Smith:— insane melancholic appearance miserable, unable to sleep: people among him be jeering & laughing at him & that a newspaper shewn him is printed specially for himself.

" as above

Dr. Smith - Dfs — as above

as above

NAME, Samuel Hyslop

STATE ON admission.

Mental.

Exaltation —

Depression marked, in aspect, speech &c

Excitement —

Enfeeblement slight

Memory Good

Coherence Yes Can answer questions? Yes.

Delusions People jeer at him & are talking about him. &c.

Other Abnormalities

Bodily.

Appearance A pale anaemic looking youth.

Skin moist Hair Fine thin dark

Eyes Blue Pupils Large equal react

Muscularity Fair Fatness Poor.

Nervous System—*Motor* —

Sensory —

Reflex Action R. j. present Special Senses —

Retina —

Lungs Chest well formed. percussion note good. no alteration of health sounds

Heart Sounds pure & good.

Tongue Clear Bowels Constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine 1026 Trace of albumen

Menstruation —

Pulse 90 soft large movement Temp. —

Height 5 ft 9½ Weight 9 st 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, Samuel Dyplop

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19 Jany						He is a fairly nourished youth His organs are all healthy. His beard is very fine the growth downy. He is very depressed: sullen and taciturn in manner, quiet with no excitement. He answers monosyllabicly. Slept fairly last night.
21st Jany						So probably a case of melancholia coming on from abuse of masturbation. He admits the vice. Still depressed and taciturn. So closely under observation. Has been put on Syp Hyphos Co.
31st Jany.						Much as above. Depressed and taciturn; dour in manner. Resents any attempt at conversation will not read: prefers sitting idly gazing before him.
14 Feby.						Has improved a little. Is more communicative. Still however very dull + depressed. Has not now the ideas that people jeer at him.
26th Feby.						Is still going on well: He has been at one or two dances lately + dances well: He has brightened considerably still however taciturn + less anaemic tone: healthy. pulse 84 regular good tension.
March 14.						Has been sent on to work in garden squad + works well. Mildly depressed still at times but talks more freely very rational.
31st Mar.						Has been told he is to be sent home soon + this has brightened him greatly: He has now recovered: Has no longer any delusions, is sleeping well + gaining weight: He has been put on parole for some time + is working well in the smiths

NAME.

DATE.	Temperat. Morn.	Even.
6 Apl. 1898		

NAME. Samuel Hyslop

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Ap: 1898						workshop as the sleading: he is a journey man + a good trades man. Was today discharged

RECOVERED.

see page 601

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NAME, Robt Boyd - No.

Admitted, 19th January 1898 Pr. Ad.

Sex, Male Age, 43 Marriage, Married Occupation, Fisherman

Education, Religion, Plymouth Brethern

Private or Pauper, Kirkmaiden P.O. Where from? Widow J. Boyd -
P.M. Rodie susp: Mill St, Drummore.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases

Predisposing

Exciting Epilepsy

Symptoms. First.

Mental Has been epileptic for years: the only fact regarding his previous history we have got is that he was separated from his wife 11 years ago: He states he has never had a fit while at sea: Generally they come on about once a month + generally also at night.

Bodily Yesterday morning he became very excited + rushed about as described below. He has

Symptoms. Recent.

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack one day

Other Facts or Remarks

no recollection of this

Facts of Medical Certificates

Dr Ronald Clark:- Has awild frenzied appearance constantly moving about in an excited manner. talks in a rambling way
it rushed into street almost naked shouted to the people to go which as the sea was coming on board.

Dr Smellie:- incoherent conversation + delusions as above.

" as above.

NAME. Robert Boyd

STATE ON admission

Mental.

Exaltation slight

Depression /

Excitement considerable, is restless continually moving limb.

Enfeeblement marked - confused in talk &c

Memory Poor

Coherence only at times Can answer questions? Yes.

Delusions God has spoken to him.

Other Abnormalities /

Bodily.

Appearance a strong active man

Skin clean Hair Long unkempt

Eyes / Pupils small eq: react.

Muscularity Fair Fatness Fair.

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs large chest well formed healthy

Heart no murmurs.

Tongue marked by ocars Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair

Urine 1022 Acid Deposit ✓phosphate.

Menstruation /

Pulse 88 regular good Temp. /

Height 5 ft 7 Weight 11 8 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.

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NAME, Robert Boyd

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20th Jany:						A case of Epileptic Insanity. He is at present very restless & mildly excited, wanders uneasily to & fro in gallery. Talks very disconnectedly and at times becomes markedly incoherent. He is also delusional stating that he has had visions from God &c. was sleepless last night. Gets fairly.
22nd Jany.						Slowly settling today he has not been so restless but has been incoherent & talkative. His conversation has been more general about his home, his life at sea &c not so much about his delusions. Slept well last night.
26th Jany						has again excited last night. He had no fit so far as observed but he was talkative excited spoke of his delusions that he had been sent to save the world &c.
2nd July 1st						Has again settled and is more stupid and confused. without any marked delusions
2nd July 14th						Is now a quiet mildly enfeebled case without any marked symptoms: He sleeps well & eats well. There is no excitement at present and he talks stupidly but rationally: Has been no infirmity.
March 1st						Much as above at some times he is more restless than at others. His fits are very short duration and unless actually observed in one would be readily missed: He is generally after them restless & inclined to wander about stupid & confused: He has not lately expressed his delusions.

NAME. Robert Boyd:

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
May 1st						As above: at intervals of 10 days or so he has a restless day: In the intervals is a mild dement: Pleasant & quiet with no initiative & little desire to be away. Physical health good.
Feby 1st						As at last note no change.
Oct 1st						He continues to have his fits at intervals of about 3 weeks or so. after a bout of 3 or 4 of them he becomes talkative during the night. says he is the saviour: or a great man of some sort. & the next day is again restless stupid & confused: at these times he may acknowledge his delusions but they are difficult to draw: they are evidently dependant almost entirely on a continuance into the post epileptic consciousness of epileptic visions & hallucinations. His physical health is good. He exhibits little or none of the usual epileptic crossness & irritability & is generally a quiet mildly enfeebled man. Sleeps & eats well.
January 1st 1899						No change: Is a restless moody man: always on the move: rarely sits down and is generally walking back & forward in the day room, ready to pick a quarrel with anyone coming in contact with him. Still take his turns at times and he is then more irritable: He never reads. Has no initiative: Sleeps fairly.
March 1st 1899						Much as above: He readily is excited & upset: at times he is impulsive & would strike any one coming near him. Sleeps fairly unless after a turn when he is restless: Eats well.

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NAME, Alexander Kirkwood. No

Admitted, 28th January 1898: Pr. Ad. 4

Sex, Male Age, 72 Marriage, Married Occupation, Lab:

Education, Religion, Protestant.

Private or Pauper, Portpatrick. Where from? Mrs. K. (wife)
Her old nurse Convent Portpatrick

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Four Kind

Duration Where treated S. C. A.

Hered History—Insanity None

Other Diseases

Predisposing P.A.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack Two days.

Other Facts or Remarks (First attack at 59.)

Facts of Medical Certificates

Dr. J.B. Roberts :- His busy aimless rambling
2 Insane remarks & general conversation
3 Threats of violence to his wife & others

Dr. Munro: Appearance excited tried talk
Constant & incoherent: Threaten wife
1: storing knife.

NAME. Alexander Kirkwood.

STATE ON admission

Mental.

Exaltation slight

Depression /

Excitement restless, talkative, cannot keep still.

Enfeeblement considerable

Memory Fair

Coherence At times Can answer questions? Yes.

Delusions /

Other Abnormalities Threatening at times, impulsive.

Bodily.

Appearance He is a fresh looking man

Skin clean: face tanned Hair Gray

Eyes Blue gray Pupils Moderate equal react.

Muscularity Fair Fatness Poor

Nervous System—*Motor* /

Sensory /

Reflex Action K. j. present. Special Senses /

Retina /

Lungs Apices: resonant slight emphysema
Expiration is prolonged:

Heart 1st sounds sharp with faint aortic systolic: 2nd sp ii.

Tongue clean Bowels /

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair

Urine healthy

Menstruation /

Pulse 88 small weak regular Temp. n.

Height 5 ft 5 Weight 8st.

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 Kirkwood

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29th January						Is a case of recurrent mania: At present he is excited restless and very talkative. at times he becomes incoherent in conversation: Physically he is frail and done. The heart is readily excited and the action at times irregular. He slept fairly last night & has taken his food well.
31st Jany.						Still excited and restless. He is continually annoying his neighbours. Talkative and at times exalted. He is constantly working with any piece of cloth or metal he can lay hands on. Has been put on Pot Brom Gn XV Fl Digit m XV
6th Feby.						Much as above: He has little memory and is much enfeebled in judgment. He is cute in some matters however. His pulse is now much steadier and the movement larger. Sleeps fairly:
14 Feby.						Still restless and troublesome He is continually wandering round worrying those about him and whenever contradicted in any way strikes out: As he is footless he generally is worsted if the patient retaliates and has then a grevance which he tells about in a rambling unconnected way.
1 Mar:						Little improvement in his mental condition His physical health is better: The pulse 80 of good movement & regular: The Digitalis has been stopped & a better tonic given.
1 Ap:						Mentally he is rather quieter. Still talkative but more incoherent. As the excitement is passing off the enfeeblement is becoming more evident: He sleeps well & eats well.

NAME. Alexander Kirkwood.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
May.						Little change: mildly restless & very talkative: generally each night as he goes to bed there is a scene as he upsets every other patient by his meddlesome ways: He has a present a slight black eye from this cause.
May.						Today two young boys relatives were seeing him & Kirkwood persuaded them that he had recovered & was to be allowed home with them: They took him home to Wigtown.
2 May.						Kirkwood was today brought back.
June:						Is more settled the restlessness & excitement is slowly passing off. The enfeeblement still continues. The still is inclined to collect all odds & ends stuffing his pockets & attaching an undue value to them. Sleeping well. Eating well.
July						Still talkative & much as above & still inclined to be meddlesome. The excitement has however passed off and there has been no impulse for some time. His friends are very anxious for his removal home. His pulse has continued fair.
3rd July						Was today discharged as

RECOVERED.

— See page 589 —

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NAME, John Charteris Grierson No

Admitted, 30th January 1898 Pr. Ad.

Sex, Male Age, 59 Marriage, Married Occupation, Farmer

Education, Religion, Protestant

Private or Asylum, Private Where from? Bengallhill Dryfesdale Jane G. (wife)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental He has always been a healthy man but addicts at times to excess in

Bodily alcohol: about 3 weeks ago he became sleepless. Then became excited & restless & lately delusions have developed. He became very violent

Recent.

Mental

Bodily Has been losing weight rapidly & lately appetite has been very capricious.

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates

Dr Irving: much excited at times, always in motion delusions people are coming & take him away wife & children & be murdered. being poisoned. " wife & children to be taken away

Dr Smith:- excited in and appearance rambling incoherent conversation &c

NAME. John Charteris Grierson

STATE ON admission.

Mental.

Exaltation Coc

Depression slight

Excitement very great:

Enfeeblement slight

Memory Cannot be tested

Coherence No Can answer questions? No

Delusions Many people chasing him, murdering his relatives &c.

Other Abnormalities Has hallucinations both of sight and hearing.

Bodily.

Appearance Is a strongly built, weather beaten man

Skin Clean Hair Gray: brown

Eyes Blue v.i. Pupils Right > left : v.c.a.c.t.

Muscularity Good Fatness Poor.

Nervous System—*Motor* There is ptosis of left eye: There is also paralysis of external rectus on left side.

Sensory

Reflex Action K. j. increased +1 Special Senses —

Retina —

Lungs Healthy so far as can be ascertained.

Heart 1st sound indistinct second sharp.

Tongue clean dry Bowels —

Other Organs, Abnormalities, Bruises, &c. small bruises on shins. There has been a blister on back of neck & this has been rubbed into a suppurating sore.

Appetite Fair

Urine There is retention; ~~healthy~~ 1030 Acid: trace gall.

Menstruation —

Pulse 96 rapid regular Temp. 98.8

Height 5 ft 6 Weight 8 st 4 ft

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 Charteris Griërson.

DATE.	~~Temperat.~~ Pulse Morn.	Even.	~~Pulse~~ Sun Morn.	Even.	Weight, lbs.	PROGRESS OF CASE.
31st Jany:		96		98.8		Is a case of acute alcoholic insanity: Physically the condition is poor: The eye paralysis points to some organic change probably low at base: So far as can be tested the two sides of body are fairly strong: There is no sensory change: The heart is slightly irregular and the first sound very indistinct. Mentally he is very excited, restless noisy shouting. Answers voices gazes in different directions as if seeing objects. Talks incoherently in a rapid rambling way. His delusions are made up from his fragmentary conversations. Can recognise no one about him. Has been taking his food fairly. Slept none last night: Put on ℞ Digitalis mXV Pot Brom Gr XV &c 3 times daily.
1 Feby:	88			98.4		Still very noisy: Cannot be got to stay in bed a minute: continually springing out or else fumbling (like a G.P.) with the clothes. Very noisy at night slept again none —
2nd Feby:	88			n		Rather quieter if anything. The pulse is of larger movement. Was given Paraldehyde ℥iij in whisky last night & slept 3 hours.
3rd Feb:	92			n		Still very noisy & acutely delirious: hallucination have to day been very marked.
6th Feb:	90			n		Cannot be kept in bed for ten minutes on end & cannot be dressed: he is exceedingly restless. Struggles insanely if in any way controlled: very noisy especially at night.

NAME. John Charteris Grierson

DATE.	~~Temperat.~~ Pulse Morn.	Even.	~~Pulse.~~ Temp. Morn	Even.	Weight, lbs.	PROGRESS OF CASE.
8 Feby:	92	96		98.8		More flushed looking to night & pulse is running up a little: There are fine crepitations at both bases. He is still very excited noisy & troublesome. He is taking only a moderate amount of diet: There has been no retention of urine since his admission but there is still a trace of albumen. He is being stimulated: Is having stimulant expectorants Sp Ether &c. Paraldehyde as a hypnotic &c.
9 Feby	112	120	101.6	102.4		As above is still very noisy & very difficult to manage: There is great risk of his hurting himself. There are acute hallucinations. The temp is going up: There is probably a congestion passing on to pneumonia at the left base:
10 Feby:	124	124	102.8	102.4		Still acutely maniacal and excited very difficult to control every noisy. Physical condition There is now consolidation with bronchial breathing up to angle on left side: & the rt base is also not clear it is difficult to examine owing to his restlessness. put on ℞ Shophanth mxx every 4 hours.
11th	118	128	99.8	99.4		Has practically collapsed this morning dozing at times then passing into muttering delirium. There is a marked systolic murmur. and the chest with marked crepus. all over:
12th	140	+	98.	96.6.		Is dying tonight: muttering restless the heart is failing rapidly
13th	-					Died this morning

DIED

NAME, Robert Haugh No

Admitted, 3rd February 1898 Pr. Ad.

Sex, Male Age, 38 Marriage, Single Occupation, F.S.

Education, Religion, Protestant.

Private or Pauper, Dalbeattie - Urr - Where from? Southwick Rd. Jas H. (bro) Craignare Cott. Auchinleck.

HISTORY.

Causation.

Disposition Reserved.

Habits Hardworking

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity —

Other Diseases phthisis

Predisposing

Exciting

Symptoms. First.

Mental Has been in ill health for some time became suspicious & peculiar in manner

Bodily a few weeks ago: About ten days ago had delusions of suspicion that

Recent.

Mental his neighbours were conspiring against him: Yesterday became

Bodily excited and ran off from his imaginary pursuers.

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack a week.

Other Facts or Remarks

Facts of Medical Certificates

Dr. McKerchar: talks incoherently regarding imaginary grievances. Tells me he is threatened by a violent mob of people with personal injury.

" escaped from house & ran a distance of 4 miles in stockingsoles.

Dr Hastings: - Talks of death of persons still alive & as above

" as above

NAME, Robert Haugh

STATE ON admission.

Mental.

Exaltation /

Depression considerable

Excitement restless, excited in manner.

Enfeeblement considerable

Memory fair

Coherence Yes Can answer questions? Yes

Delusions Many: people conspiring against him &c.

Other Abnormalities suspicious.

Bodily.

Appearance A delicate looking man

Skin clean moist Hair Fair

Eyes Gray Pupils small equal react

Muscularity Fair Fatness poor

Nervous System—*Motor* /

Sensory /

Reflex Action / Special Senses /

Retina /

Lungs Chest: fairly formed: right—open flat
Percussion slight dulness—fine crepus with insp.

Heart sounds distinct—no murmurs

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair

Urine 1028 deposits of phosphates no albumen

Menstruation /

Pulse 92 small regular Temp. 98.2

Height 5 ft 10 Weight 10 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, Robert Haugh

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5th Feb:						A case of phthisical Insanity. His general physical health is below par: The chest condition shews a slightly active process at the right apex: Mentally he is very restless, walks about in an aimless way: Talks readily about his suspicions of people around him and of their treatment of him at Dalbeattie: Sleeps fairly. His appetite is fairly good.
8th Feb:						Still very restless: He lacks any control of his ideas expressing them very freely and constantly wishes away to be free from these people: There has been no increase of temp: Pulse still 92 but the movement is better: Mist Bybie.
14th Feb:						Is in the 1st Div: Still very aimless in his movements: restless and readily excited. Whenever he becomes so, his talk about his delusions becomes rambling & confused.
21st Feb:						As above: Physically he is rather improved, There are now no crepus but insp is wavy & interrupted and expn is prolonged. Sleeps fairly
1 Mar:						Has at times hallucinations of hearing & when these are present is more restless and confused. Still suspicious, has his old ideas regarding people conspiring against him: Sleeps has lately been very mod:
1 Ap						Is improving slightly in his bodily condition: Restless & delusional —
1 May:						Much as before: Has if any thing more control and is more reticent about his ideas. Appetite fair: His general health is improving.

NAME. Robert Haugh —

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
June						was sent out to work in the clerk of works squad & has been working well: always now asking for his "claes & bits" to get away in. Still rowing vengeance on his tormentors for getting him in here.
Augt:						After being in squad for about 3 weeks he began to run down in health and unfit for work so has again been kept in house.
Oct:						Is in 3rd Div: Physically he is losing flesh: The chest condition is again accompanied by mist sounds. & he looks at times flushed and ill. at no time has his temp: been raised. The pulse varies greatly ranging from 88 to 96: Sleeps fairly Eats fairly. Mentally delusional & restless as before: Cannot be quiet for more than a few minute on end: Lately he seems to have associated his coming here with his conspiracy. "These folk have landed me in here with their nonsense. I'll give the whole of them the police for tormenting me" &c.
21th Novr 1898.						Today he spoke to Dr R as he was going round & stated he had been struck &c by the attendant: This was enquired into and found to be absolutely a delusion when closely questioned he could give no definite information regarding the time &c when it happened or even who did it: He then passed on to accuse the attendant (Jas Wilson) of stealing & wearing his watch & chain. Says we are making at profit off him by selling his own clothes & boots. (the watch was given to brother who came with him when admitted). He has been in this frame of mind for some weeks now & constantly bringing these charges.

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NAME, John Ward. No

Admitted, 5th February 1898 — Pr. Ad.

Sex, Male Age, 33 Marriage, Single Occupation, Lab'r

Education, — Religion, Protestant.

Private or Pauper, Tundergarth. Where from? Cleughheads - Tundergarth.

Jos: Henderson J.P.

HISTORY.

Causation.

Disposition Quiet + reserved

Habits Always "rather slack"

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 No

Duration of Existing Attack 8 days

Other Facts or Remarks

Facts of Medical Certificates

Dr Irving:— Dull + depressed + has delusions that he + all his relations are to be destroyed.. whole conduct + behaviour irrational

" Talks of destroying himself &c.

Dr Bell:— soldiers to take him away

" does not sleep

NAME. John Ward

STATE ON admission.

Mental.

Exaltation /

Depression marked

Excitement /

Enfeeblement very marked: no control over motions eyes like a baby.

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions: Soldiers are watching him &c.

Other Abnormalities

Bodily.

Appearance He is a well developed man

Skin Clean Hair Dark thin

Eyes Blue Pupils Rt < left both react

Muscularity Fair Fatness poor

Nervous System—*Motor* /

Sensory /

Reflex Action / Special Senses /

Retina /

Lungs Chest is long + narrow, no active signs of any lung mischief

Heart healthy

Tongue clean Bowels Constipated.

Other Organs, Abnormalities, Bruises, &c. /

Appetite Poor

Urine 1030 acid; healthy

Menstruation /

Pulse 88 large regular Temp. normal

Height 5ft 8 Weight 9 st 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 Choréic movements.	I Hallucinations.	J Enfeeblement.

NAME, John Ward

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6 Feb:						He is a case of melancholia with marked enfeeblement. Physically his condition is average: Mentally: Depressed looks so: says he is miserable, his relatives have turned against him. He is too wicked to live. Soldiers are coming from Carlisle for him to hang him for his misdeeds. He slept fairly last night
8 Feb:						Much as above: wets copiously when spoken to and behave generally like a child: Has no little idea of doing anything for himself.
14th						Is sleeping fairly but eating heavily. Has now given up crying & has passed into a more sullen state in which he will not speak Refuses his tobacco and generally is strange & distant in manner.
21st						Has again taken to smoking & is more amicable: He is still depressed but will not row over many of his former ideas. Still says his relatives are against him.
1 Mar						Is improving perhaps in mood more active both physically & mentally: Is very quiet and distant still but not so depressed.
14 Mar						The depression has now almost entirely gone: He is pleasant & active: Enjoys a game at Draughts: Reads a great deal ~~to be sent out in town~~.
1 April						Still improving: Sleeps well & eats his food excellently Is gaining both in looks & weight Can now enjoy a joke: and outside works actively & cheerfully.

NAME, John Ward.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12 Ap:						was today discharged recovered. He is active cheery and has been working well: On admission the facileness & enfeeblement along with the pupil change was strongly suggestive of a case of G.P. This has however passed off as regards all mental signs. The pupil change is now Rt small left mod both react to light. acc. & convergence

RECOVERED.

NAME, John Malcolm No

Admitted, 9 February 1898 Pr. Ad.

Sex, Male Age, 53 Marriage, Widower Occupation, Lab.

Education, — Religion, Protestant.

Private or Pauper, Balmaghie. Where from? James M (son) Lauriston Balmaghie.

W. Sproat J.P.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity

Other Diseases

Predisposing a

Exciting alcohol

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Sometimes.

Duration of Existing Attack 2 or 3 days.

Other Facts or Remarks

Facts of Medical Certificates

Dr Nivison: Refuses food: talks ramblingly gives no answer to questions.

" obstreperous: made attempt to get out window

Dr Lorraine: Depressed & listless answers in monosyllables. unsettled wild look suspicious

Ca above.

NAME, John Malcolm

STATE ON admission

Mental.

Exaltation —

Depression slight: in talk & manner

Excitement slight restless aimless moving about

Enfeeblement slight

Memory Poor

Coherence At times incoh: Can answer questions? Yes

Delusions —

Other Abnormalities suspicious.

Bodily.

Appearance A thin nervous looking man.

Skin clean Hair Gray

Eyes Blue Pupils large eq react.

Muscularity Fair Fatness Fair

Nervous System—*Motor* —

Sensory —

Reflex Action K. j. present Special Senses —

Retina —

Lungs Well formed chest: a few crepitations at left base (& occasionally a doubtful post diastolic.

Heart much enlarged down to left: sys & dia: aortic murmurs

Tongue Clean Bowels Diarrhoea.

Other Organs, Abnormalities, Bruises, &c. (No evidence of anaemia) There is pulsation in neck veins: The pulse of fair movement: & low tension: both are equal

Appetite Fair

Urine healthy no albumen

Menstruation —

Pulse 88 irregular in force. Temp. —

Height 5 ft 10 Weight 9 st 21.

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 Malcolm

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 Feb:						Is a case of excited melancholia coming on in a case of weak heart: He has undoubtedly aortic incompetence & probably also mitral. He is restless, confused stupid and depressed & has evidently been lately drinking. There is catarrh of the stomach probably associated with the backward pressure on portal systems. He has no energy: will not settle to read: Sleeps fairly. Has been put on Pot Iodid gr x & small doses of R Digitalis. m vii
14th Feb:						Has been lying in one of the cubicles off the sick room. He is still restless confused and his delusions has a certain amount of hypochondria as he constantly asks about his heart &c. & is anxious to be examined. At present he is very enfeebled. Has little or no memory for the events of the last few months
21st Feb:						There has been an increase in the lung crepitations and the mixture above given has had stim: expect. added. Mentally quiet & reserved. still confused.
1 Mar			84			Is gradually improving in his bodily health. The heart action has become more regular & the digitalis is meantime intermitted. Mentally still mildly depressed & enfeebled but more talkative.
14 Mar						Has improved mentally: Is now less depressed & is taking a more rational view of things is not delusional at present. Sleeps fairly but palpation wakes him. Eats fairly.

NAME. John Malcolm.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12 p.						Is now up & out each day: Physical health fair: Mentally less restless & can now read the newspaper quietly all forenoon. Is feeling stronger & better & has got over his confusion. He is still mildly depressed & anxious to be away: He is to go to a son in Ayrshire when well.
14 p.						Physical health fair: Mentally the depression is rapidly clearing away since he heard he was to be discharged soon: Is a pleasant quiet man: He will be quite unfit for any but the lightest work. There has been no impulse.
30 ap.						Was today discharged

RECOVERED.

NAME, John Haining No

Admitted, 12th March 1898. Pr. Ad.

Sex, Male Age, 69 Marriage, Single Occupation, Lab.

Education, / Religion, Protestant.

Private or Pauper, Dunscore Where from? Mausegate Dunscore

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. seven Kind melancholia

Duration last 26th Jany 1898 Where treated S.C.A

Hered History—Insanity niece has been in asylum

Other Diseases /

Predisposing

Exciting

Symptoms. First.

Mental Haining was only discharged 6 weeks ago & has already relapsed to his former melancholic condition. He sits at home, will not work. Gets bad food chiefly tea &c. becomes constipated often melancholic.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal inclined

Dangerous No

Duration of Existing Attack 2 weeks

Other Facts or Remarks Age on 1st attack 49.

Facts of Medical Certificates

Dr. J.W. Smith: insane melancholic appearance. Cannot get peace in his mind: is afraid to go out for people looking at him. Cannot get forgiveness

" Has had to be watched for a fortnight

Dr. Smith - Sp. As above

NAME, John Stanning

STATE ON readmission

Mental.

Exaltation /

Depression Marked: looks very depressed. says he is miserable.

Excitement Slight

Enfeeblement considerable

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions will never be well. Cannot get any peace

Other Abnormalities

Bodily.

Appearance Aged looking old man

Skin Hair Gray

Eyes slight arcus senilis Pupils small equal react

Muscularity Fair Fatness Fair

Nervous System—Motor

Sensory /

Reflex Action K. J. present Special Senses /

Retina

Lungs healthy

Heart regular sound blowing mitral systolic

Tongue clean Bowels Constipation

Other Organs, Abnormalities, Bruises, &c.

/

Appetite Fair

Urine healthy

Menstruation /

Pulse 86 small movement Temp. —

Height 5 ft 7 Weight 10st 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 Haining

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14th Mar.						Is in practically the same condition as at last admission. Is very depressed. Says he is miserable & cannot sleep. Has "no peace of mind" will never be better. He has a most woe-begone expression. Eats fairly.
18th Mar:						Still much as above: His bowels have been freely moved and he is to now be put on ℞ Opii m xx ter in die. with hills Col et Hyos one each night
21st Mar:						Is rather better still says he is miserable &c but is taking a more lively interest in the work around him.
1 Ap:						Improving: Opium stopped.
1 May:						Is now again a quiet harmless old man with little energy has been sent out to work. Sleeping well Eating well.
1 July						Continues fairly well. There has been no return of the depression.
1 Oct:						Is again very anxious to be hied at home. Is sure he will do outside this time. Has been quiet & easily managed and is still working outside
1 January '99						John has been quiet and working steadily all winter active enough and pleasant. Very anxious to be out and sure he will be all right on this occasion: The only treatment lately has been to give him an occasional free purge & this has benefitted him.

NAME. John Haining.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
January 21st 1899						His friends have again applied to Dr. Blake him out and today he was discharged recovered, he will remain well but only all summer but will then again relapse:

RECOVERED

NAME, Robert Andrew Woodman No

Admitted, 19th March 1898 Pr. Ad.

Sex, Male Age, 26 Marriage, Single Occupation, Fisher

Education, — Religion, Protestant.

Private or Pauper, John Laurie J.P. Where from? Kenzie Anna Annan P.C.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity —

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental — It has been an alleac active well doing fisherman and belongs to a good active stock. Suddenly about a week ago became depressed & refused to work

Bodily

Recent.

Mental — Then became suicidal - no cause can be assigned by friends.

Bodily

Insane Habits and Propensities

Suicidal — Yes

Dangerous — No

Duration of Existing Attack — one week.

Other Facts or Remarks

Facts of Medical Certificates

Dr. Murdoch: abnormal depression: weeps without cause does not do his work as he ought to do it - suicidal impulse

" as above

Dr Howie: depressed melancholic mood: deceiving himself & others not like other men. saw him lift a knife to injure himself

" not sleeping

NAME, Robert Andrew Woodman

STATE ON admission

Mental.

Exaltation /

Depression very marked: will not look up.

Excitement /

Enfeeblement marked

Memory Fair so far as can be tested.

Coherence Yet Can answer questions! Only answers in nonsingly [illegible]

Delusions Cannot do his work, & ought to die for it
His relatives think him a burden &c.

Other Abnormalities /

Bodily.

Appearance A thin nervous looking man.

Skin Clean Hair Thin brown

Eyes Dark Pupils Large equal sluggish.

Muscularity Good Fatness Fair

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs Chest pigeon shaped apices flat: percussion on left dull — expn prolonged — no moist sounds.

Heart sounds rapid & slightly irregular 1st rough musical

Tongue furred. Bowels (systolic 2nd short

Other Organs, Abnormalities, Bruises, &c. There is slight facial asymmetry.

Chest

Appetite

Urine 10 He acid Normal

Menstruation

Pulse 96 per min Temp. 98.6

Height 5 ft 7 Weight 11 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, Robert Andrew Woodman

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20th Mar:	98.6		96			This case is one of marked melancholia. The physical condition is fair. The pulse is rapid & the temp slightly raised. Mentally he is very depressed has a very anxious pained look. Is very taciturn, will not answer except in monosyllables & then in a low voice. He slept none last night but there was no impulse: Took his food very poorly.
22nd Mar	98.		92			Still very depressed: sits in a chair all day gazing before him. All his movements are slow & evidently cast him an effort. He is still sleepless & has no relish for food.
26th Mar:			88			Is taking his food fairly and is rather better looking. The pulse is stronger & slower. Mentally practically no change. Has been put on Syr Easton ℥ß Ag ℥iii dose ℥ß
1 Ap:						Still very depressed refuses to go out. Is still inactive dull & confused: Sleeping rather better.
14 Ap			84			Is getting stouter but is looking more enfeebled: smiles occasionally when spoken to in a painful half hearted vacant way. His appetite is rather better:
1 May						Is now going on to the green each day with party. He is still very quiet but speaking better. When his friends come to see him he talks in a dull listless way. Heart still has marked systolic murmur but it is improving in regularity
1 June.						Doing fairly the depression is not so marked but he is getting stout & listless with it. Still very quiet when spoken to. He will join in a conversation with other patients but will not speak to any official. Sleeping well
					11..10	Appetite good.

NAME. Robert Andrew Woodman.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July:						Is still slowly clearing from the depression but the enfeablement continues.
Aug						His friends are beginning to wish him home. He certainly shows his best side to them talking freely + chatting sensibly + smartly at times with them. He still wants go badly: has no initiative. Reads at times quietly to himself. Is to be sent out to work.
Sept						Has done fairly well since going out to work but there is still a mild degree of depression + absent mindedness + a tendency at times to assume a vacant expression. His friends are applying for a minute of the Board for his discharge.
Sept						Was today sent off as above

RELIEVED

Oct						He today came to see us. Smart active, cheery self confident + quite a different man. He has been "lucky at the fishing smile going out" + is now quite recovered

NAME, Robert Swan. No

Admitted, 29th March 1898 Pr. Ad.

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

Education, / Religion, R. C.

Private or Pauper, Frances Dodds Jr. Where from? Jane Swan

Morton. Thornhill 23 W. Drumlanrig Sts Thistle

HISTORY.

Causation.

Disposition Retiring.

Habits Hardworking correct

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental See certificates

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack uncertain

Other Facts or Remarks

Facts of Medical Certificates

Dr Bryson: 28th March he came complaining of people saying he was smelling badly & holding their noses ... This morning he said that someone knocked at the window & he jumped up & the next thing he knew he was 1/2 mile from home

" at 6.30 he passed the police station was followed by constable & said he was going to river.

Dr Favers: Wild unsettled appearance. Change of Character. Writable & violent as above

" as above.

NAME. Robert Swan

STATE ON admission.

Mental.

Exaltation slight never was better.

Depression —

Excitement Irritable + restless: readily loses control

Enfeeblement slight

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions None expressed.

Other Abnormalities Suspicious glances round him.

Bodily.

Appearance A thin nervous, run down looking man.

Skin Clean Hair Dark thin.

Eyes Blue Pupils Large equal react

Muscularity Fair Fatness Poor.

Nervous System—*Motor*

Sensory

Reflex Action K. ✓ present Special Senses

Retina

Lungs Rt apex flat sounds normal left apex slight dulness expn prolonged with fine crepn

Heart Sounds normal.

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair

Urine 1026 Dep: phosphates: no albumen.

Menstruation

Pulse 88 large good Temp. normal

Height 5 ft 7 Weight 8 st 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, Robert Swan

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30th Mar:						Is a case of delusional Insanity: His physical health is only moderate. He has a subacute phthisical condition at one apex. Mentally he is suspicious and has delusions that people are watching him and passing remarks about him: He states he never was better in his life and is readily excited. His Apetite is fair: Sleep Fair.
1 Ap:						There is no change in his mental condition: still suspicious: He is if anything rather quieter and more settled: Sleeps well.
5 Ap:						Is now very quiet and reticent about his delusions.
14 Ap:						The lung condition is practically unchanged: There are still fine crep: at end of insp: There has been no increase of temp: Mentally he is suspicious and reticent as at last note: Sleeping fairly.
May 1st						As above: Still very quiet: when questioned regarding his delusions he becomes mildly excited: Face twitches slightly. His answers become very evasive but he denies them.
June 1st						Has turned out lately with the workmen but became very reserved: Acts in many peculiar odd ways: He sometimes acts as if he ~~hear~~ voices - His appetite is fair & he sleeps well. He however is still spare.
July 1st						Still has his worn anxious look. Acts peculiarly. Is very reserved, shuns notice & keeps away as far as possible from others.
Oct 1st						Suspicious & very evasive in his replies to any questions: Says he never felt better: Works well in the Sickroom. He still however shuns all notice: Is readily confused & stupid: Sleeps restlessly.

NAME.

DATE.	Temperat. Morn.	Temperat. Even.
Dec 1st 1898		
Jany 1st 1899		
March 1st		
July 26th 18		
Nov 3rd 18		
January		

NAME. Robert Swan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Oct 1st 1898						Has shewn no change lately in any way: methodical and quiet: He wants initiative however & energy. He seldom now asks away: Is readily "upset" when spoken to and usually shuns notice. There is little change in the apical breath sounds & his physical health is fair.
Aug 1st 1899						As above: He probably has delusions but rarely mentions them & when he does so at once notices it and retracts any statement:
March 1st 1899						No change: Quiet & reserved: has never asked away, uncommunicative. He thinks long over the simplest questions answers in a monosyllable: He is suspicious and reticent. Has shewn no impulse at any time since his admission
July 26th 1899						Robert is of great value in the sick room. He is in fair health. Mildly enfeebled never asks to get away and is still reticent and suspicious. Expresses no delusions though he still acts as though he had them. Avoiding any reference to them &c.
Nov 3rd 1899						As above unchanged in every way: No delusions expressed. He is enfeebled mildly. Talking more & joins well in conversation
January 20th 1900						Yesterday asked for the first time to get away from here. He has been quiet & easily managed. Occasionally he asks you to look in his eyes to see he is a sensible man. About 10 days ago said what about the candles then walked off. I was unable to say whether this way due to a hallucination of hearing or whether he had mildly mistaken a previous remark

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NAME, Michael Thompson No.

Admitted, 13th April 1898 Pr. Ad. /

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

Education, Religion, Roman C:

Private or Pauper, Ann T- wife Where from? 1 Newton Street Preston

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. two Kind Mania

Duration Each a few month Where treated 1st Whittingham 2 Fulwood Workhouse

Hered History—Insanity /

Other Diseases

Predisposing P.A.

Exciting alcohol

Symptoms. First.

Mental About one month ago again had an attack of drinking and gradually

Bodily became irritable then excited & sleepless: Then his old delusions

Recent.

Mental returned of grandeur &c He resented an interference bought no end of useless

Bodily things & when spoken to was readily impulsive:

Insane Habits and Propensities

Suicidal No

Dangerous At times

Duration of Existing Attack One month (1st attack at 63)

Other Facts or Remarks

Facts of Medical Certificates

Dr Dunn; Wild & excitable, with difficulty restrained imagines he is immensely rich: spending money recklessly

ii 1- (wife) very rough: foolish purchases: violent

Dr Thomson & Sp -

1 Excited & restless: talks incoherently of sending telegrams to the mayor of Preston.

NAME, Michael Thompson.

STATE ON admission

Mental.

Exaltation : marked, is very wealthy : powerful & strong &c

Depression /

Excitement : Considerable : restless talkative :

Enfeeblement : considerable.

Memory Fair

Coherence At times Can answer questions? Yes

Delusions : Many of grandeur, is very wealthy : tells many wonderful stories of his Cuniean & Kaffir adventures.

Other Abnormalities :- Is very rambling in conversation -

Bodily.

Appearance An active spare man

Skin Clean Hair Gray

Eyes Gray Pupils large equal react.

Muscularity Fair Fatness Fair :

Nervous System—*Motor*

Sensory

Reflex Action K. J. present Special Senses

Retina

Lungs Note good and resonant :
no abnormal respiratory sounds :

Heart Is displaced down & out apex 1½" beyond nipple There is dulness ※

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. ※ above the heart area due to dilatation of the aorta 1st sound in distinct systolic murmur :
2nd Heart & reduplicated : There is oedema of legs & ankles

Appetite

Urine 10 18 Slight trace of albumen

Menstruation /

Pulse 90 small regular Temp. normal.

Height 5 ft ½ Weight 10 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, Michall Thompson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Ap: 14						A case of Alcoholic Insanity: He is physically in very poor health: heart weak + its action readily excitable: Pulse readily irregular in time: Mentally very restless, excited, talkative: He continually yarns on about his doings here there + everywhere: He is very sleepless + has been allowed one pint of porter each night as a hypnotic: Also put on R Liq Strych 3p Pe Strych 3i Vin Ipe 3p Inf Jaeger 3vi
Ap: 16						He is still very restless sleepless and talkative: is worth a mint of money: Is being kept in here which prevents him making £150 a day. The porter is still continued: Pulse rather better larger wave and
	n	n	88			more regular: There is at present considerable oedema at bases of lungs but no increase of Temp:
Ap: 18						Still as above: slightly tremulous in muscles of face: Is always on the move: Still sleepless very talkative and as he becomes more coherent is correspondingly more amusing. Treatment as above.
Ap: 21			84			Is improving physically: The pulse is better in force + time: The oedema has passed off from legs: As he is sleeping rather better the alcohol has now been knocked off: The tonic has been changed to Syr Pastoris 3p ter in die. Mentally still very talkative: active restless but more coherent: His stories at present tend to a slight curulean hue. Is an inveterate smoker: Appetite + digestion good:
Ap: 26						Still as above: Mentally more settled: memory very deficient in recent events still delusional.

NAME, Michael Thompson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
May 7						Is now in Special and his physical health is improved: Mentally still excitable and restless: talkative:
May 24						Still restless and talkative Has delusions regarding his ability to earn money &c.
June 1st						His bodily health is now good and his tonic has been discontinued: He is at present less talkative: still anxious for his glass of beer however: Sleeps well.
14th						He is mildly excited again but is not so talkative as before: Good player at dominoes &c. Still delusional:
Jul 1st						As above. no change.
Aug 1st						At short intervals, he becomes slightly run down in body and is at once again put on his old tonic. His delusions are now much less marked but his mild exaltation is still present. "If I were out this week I'd make a pot of money of that Fair" etc.
Sep 1st						Has now recovered in bodily health and is almost well mentally; his memory is still slightly deficient but he is a cute old man:
1st						Sleeping five hours each night: Eats well: His sons today came to see him and took him down town: His first excursion was for beer & though this did him no harm, if allowed out he would probably at once go to excess with it: Mentally as above
Oct 16th						Very anxious to be at liberty & at present well enough to be out were it not for the very great risk of relapse
18						Today wrote a letter to his lawyer about some money affairs quite sensibly & clearly see Cette Book of date.
24th						Discharged recovered: He is breaking up in bodily health

RECOVERED

NAME, John Crockett No.

Admitted, 18 April 1898 Pr. Ad.

Sex, Male Age, 57 Marriage, Married Occupation, Shoe m'kr

Education, Fair Religion, Protestant.

Private or Pauper, - Miles McInnes Where from? Inverness Asylum

- Dp - wife: 233 High St Elgin

HISTORY.

Causation.

Disposition Active, cheery

Habits addicted to alcohol

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity Sister Isabella C. at present in C.R.I.

Other Diseases /

Predisposing H. P.

Exciting alcohol:

Symptoms. First.

Mental About four months ago when in Inverness: after a drinking bout he took

Bodily an attack of D.T. He became delusional after this + one night fired off a loaded

Recent.

Mental pistol in his rooms: He had always

Bodily recent years had grandiose delusions. (His employer states) these were also present then certified + sent to I. D. A.

Insane Habits and Propensities

Suicidal No

Dangerous Yes (Sheriffs Order)

Duration of Existing Attack about 4 months 1st Dec 1897

Other Facts or Remarks

Has always been an exceptionally good workman at his craft: He was in many working exhibitions: He left Dp years ago but was evidently a wanderer as he seems to have been no length of time in any one district:

Facts of Medical Certificates

Dr John Keay: Labours under delusions: is persecuted by people who come and work on him with X rays: is John Forbes + Heir to Culloden

II

Is dyspeptic + anaemic Has a weak heart + pulse In only ½ health.

NAME, John Crockett

STATE ON transfer:

Mental.

Exaltation very marked in manner + bearing. state he is heir to an estate &c

Depression /

Excitement slight

Enfeeblement considerable

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions: To Forbes of culloden: people followed him as spies in Inverness

Other Abnormalities /

General.

Appearance Stout looking middle aged man.

Skin clean Hair thin Gray

Eyes - Blue - Pupils Small equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor*

Sensory /

Reflex Action K. & A. present Special Senses /

Retina /

Lungs Note good all over chest: no abnormal sounds

Heart Sounds regular + good no murmurs

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Good

Urine 1026 Acid no albumen.

Menstruation /

Pulse 88 small regular Temp. n

Height 5 ft 4 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.

NAME, John Crockett

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20: Ap:						A case of delusional Insanity with ideas of persecution & grandeur: He is an active man in good physical health: Mentally he has ideas "that people were acting together against him to keep him out of his estate": "He is Forbes of Culloden" His sister who is an inmate here is his "foster sister" as he was only brought up with her after being taken from his friends at birth &c. He is a pleasantly spoken man: cheerful: has a good appetite and has slept well.
1st May.						Has now been sent through to 3rd Div: and is working in the shoemakers shop: He is a good though slow workman & can put in "19 stitches to the inch". He was a working tradesman at many of the exhibitions and has been in many large establishments in different towns: He never had any difficulty in getting work. His ideas are grandiose. The persecution has to be carefully questioned for: Sleeps well:
14th May						Continues to work well and is contented and happy:
1 June:						Much as on admission His old master wrote in regarding him: He mentioned that he was anxious to get him back as he was a most excellent workman He stated that he always had been delusional & had always so far as he had known him had his ideas of being Forbes of Culloden &c: He was recommended to apply to the Parish Council for his discharge.

NAME. John Crockett.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Crockett on being informed of this said he was going up to London when he was discharged from here
1 July						Much as before working actively and cheerfully: takes a pride in finishing his work tastefully + is now much faster at it as his "work is coming back to him". Still very delusional: Has shown no excitement since his admission.
28 July:						Crockett today walked away from his squad: The workers in the tailors + cheesmakers got out for a stroll after dinner and C. had packed up his tools + got off today: attendants have been sent all over the countryside but got no word of him: He has lately been talking in a mildly excited manner about going up to London ever since his masters letter offering to take him back. He will no doubt get safe so long as he keeps clear of alcohol:
25th Aug						There has been no word of Crockett for the last month + he was today discharged irregularly + as escaped

ESCAPED.

NAME, John McIntyre No

Admitted, 23rd April 1898 Pr. Ad.

Sex, Male Age, 74 Marriage, Single Occupation,

Education, Religion, Protestant

Private or Pauper, Dunreggan Where from? Dunreggan.

K. Hunter J.P. Glencairn P.C.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases /

Predisposing

Exciting

Symptoms. First. Mental Nothing is known of his family history: He was a labourer up to a few years ago: During the last few months he has been quite unfit for work of any sort: He went about gathering sticks and generally wandering. The arm disease has recently been getting worse and this along with the resultant ill health caused his delusions.

Bodily

Recent. Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Been weakminded for years.

Other Facts or Remarks

Facts of Medical Certificates

Dr. Adamson: General appearance & behaviour: Disease in shoulder due to poison administered with a view to killing him at the instigation of persons in possession of large estates due to him.

Dr. Smith.

As above:

NAME, John McIntyre

STATE ON admission.

Mental.

Exaltation

Depression slight

Excitement slight

Enfeeblement Marked: Does not know day of week or requires constant attendance & guidance.

Memory Poor

Coherence Yes Can answer questions? Yes

Delusions The arm has been poisoned by those who also took his livelihood from him.

Other Abnormalities

Bodily.

Appearance A very frail old man

Skin clean dry & coarse Hair Thin gray

Eyes Pupils small & equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* /

Sensory /

Reflex Action K. j. decreased Special Senses /

Retina /

Lungs Percussion note is resonant There are fine crepitations at bases & bronchial rhonchi

Heart sounds regular & good: shortening of 1st sound.

Tongue clean Bowels Regular:

Other Organs, Abnormalities, Bruises, &c. no bruises. The right shoulder is diseased the prominence is lost and the head of humerus is diseased inwards as does clavicle: there is thickening of the bone with a large fluctuating swelling (chronic) round the deltoid insertion Sarcoma ? Tuberculous disease.

Appetite Fair

Urine healthy

Menstruation /

Pulse 92 small regular: thickened Temp. /

Height 5/7 Weight 7 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.
									1

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NAME. John McIntyre

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25 Apr:						J. McI: is a case of senile infatuation with delusions: His physical health is very poor. The arm condition is probably due to a dislocation secondary to tubercular disease. He can give no history about it merely saying that people in the village had poisoned it: He says he never had a blow upon it: His mental condition is the chiefly infirmity: He is very facile: Has a very poor memory. In a quiet dement in short: Sleeps fairly and is eating well. Has been put on tonics &c.
1 May:						He is improving in looks due probably to the better food: He is mentally unsettled quiet retiring and shy. His delusions are all centred round his arm disease: Sleeps well.
1 June						Is now in 3rd Division: There is little change mentally: Physically the arm condition continues as before. The fluctuating swelling shows no sign of decrease or that it is probably not a blood swelling. There has been no increase of Temp. The pulse still is rather rapid. Is
1 July:						Physically not so well: The arm is now enlarging: He is occasionally bronchitic: Mentally as before.
15 July						The arm abscess opened this week under the posterior axillary fold and a large quantity of purulent tubercular matter was discharged. Daily syringing with a solution of Boracic Acid is being used: Otherwise remains as before.
1 Augt						The quantity of pus is being reduced gradually in quantity. The amount now not exceeding a few drachms each day.

NAME.

DATE.	Temperat. Morn.	Temperat. Even.
4 Sept		
1 Oct		
4 2nd 1898		

NAME, John McIntyre.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						The discharge at first was very foul smelling but is now odourless & almost pure pus cells with much granular debris: Mentally much as before. Still thinks his arm poisoned by the pill he got: thinks his whole body is going to water &c: Sleepswell Eats well.
14 Sept						Arm improving Corrosive Lotion 1-1000 was been recently used with good effect -
15 Oct						No change in mental condition Physically much reduced in strength. At one time it looked as if the pus were burrowing down the arm but this has now passed off. Crepitus can be got when it is gently moved due to the exposed end of bone: Probing touches exposed bone: Carious
16 Oct						The washing out has now been intermitted as it has lessened the discharge almost to nil: His physical & mental health are other wise as formerly.
Nov 2nd 1898						McIntyre today died of gradually setting in exhaustion; since last [illegible] he has become steadily worse and 6 days ago he developed a septic temp: and the mental condition he came more acute: rapidly followed by lung congestion & heart failure.

DIED

NAME, Chas Stevenson No

Admitted, 30th April 1898 Pr. Ad.

Sex, Male Age, 19 Marriage, Single Occupation, Nil

Education, none Religion, Protestant

Private or Pauper, Stoney Kirk P.C. Where from? U.C. Poorhouse

John McCaig J.P. Stranraer

HISTORY. Father: Gowlands Barshill Ayrsh:

Causation.

Disposition

Habits

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity —

Other Diseases

Predisposing

Exciting Epilepsy

Symptoms. First.

Mental Has had epilepsy since a few years after birth: Never educated owing to this.

Bodily Latterly has been in Poorhouse.

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack About a week

Other Facts or Remarks

Facts of Medical Certificates

Dr J. A. Anderson: Wanders about in a semi unconscious state.
2 laughs & jumps about in an aggravated & senseless way
3. He commits actions without knowing he is doing them.
" obstinate unmanageable: refuses to reply to questions quick tempered

Dr Smellie: Rambling & unconnected talk
as above

NAME. Charles Stevenson.

STATE ON admission.

Exaltation slight: interested & active looking

Depression —

Excitement slight

Enfeeblement marked

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions —

Other Abnormalities Is epileptic.

Appearance A well nourished boy

Skin Clean Hair Brown

Eyes Blue Pupils Prod: eq: react

Muscularity Very good Fatness Fair

Nervous System—*Motor*

Sensory

Reflex Action K. j. present Special Senses —

Retina —

Lungs Breathing at apices puerile no moist sounds

Heart sounds sharp: no murmurs

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Good

Urine healthy

Menstruation —

Pulse 84 good regular Temp. Normal

Height 5 ft 2 Weight 8st 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, Charles Stevenson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 May						Is an epileptic: He is very well nourished and his organs are all healthy: He is very powerful muscularly and in good condition: "He is quite uneducated but cute and observant: He is slightly wilful and is mildly enfeebled having no ambitions: trained to no craft and content to take things as they come: He has none of the irritability or mendacity so common in epileptics: sleeps well:
8 May						1. Has been having a series of fits each night on an average six or seven. He is at times after them restless confused, aimless in action and inclined to be resistive: The fits are of short duration as he recovers consciousness in about 3 minutes after each.
1 June						Much as on admission. He generally has a bad week of fits chiefly nocturnal about one week in three. Then an interval during which the fits will not exceed 2 per night. There is never any incontinence during them
1 July						Sometimes much as above: Active obliging pleasant when free from fits: talkative confused restless & stupid when taking them.
1 Sept						He recently had a very prolonged series of fits during which he became very weak and run down being quite off his legs, weak pulse &c He was put on K. Br. gr. 90 to die & after this recovered:
Oct 18						Much as at previous notes Bromide is given whenever the series of fits is on.

NAME, Charles Stevenson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 4th 1898						Has had another prolonged series of fits: He generally has from 4-6 each night but rarely more than one or two during the day. When he takes a series he rarely for 3 or 4 days at a time fully recovers consciousness: Taking his food in an automatic way swallowing the food as it is placed in the mouth. He is then with difficulty roused and is very dull and stupid: The excitement never follows a series of fits generally only a single fit: The fits begin with an aura lasting about 30 secs: he cannot tell definitely what the feeling is but if he is up he gets a hold of the attendant and clutches him so far as can be seen the fits begin on the right side towards the upper arm centre but very soon are general: He regains consciousness in a few minutes if the fit is single: The Bromide has not checked this last series of fits having had no appreciable difference upon either the severity or character:
Dec 1st 1898						Back to his usual: active and helping in the sick room: He is a strong muscular boy and very useful: Sleeping well when at his best his mental condition is one of enfeeblement only due largely to a want of education but with a certain degree of the vacancy of expression common to epileptics.
Jany 11th 1899						Has had another long series of fits and his condition looked serious He had again not reacted to either Bromides or Bromide & Chloral:
Feby 1st 1899						At present much in his usual man average 2 fits daily and 4 to 6 each night: These single fits have no apparent effect on his general health & 3 or 4 days after a series he is in his usual.

913

NAME, James Campbell No

Admitted, 7th May 1898 Pr. Ad.

Sex, Male Age, 46 Marriage, Single Occupation, Clerk.

Education, Fair Religion, Protestant.

Private or Pauper, James Grieve J.P. Where from? Gortnaree.

Moffat Parish Council (Mr. E. C. Yokes W.F.C.

Chastleton, Thames Ditton

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Third Kind –

Duration – Where treated –

Hered History—Insanity –

Other Diseases

Predisposing I.a.

Exciting

Brother.
C. T. Campbell.
1 Ford Place
Finnart Street.
Greenock.
(S.V.11)

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 15 Years (1st at 21 years)

Other Facts or Remarks

Sheriff's Order: 12 February 1883:

Facts of Medical Certificates

Dr Hotchkis: Suffers from Dementia with recurring periods of excitement: at present quiet apathetic & depressed:

NAME, James Campbell.

STATE ON Ladmsfer –

Mental.

Exaltation –

Depression slight

Excitement –

Enfeeblement very marked

Memory Cannot be tested

Coherence – Can answer questions? Answers in monosyllables

Delusions –

Other Abnormalities –

Bodily.

Appearance He is a healthy looking man

Skin Clean Hair Fair

Eyes Blue Pupils Small equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* –

Sensory –

Reflex Action K. J. present Special Senses –

Retina –

Lungs well formed: breath sounds normal

Heart 1st indistinct 2nd clear

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Good

Urine Healthy

Menstruation

Pulse 80 good regular Temp. N.

Height 5 ft 2 Weight 10–81

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 Campbell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10th May						He is a marked dement: His physical health is good. He has been content to sit quietly in one spot since coming: Has no idea of doing any thing for himself; Pays no attention to any thing around him. Has no idea of time or where he is: Speaks none to those about him and answers in mono syllables. Sleeps & eats well.
1 June:						Has been sent to 3rd Div. and continues as above: An absolute dement who does what he is told without reasoning. Has shewn no sign of any excitement since his admission: Never reads or amuses himself in any way: Sleeps well
1 July						As above: no change:
1 Augt						Still in third division: In good health never seems to alter in the slightest either physically or mentally: Pays no attention to his surroundings; does not talk.
1 Oct:						Has no change: He has shewn no tendency to excitement beyond a mild restlessness: rubbing of hands: walking uneasily about for a few minutes &c. Sleeps well.
Dec 4						No change: A quiet harmless inoffensive man:
Feby 11th 1899						As above: Has been in 3rd Div no alteration: No demented to be in any squad lacking energy & initiative: He has been quiet since coming and the excitement & Has been confined to a few minute restlessness with mild incoherence and he generally sits gazing into vacancy without interest of any sort.

James Campbell No 8225

Admitted 7 May 1898 Case Book No 9 Page 153
Sent to Annexe 14 Nov 1899

Dec 20th 1898:- In good bodily health: He is a quiet easy going demented: answers in monosyllables: works in the annexe polishing the pipes in lavatory etc: He occasionally is mildly restless for a day or two moving uneasily about and muttering but these are infrequent. He has been more alert and active since coming here

February 17th 1900:- Has gradually developed into a very useful houseworker, brighter & more active in every way

July 20th 1900:- Works well indoors and is not complaining but he is thinner: The breath sounds at the apices are interrupted and shallow & he has undoubted phthisis. Quiet & giving no trouble. Eating & sleeping well.

January 8th 1901:- No change: Looks very run down and in feeble health at times. but always manages to get his work done & to brighten up again: in fair health at present

January 28th 1902: In poor health. No change mentally.

1903 January 10th: Continues in poor health but does not complain. a good houseworker.

July 10th: No change in this quiet demented man. makes himself useful.

1904 January 10th: Much the same. His health is no worse & he takes his food well.

1905 Nov 26 been a month he taken a turn of excitement

which lasts about 14 days, however he is harmless even during this attack.

Feb. 10. 1908 This evening at a quarter to seven. a/t Johnston (charge Cattle) reports that he took a 'faint' while looking after some sticks warming at the annexe stoking hole fire & fell on the bars of the grate burning his face & both hands. This was reported as a minor accident on the usual way. He was not really examined at the time of accident & sent over to the male hospital.

NAME. James Campbell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
April 1899						No change: In good bodily health. Quiet easily managed: Cleanly.
July 26th 1899						Quiet easily managed little man who in his own quiet way does a good deal of polishing & house cleaning. He has brightened up a little and is more active: Generally never speaks: Sleeps & Eats well.
Oct 8th 1899						Has been going back & forward to annexe doing cleaning work and this has put more life into him. He is active and pleasant rarely however speaking.
Dec 1899						Sent off to

FARM ANNEXE (page 60)

See page inserted for notes Dec 20. 1899 - Feb 10 1908

March	10.	1908		Patient has been found to have severe epileptic fits. The "faint turns" which he had at the farm have been of the nature of epileptic fits.
January	14	1909.		He is at the Sanatorium & is a quiet suitable patient for there. He has a large right sided inguinal hernia
Aug.	16.	1909.		This patient remains at the Sanatorium. He is considerably enfeebled mentally & takes frequent fits.
Jan	10	1910		Campbell's mental state remains unchanged. He is suffering from a slight degree of lameness of right leg. Tho nothing can be made out as to how he has hurt it - probably a twist
~~6 May 1911.~~				~~This Patient~~
7. Feb. 1911.				This patient is in the Sanatorium. On Exam of Chest. There is marked Myosthenia & V.F. & V.R are increased all over chest. Some crepitations Left - Upper Lobe in front. Has a Rt. Inguinal Hernia
6 May 1911.				This patient remained all night until 4 days ago when he showed signs of Dyspnoea which increased up to death to-day.

P.M. Suppression of Urine.

Died. 6. May 1911.

NAME, Alexander Campbell Macdonald No

Admitted, 12th May 1898 Pr. Ad.

Sex, Male Age, 17 Marriage, Single Occupation, Nil

Education, — Religion, Protestant

Private or Pauper, John Maxwell Dr Where from? Rosemarkie

Am McD: Rosemarkie: Fortrose.

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 always imbecile:

Other Facts or Remarks

Always boarded at home: Lately has been becoming wet & dirty & in feeble health and too difficult for his old grandmother to look after:

Facts of Medical Certificates

Dr Murray: unable to understand or answer any question put to him.

" Maxwell says he is epileptic.

Dr Robson as above: is dirty.

NAME. Alexander campbell Macdonald

STATE ON admission

Mental.

Exaltation /

Depression /

Excitement /

Enfeeblement very marked

Memory /

Coherence / Can answer questions? Cannot

Delusions /

Other Abnormalities Is an imbecile epileptic.

Bodily.

Appearance Is a very delicate looking lad

Skin clean moist Hair Dark

Eyes Brown Pupils Large & reacted.

Muscularity Poor Fatness Poor

Nervous System—*Motor* Is very feeble on his legs

Sensory /

Reflex Action K. J. diminished Special Senses /

Retina /

Lungs Chest flat at apices: breathing prolonged with moist sounds

Heart 1st sound booming 2nd sharp

Tongue Clean Bowels regular - no diarrhoea.

Other Organs, Abnormalities, Bruises, &c. The fauces are mis-shapen.

Is very anaemic -

Appetite Poor

Urine 1016 healthy

Menstruation /

Pulse 94 Male regular Temp. Normal

Height 5 ft 2 Weight 7 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 Campbell Macdonald

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13th May	96					A case of epileptic idiocy. The boy is in very frail health evidently far advanced in lung trouble: Pulse rapid feeble. 90–100. He is very enfeebled: Cannot speak: Nor attend to calls of nature. nor feed himself: Lays generally lying on sofa dribbling saliva over his clothes quite oblivious to all going on around: Sleeps fairly: The fits are fairly bad lasting about 10 minutes and leaving him almost prostrate:
7th June						Much as above. Has been treated by Easton: Extract of malt evidently without much alteration: The chest condition is not improving Still unable to look after himself Sleeps fairly and takes plenty food.
1 July						No change a dirty demented imbecile: Bromide does not check the fits:
1 Oct						Macdonald is a case which is rapidly going downhill and the worst will try him severely He is very much as on admission Has several fits daily and no drug seems to check them: So generally wet and dirty during the day + occasionally at night the fits are not however so numerous at night. He never speaks chews away at his clothes in an automatic way during the night day: Apathetic and absorbed with no initiative:
Dec 1898						Much as at last note: He has been running down a good deal in his physical health and is very thin: Crepitations at both apices: Temp. ranges about 99·2 at night:

NAME. Alexander Campbell Macdonald.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Mentally is very irritable & would bite any one coming near him: Lately the night attendant was badly bitten by him while sorting the clothes at night: He taken his fits badly each day but is generally quiet and more settled at nights:
Feby 4th - 1899						Has been put off to bed and his friends have been written to regarding him: Automatically chews away at anything near him and is very enfeebled & silly:
April 1899						Still taking his fits regularly. He take his food well however and recently has again been in better physical health! No temp: He lately had an attack of asthma lasting about 2 hours during which there were sibilant rhonchi all over chest and accompanied by marked weakening of the hearts action without fever: This has not recurred; There is no diarrhoea & as yet no involvement of the intestine:
July 26th - 1899						Gradually becoming more demented and enfeebled: He is always now chewing away at his coat sleeves or shirt sleeves all over: Requires constant attention to get him right in the matter of cleanliness. He is in failing bodily health. The phthisis is gradually progressing - No diarrhoea. Pulse 108 small wave:
Oct 16th - 1899						Is now off to bed in sick room Has been taking fits regularly Bromides have no effect upon him -

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NAME, John Granger No

Admitted, 14th May 1898 — Pr. Ad.

Sex, Male Age, 38 Marriage, Single Occupation, Grocer

Education, — Religion, Protestant

Private or Pauper, Mother. Mrs John Scott Where from? Hartwood Av
Waterside Sts – Strathaven

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity A. Brother deceased

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack

Other Facts or Remarks

Sheriffs Order 29 May 1897

Facts of Medical Certificates

Dr Clark: mentally enfeebled, somewhat confused
suspicious of poisoning in his food &
lacking in energy & purpose.

NAME. John Granger

STATE ON transfer

Mental.

Exaltation /

Depression quiet : is very anxious

Excitement slight

Enfeeblement marked, confused

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions Has many hypochondriacal notions his bowels are not right &c.

Other Abnormalities has no initiative.

Bodily.

Appearance Is a pale looking middle aged man

Skin Clean Hair dark

Eyes Dark Pupils Large equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* /

Sensory /

Reflex Action K. J. diminished Special Senses /

Retina /

Lungs Well formed : sounds healthy.

Heart sounds good normal

Tongue Clean Bowels "Constipated".

Other Organs, Abnormalities, Bruises, &c. /

Appetite Good

Urine healthy Acid Deposit of Phosphates

Menstruation /

Pulse 80 regular & soft good Temp. normal

Height 5 ft 4½ Weight 7 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, John Granger

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15 May:						A case of enfeeblement following delusional insanity: He is in good health. There is probably a large element of hypochondria in his case as he is continually telling you about his bowels: his kidneys &c. Is enfeebled cannot converse with any interest: wanders in his talk. Sleeps fairly Eats well.
20 May:						Still anxious about his bowels These are regularly moved but he persists in saying they are constipated. He has been put on small doses of cascara xv each night and on a strychnine tonic: Sleeps well.
24 May.						Has been quiet and pleasant He has very little energy: soon tires of reading and is then content to sit idle: Has been sent out to work in a squad: Eats well.
1 June						Much as above: works fairly but is very useless anxious about his health: Gets readily confused when spoken to and rambles off into many side issues as he talks:
14 June:						Has again been taken from squad as he was too hypochondriacal He would not work as he was unaccustomed to it &c Still anxious about his bowels &c.
1 July						Has been bowling lately and is fair when he can concentrate his attention on the game. He readily gets confused however: never can decide whether to play the back or the fore hand is slow and painfully self conscious:
1 Augt						Much as at last note: In good bodily health but if anything more useless & enfeebled: His explanations are long & tedious. Eats well: Sleeps fairly

NAME, John Granger.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 Oct:						Has lately developed a wonderful fad for sanitation: "I am annoyed about health matters about ventilation &c" would it be a dreadful thing in a place of this sort if the towels got mixed". He is undecided in judgment, slow in action: has no energy: memory is impaired and he is becoming more enfeebled.
January 1899						Much as at last note: He has lately been more anxious about the other patients in his ward and draws attention to any little ailment he may observe. He has also been much exercised on the subject of self abuse: He owns to the habit asks if that is the cause of his trouble: Its symptoms: Its causation &c: This he does in a distant quiet way very confusedly. Sleeping well
April 1899						He has been very much worse lately: His face is losing character and he is becoming less active and more readily confused: He is restless at nights getting up and wandering about the dormitoriger examining the various "utensils" This has led to rotations with the other patients and he has been changed to another dormitory: He is readily raised on any public health subject: Has difficulty in explaining himself: readily is confused and incoherent: Does no work. Quiet & inoffensive by day but at times gets into difficulties with the other patients by such remarks as "May I ask Mr McDonald why he spit so much. He should spit into the fire not on to the bars" &c. Eats well: Is on laxative medicine: Tonics he does not react well to.
13th May 1899:-						To care of friends RELIEVED.

NAME, John Cochrane No.

Admitted, 30th May 1898 Pr. Ad.

Sex, Male Age, 29 Marriage, Single Occupation,

Education, Religion, Protestant.

Private or Pauper, Thos. Richardson Jr. Middlebie. Where from? Blenkins —

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity Yes: some one on mothers side —

Other Diseases

Predisposing

Exciting

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

Dr Gilroy: Fibrillary contraction of tongue indicative of insanity: He tells me he has the experience of people choking him. & voices whispering to him. that he has forgotten his maker.

" says he will set fire to house

Dr Bell: a number of men drag him out & put a chain round his neck. She hears voices: Her is incoherent in speech

NAME, John Cochrane

STATE ON admission.

Mental.

Exaltation None

Depression slight: weeps readily &c.

Excitement slight

Enfeeblement very marked

Memory Cannot be tested

Coherence No Can answer questions? Only a few

Delusions Many people going to drown him &c. people speak to him & keep him awake

Other Abnormalities So very emotional.

Bodily.

Appearance A stout well nourished man

Skin Clean Hair Fair

Eyes Blue Pupils Equal: small: react.

Muscularity Good Fatness Good

Nervous System—*Motor* There are fine tremors of face lips and tongue:

Sensory /

Reflex Action K: j. present Special Senses /

Retina /

Lungs Healthy

Heart Healthy

Tongue Clean Bowels regular – incontinence:

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine Healthy 1018 Acid no alb.

Menstruation /

Pulse 80 good regular Temp. n.

Height 5 ft 8 Weight 14 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.
									1

NAME, John Cochrane

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 June						A case of marked enfeeblement: His physical health is fair. Mentally it is difficult to account for his symptoms from only 3 weeks duration: He is mildly depressed, has delusions that he is going to be drowned &c. He is very enfeebled Has no memory cannot answer the simplest questions. Is very careless about the calls of nature. Is emotional blubbering like a child from little or no cause: There are motor signs which might suggest a case of anomalous G.P. Sleeps well Eats fairly.
5th June						No alteration: Has no energy Is very facile in manner Is childish and requires constant attention Sent on tonic with acid:
10 June						Much as above the enfeeblement is well marked Still sits almost constantly wet + cannot be got to look after himself: Is stout. with very vacant silly expression.
1 July						Much as before: He has improved in his mental condition slightly Is less restless, not so delusional Still very emotional and childish Very markedly facile: Has no initiative Is content to sit idle: Is more cleanly.
1 Augt						There has been a slight change for the better in Cochrane's case. With constant attention he can be kept cleanly. He is not delusional now and has lost the emotional state: He is very enfeebled: smiles vacantly when spoken to: Is very idle. Cannot be got to do any work. Sleeps well Eats well.
1 Oct						He is much as at last note. The diagnosis is still a matter of difficulty There has been nothing to indicate any.

NAME, John Cochrane.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						congestive or other condition to support the idea of G.P. There is no exaltation. The facileness, the enfeeblement and the motor signs however are not unlike. There is diminution of the knee jerks and twitching of the tongue face and lips. Mentally he has no initiative, memory is very poor: never speaks unless in reply to questions &c. Stupid well, and is not restless at night.
1 Dec.						Still very enfeebled and at times dirty and careless in habits: Is very vacant in expression: Getting stout and fatuous looking.
Feb 1899:						No change: may polish a little in an aimless way: Generally very silly and paying no attention to his surroundings & requires constant supervision to keep him clean; Eats well.
Apl 1899						Cochrane is a difficult case to diagnose: The emotional condition has passed off: He is very enfeebled vacant & silly and with a constant "confused smile". He is always getting in the way: Stout and fatuous: The motor signs are at present however almost completely in abeyance. The tongue is large soft & flabby but without any twitchings: He sleeps well & eats well. Had an attack of diarrhoea a few days ago which rather brightened him up, but under it the pulse became rapid so that it was checked by Lead & Opium. It was probably due to a mild influenza which is at present prevalent.
July 26th 1899:						A fat fatuous man. Vacantly smiling and always pleased to be taken notice of. He is still kept in as he becomes wet & dirty

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NAME, William Kirk — No.

Admitted, 6th June 1898 Pr. Ad.

Sex, Male Age, 38 Marriage, Single Occupation, Fisherman.

Education, Religion, Presbyterian.

Private or Pauper, Nochrum P.C. Where from? Portwilliam.

J. J. Dunpp J.P. David Ewing Nephew.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity —

Other Diseases

Predisposing —

Exciting —

Symptoms. First.

Mental Mild depression with religious delusion.

Bodily Has been falling off in flesh &c

Recent.

Mental Incoherence excitement &c

Bodily Sleepless: loss of appetite

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack a week.

Other Facts or Remarks

No cause can be assigned & he has always been an exceptionally quiet & decent man

Facts of Medical Certificates

Dr Selby: Told me he had found small bones belonging to our Saviour in his garden: Paroxysms of violent behaviour.

" as above

Dr Smith: Excitiv & incoherent.

Great dread of the final judgment.

" —

NAME, William Kirk

STATE ON admission

Mental.

Exaltation Considerable

Depression –

Excitement Great: fights shouts, signs &c.

Enfeeblement slight

Memory Cannot be tested

Coherence No Can answer questions? No

Delusions Is very incoherent & rambling but there is a strong religious tendency in all his speech &c.

Other Abnormalities –

Bodily.

Appearance A thin spare man

Skin Clean moist Hair Dark

Eyes Blue Pupils Small eq: react

Muscularity Fair Fatness Poor

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs The heathing is roughened all over chest: which is badly formed

Heart Sound are rapid & indistinct

Tongue Clean Bowels constipated

Other Organs, Abnormalities, Bruises, &c. Slight bruises on shins. There is a sweat rash all over body

Appetite Poor

Urine healthy

Menstruation –

Pulse 110 small rapid Temp. –

Height 5 ft 8 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.

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NAME, William Kirk.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7th June						A case of acute mania: Kirks physical condition is only fair: the chest condition especially the apices are doubtful. He was very excited restless + talkative on admission. He was sweating profusely: There was great muscular restlessness and he was with great difficulty kept from injuring himself. He slept some and was excited all last night: was often fed:
8th June						Still very excited: talks incoherently on religious subjects: grimaces. tries to stand on his head, drums his feet on sofa &c. was quiet + slept 3 hours during the early morning but was very excited in the morning.
9th June						Slept only by short snatches last night: was very noisy all day before: Still sweating profusely temp not raised perhaps due to this.
13th June						Is now more settled and sleeping at night: Does not now talk. Still restless with hands and feet and grimacing. The movements however are not so exaggerated.
16 June						So still improving: He is quieter and not so excited: He still grimaces but this is only present when he is spoken to: The pupils are large and sluggish. Is confused Does not talk unless in reply: Is now being put on a strychnine tonic to try and check the secondary swing of the manic reaction: Sleeps fairly.
22 June						Quieter + more settled: Can now talk sensibly but is still confused + stupid His bodily condition has been steadily improving + he is looking better + stronger: Sleeps well.

NAME, William Kirk.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 July						Is at present in a condition of reactionary stupor: Talks in whispers: Sits idly Has no initiative: He has never since admission been delusional:
20 July						Very stupid and confused and at present very enfeebled. The condition at the apices is subacutely active there being crepitations & present Has been put on Bigbie mixture.
1 Sept						Is passing into dementia. At times he brightens for a day or two but soon again becomes apathetic and very lethargic. He has no idea of doing anything for himself: Is occasionally polishing but nothing further: Sleeps & eats fairly.
1 Oct						Has a scared anxious expression answers in a low voice in monosyllables is very enfeebled: memory poor: Does not read, nor occupy himself Is listless and very stupid & confused. Physically the chest condition is not improving: Sleeps well.
1 Decr						He has been rather brighter mentally since last note: Does his polishing more actively and smiles more readily when spoken to: The more hectic look has gone and he is stout & fresh looking Sleeps well, Eats well: no temp Pulse is stronger and regular (82)
Jany 1899						There has been little change Markedly enfeebled and in only medium health: Sleeping well.
Feby 13th 99						The lung condition has again been more active and his physical health deteriorating: The long spell just weather may account to a certain extent for this: No temp pulse 97 —
April 1899						Has again improved: Mentally he is more active again and

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NAME, James Bell No.

Admitted, 11th June 1898 Pr. Ad.

Sex, Male Age, 23 Marriage, Single Occupation, F. L.

Education, — Religion, Protestant

Private or Parper, Middlebie Rigg Eccleſechan. Where from? Mrs B. R. I. E.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity —

Other Diseases

Predisposing

Exciting Epilepsy.

Symptoms. First.

Mental Has been epileptic for years the fits coming on about once a month: He was always

Bodily mildly restless about this time: He went to Edinr to be treated & on the way had a fit lost his boxes & became violent

Recent.

Mental He has been from home for years

Bodily & always turning up again having tried his hand at many different jobs

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack One week

Other Facts or Remarks

Facts of Medical Certificates

Dr Armour: Has grandiose ideas: Threatens to knock down Scott's monument & build onto Burns.
Threatens suicide. Noisy & requires restraint
" Threatens to throw himself out of window

Dr Barnwell: at times very violent.
thinks he is a great boxer & attempts to attack people
" as above.

NAME. James Bell

STATE ON admission.

Exaltation Marked:

Depression –

Excitement slight

Enfeeblement Considerable is at present confused & stupid easily managed facile.

Memory Fair – for some events –

Coherence Slight incoh: Can answer questions? Some

Delusions Slightly grandiose: is better than any of us: Is a grand workman better than any one else:

Other Abnormalities Is epileptic

Appearance A tall well made man

Skin Clean Hair Fair

Eyes Blue Pupils Rt large reacts to ace only

Muscularity Good Fatness Fair (left small L & A.

Nervous System—*Motor* –

Sensory –

Reflex Action K. j. present Special Senses –

Retina –

Lungs Chest well formed breath sounds normal

Heart P. sound sharp 2nd reduplicated –

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Good

Urine healthy 1016 Acid.

Menstruation –

Pulse 88 regular good force & moment Temp. –

Height 6 ft Weight 11 st.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, James Bell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12th June						Bell is stated to have had turns for years: He denies taking fits however At present he is very dull and confused: slightly grandiose in his talk, is as good a man as any of us He has little recollection of anything that happened during his stay in Edinr: Sleeps well Eats well
14th -						Is at present listless and lethargic when spoken to rouses himself & becomes dogmatic and overbearing in manner Still confused & stupid about recent events: Is mildly emotional rapidly changes from grave to gay Sleeps well: Has had no fits
18th -						Is now rather less confused: Is good natured and quiet: Reads a fair amount but works little.
21st -						Is now in 1st Div and dining in Hall. He is at times mildly restless and anxious to be away
1 July						As above is mildly exalted at present: He states he should be away out getting his £3 per week at anything: He is doing polishing work about the wards: Sleeps well
1 Augt						Has been sent on to work in the garden squad: He is a fair worker: Generally quiet and pleasant At times noisy and talkative being mildly exalted as his usual state. Fancying himself in all lines: His memory is fair at present:
1 Sept						Bell today escaped from a farm party who were at the harvest. He has been threatening to go off for some time: He was last seen entering the planting on the Moose:
2 Sept						Has been home to Annan & after getting his dinner he went out on to hills:

NAME. James Bell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5.11						was to-day brought back by an attendant sent for him. He very pleased with himself for getting away but said he was going to behave here in any case. Has been around his friends at Ammon & has been well fed & is now more talkative and chattering than ever. He has never shewn any impulse. Thinks however at times that he has disease of the knee joints. Sleeping resting very well.
10.11						
16.11						In much as at last note. Talkative and boasting in manner. Keen anxious to be away from here. He has never shewn any fits or signs of them since his admission. He says he is subject to swimming turns but has never been known to have had a turn of this sort since coming. Has been actively working since last note and is certainly brighter and cheerier. He is more sociable and less boasting than formerly. He has been bothering his people to get home and they have practically promised to take him out. He will do well for a time at least but will probably go back to his old roving life. Discharged well. Discharged well.
Nov 1st						
Nov 14th - 1898						

Recovered

NAME, John Dale No

Admitted, 13th June 1898 Pr. Ad.

Sex, Male Age, 25 Marriage, Single Occupation,

Education, Religion, Protestant

Private or Pauper, — Dfs — Where from? Sam: Dale — Father

Herald Office Close — Dp —

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 1 Kind in C.R.I

Duration In 1894 Where treated

Hered History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Was sent out to friends in last but "was no good at the painting" & so was confined at home: The neighbours then objected to his crying & noise:

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Weakminded all his life:

Other Facts or Remarks

Facts of Medical Certificates

Dr Kerr: insane appearance. facile & silly depressed & stupid. Cant answer reasonable questions

ii noisy & threatening throws articles of furniture about. &c.

Dr Smith: Imbecile: insane manner & conversation

NAME. John Dale

STATE ON readmission

Mental.

Exaltation none

Depression : marked weeping moaning looking miserable

Excitement slight

Enfeeblement very marked :

Memory very deficient

Coherence Fair at times Can answer questions? Yes

Delusions /

Other Abnormalities Has intervals when emotional state alternate rapidly.

Appearance small delicate looking

Skin clean Hair Dark

Eyes Pupils small equal react

Muscularity Good Fatness Fair

Nervous System—*Motor* /

Sensory /

Reflex Action K.J present Special Senses —

Retina /

Lungs flattened at apices
no moist sounds

Heart sounds normal

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. no marks

Appetite Good

Urine healthy

Menstruation /

Pulse 80 regular good Temp. normal

Height 4 ft 10 in Weight 6 st 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 Dale

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15 June						Dale is a case of marked enfeeblement. He has again settled down to his old ways here: He is dusting & polishing in the morning: Has no initiative, is very easily satisfied, is dull and difficult to manage at times: Sleeps & eats well.
1 July:						He is much as on last discharge. Occasionally he has bouts of emotional excitement at one time angry and petulant fighting all round and noisy. The next minute he will be crying and sobbing. He has little idea of doing anything for himself: He is as a rule quiet and harmless.
1 Augt						As above: Frequently when upset when outside he is very noisy and emotional but this soon passes
1 Oct						No change. His physical condition has improved greatly since his return: He is stout and perfect. He never reads nor amuses himself in any way: Does a little hard work: Sleeps well.
1 January 1899						He is now much in this round and unlikely to change for some time: Physically he is in good bodily health and is robust looking though very undersized and undeveloped: His heard is scanty and fine: His mental condition is one of marked enfeeblement and very similar to a child of 10 or 12 years. He has no initiative can do a little work when told to do so in the way of polishing and cleaning or cleaning windows: He is very easily upset: An angry word at once makes him cry about and

NAME. John Dale.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						he then readily kicks and fights without much idea of doing damage more "in a temper" than anything else: He is idle, a masturbator, and with weakened memory &c. Sleeps & eats well:
April 1899						No change from last note occasionally takes a howling fit when out and can only be comforted by Mr Smith the head attendant.
November 3rd 1899						No change: A dement, generally quiet but ready to take offence and howl & behave like a child or to kick out all round — Physically in good health at present: Sleeping & eating well
January 30th 1900:—						Has got a "mouth accordion" as a Xmas present and now makes a noise on it constantly. He can play some simple tunes — He is not so changeable at present and has not had a turn of his "tantrums" for some months — The morning conversation is "Well Johnnie" "Ay Fine — whers am I to get away" "Next Year Johnnie" — "Ay" — Sleeping & eating well.
July 31st 1900:—						No change: In good health. Still an easily pleased childish patient who wants a little attention. & has to be treated to a little tact when irritable — He is at times very "petted" and requires coaxing to get him to do any work. He is a little dement, easily managed as a rule
January 7th 1901						No change — in fair health works about the house — making bed etc. He still has outbursts of weeping & sobbing during which he occasionally has an outburst of temper & rage — He is easily pacified. Much enfeebled.

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NAME, James Clark - jr - No.

Admitted, 16th June 1898 Pr. Ad.

Sex, Male Age, 26 Marriage, Single Occupation, Nil

Education, Religion, Protestant

Private or Pauper, John Lawrie J.P. Where from? J. Clark

Annan. 1 Nicholson St Annan

HISTORY.

Causation.

Disposition Reticent: shy:

Habits: sedentary

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity —

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Was studious as a youth but became very reticent & shy: He then took to going for long rambles alone: He never wones work except spasmodically. He lately has thought people were watching him & retired this room, when the delusions became worse.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Said to masturbate.

Suicidal No

Dangerous No

Duration of Existing Attack 10 days

Other Facts or Remarks

Facts of Medical Certificates

Dr Muir: i wild in demeanour: thinks he is bewitched: fancies his father will be killed or commit suicide. Thinks he sees objects in the house & garden wants to beat furniture.

" ran out of house screaming murder at times violent in conduct & incoherent = his statement.

Dr Howie: Talks in a child ish manner. Certain colours have a baneful influence.

as above

NAME, James Clark

STATE ON admission.

Mental.

Exaltation None

Depression slight

Excitement none

Enfeeblement very marked: facile: silly expression: no idea of helping himself

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions Many: he repeated the delusions on certify: about people in garden. about harm going to follow his folk

Other Abnormalities He has the look of a masturbator: evasive & guilty looking.

Bodily.

Appearance A thin anaemic man

Skin moist - "wary" Hair Fair

Eyes Pupils Small equal react

Muscularity Poor Fatness Fair

Nervous System—*Motor* —

Sensory —

Reflex Action K. j. present Special Senses —

Retina —

Lungs flattened at apices: Percussion note heightened: breathing prolonged

Heart 1st sound short & sharp 2nd soft

Tongue Clean Bowels constipated.

Other Organs, Abnormalities, Bruises, &c.

no bruises

Appetite Fair

Urine healthy

Menstruation —

Pulse 88 soft regular Temp. n

Height 5 ft 9½ 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, James Clark

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17 June:						Is a case who has gradually become insane and delusional: His physical health is poor: Mentally he is mildly depressed suspicious + evasive looking. He has delusions regarding his people "says his father is to be killed &c" Slaps fairly. Has been put on Syr Hypophos Co Sp.
18 June						Much as on admission: Is very reticent. Enfeeblement is marked. He is content to sit idle: never reads. Does not smoke: Is delusional "said he was under some wrong influence".
21 June						Much as above: He is if anything more lively and active: anxious to be home, Physical health as above: His bowels have been pulmonary
1 July						Is rather better he is doing a little work in the wards: Still suspicious and shy anxious to be left alone and very evasive in his replies: Sleeping fairly. Eat moderately.
14 July:						Has improved in his physical health: Is still pale and bloodless looking and the apex has a few rhonchi: He is to be sent out to work soon: Anxious to know why he is here and when he may go home.
3 Augt						Today after being out less than a week he ran off from garden squad. He is still delusional and enfeebled.
4 Augt						Went home to Annan & was today returned by attendant: He said he was anxious to know about his people at home as he had heard that they were ill: He is suspicious, has a furtive look: Is returning: never volunteers any remark: Is idle and unsettled:
1[illegible] Augt						Much as before.

NAME. James Clark.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 Sept						Has again been put out to work and is still suspicious and delusional He never talks to any other patients. Is very childish: He behaves at times by quick glances above him as if he heard voices. Has shewn no impulsiveness: Sleeps fairly.
1 Sept						Recently he again evidently acting on impulse tried to run off from squad
1 Oct						More settled and rather quieter Still suspicious, retiring and has ideas that "something is influencing him" His physical health has improved
20 Oct						Today got away from the bathing at about 6 P.M. He slipped out when two lots were changing:
5 Oct						Has been returned by an attendant: Is still slouching, shy and very uncomfortable when spoken to: He is generally dusting in the mornings in a furtive way always glancing round in a restless way. The only explanation he gives of going away is that he "has to do it".
Nov 8th 1898						Lately he stated that his father was dead but would not say more: He probably has hallucinations; sight he occasionally gazes intently for a few minutes at some object: He again ran off from squad without any reason close from the attendant in a silly aimless way & would not come back until the attendant got hold of him.
Dec 16th 1898						Has been in 3rd Dis and is only out when walking: Still suspicious aimless and confused: Sleeps well Eats well.

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NAME, William Wilson Brown No

Admitted, 16 June 1898 Pr. Ad.

Sex, Male Age, 38 Marriage, Single Occupation, Clerk

Education, Religion, Protestant

Private or Pauper, Musselburgh Where from? J. L. Brown Mrs (sister) Fernside Bridlington Quay Yorks

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental "At 28 began to have delusions consequent 'as was thought on a great strain on a brain not over strong' Has been treated in the house of a medical man & others."

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous No.

Duration of Existing Attack

Other Facts or Remarks

He always appears to have been more or less weakminded: He has lately been more troublesome manage being obstinate & difficult to get to do simplest things as e.g. going out.

Facts of Medical Certificates

D. Thomson: Incoherent in Conversation: Turns his back when spoken to: vacant unbeatle expression ii Full of delusions: people conspiring against him

D. Clarke: Memory deficient: Morbidly shy & retiring & of very feeble mental development.

NAME. William Wilson Brown

STATE ON admission.

Mental.

Exaltation /

Depression mild

Excitement /

Enfeeblement very marked: has no initiative: apathetic

Memory very poor

Coherence Yes Can answer questions? Yes.

Delusions: People are watching him

Other Abnormalities He is an absolute demented: whose only desire is to be by alone.

Bodily.

Appearance Fairly nourished, pale looking

Skin Clean Hair Fair thin

Eyes Blue Pupils unequal: eq: react

Muscularity Good Fatness Fair

Nervous System—*Motor* /

Sensory /

Reflex Action K. J. present Special Senses —

Retina /

Lungs Flattened chest at apices: Percussion note fair: no alteration of heart sounds

Heart sounds good

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. no bruises

Appetite Fair

Urine 1026 acid healthy

Menstruation /

Pulse 80 regular good Temp. normal

Height 5ft 9½ Weight 9st 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, William Wilson Brown

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18 June						A case of secondary dementia. His physical health is fair. He has been boarded out for years: At present he is a marked dement will not speak in answer to questions. At other times gives a rambling account of people conspiring against him: sleeps well.
21 June						Has been very quiet since coming. He is content to sit in a chair all day with his head bent forward. Has been easily managed and Bibbable: Quin Sulph gr ¼ and Sulph Dil M ¼ Infusion Co ad Ep:
28 June						Shows no change: Quiet and orderly: He is employed in grass moving and rolling with the special squad: Eating well.
1 Augt						Has improved in his physical health: is stronger and more active. Lives automatically: Pays no head to any questions: Since his admission he has only twice been incoherent and on each occasion the idea seems to have been that people were acting on him hindering him from some object he had in view. He is very enfeebled: bowels slightly constipated: Sleeps well Eat well:
1 Oct						As above: During a recent visit from friends was listless & apathetic: Has no initiative: Memory cannot be tested: Will not answer the simplest questions.
3 Dec 1898						Little or no change: Sits each day in the special away from the fire and shows any attempt at conversation: His delusion cant therefore be tested: He is mildly depressed and at periods shows restless moving excitement

NAME. William Wilson Brown.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
April 17th 1899						No change since last note, Generally quiet biddable and easily managed an automaton in many things. He lately had a mild attack of excitement and when questioned during it he became confused and spoke about people being against him etc: seldom reads and never joins in any games: reticent suspicious. Physical health fair: Sleeps well.
May 21st 1899						No change: Is quite back to his usual apathetic demented condition.
Augt 12th 1899						When his friends come to see him he speaks fairly freely to them "after he is started". He is quite easily managed and biddable. He has occasionally outbursts of incoherent talking a unintelligible ramble - Sleeps fairly.
Nov 3rd 1899						No change in any way - Quiet manageable generally sits idly doing nothing. seldom reads.
January 20th 1900:						Unchanged: In fair health He is most unobtrusive rarely speaks even when spoken to. Cleanly in habits & able to do every thing for himself under slight supervision.
Feby 31st 1900:						Fresh & healthy looking: He is quiet easily managed, never speaks, reticent & reserved - very enfeebled: never occupies his time - Cleanly as a rule. Still has delusions of suspicion believing that people conspire against him: He sleeps & eats well
January 7th 1901						There has been no change. Quiet unless suddenly aroused when he may be viril all for a short period: Rarely reads Rarely speaks - Still suspicious & anxious to be left alone - Much enfeebled - Health good

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NAME, William Goldie Neisham No.

Admitted, 24th June 1898 Pr. Ad. —

Sex, Male Age, 30 Marriage, Widower Occupation, Gardener

Education, — Religion, Protestant

Private or Pauper, — Dp — Where from? Maigh Neisham Gashouse Close — Dp —

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity —

Other Diseases

Predisposing

Exciting Not known

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No ?

Dangerous No

Duration of Existing Attack about 3 weeks

Other Facts or Remarks

Facts of Medical Certificates

Dr. Kerr — Dp. Is very depressed: has delusion of hearing & sight & taste. People swear away his life: Is to be murdered: His clothes are taken away at night & brought back stained with blood in morning: Saw his grave. Food poisoned in nitre & mercury

Dr Smith Depressed appearance as above.

NAME. William Goldie Neisham

STATE ON admission.

Mental.

Exaltation —

Depression marked: in dark recess

Excitement slight

Enfeeblement slight

Memory Good

Coherence Yes Can answer questions? Yes.

Delusions many: Food poisoned. People talking about him as he passes them &c.

Other Abnormalities Hallucination of hearing (marked) Taste (slight) sight occasionally).

Bodily.

Appearance short stout man.

Skin clean: Face pox marked Hair Inclined to red

Eyes Grey Pupils small equal reacted

Muscularity Good Fatness Fair

Nervous System—*Motor* —

Sensory —

Reflex Action — Special Senses —

Retina —

Lungs Chest well formed lungs healthy

Heart Healthy

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good at times

Urine healthy. 1015 acid no albs.

Menstruation —

Pulse 88 regular fair V & T Temp. normal

Height 5 ft 2½ Weight 9 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 Enfeeblement.

NAME, William Goldie Meiklam

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25th June						Is a case of melancholia with delusions and hallucinations. He is in good physical health. Mentally he is depressed in look and manner: has marked hallucinations of hearing: Sleeps poorly Eats fairly.
28th June						Has been quiet and easily looked after since coming in: Still mildly depressed: Restless and cannot settle: Sleeping better:
1 July						The depression is less marked: He is still however very quiet and reserved and his manner at times is suspicious: He has slept fairly: Has never refused food or stated any delusion regarding it since coming in.
7th July						During the last three weeks he has been as a rule quiet and easily managed at times he has marked hallucinations of hearing: Eats fairly
13th Sept						Today he was very restless and excitable: could not be kept quiet thought he heard the voice of a person being murdered upstairs & struggled to get up to rescue them. Generally he is quiet and mildly enfeebled: Contented & manageable. He does a little ward work and is
1 Oct						Cheery: The depression has passed off. Has been cheery & pleasant since last note: Allowed out: Is still fed in the low cases and in 1st D in at night:
15th Oct						Last evening he again had an idea that a girl was calling from upstairs to him and was mildly excited about it: During these times he is quite oblivious to his surroundings cannot be argued with.

NAME, Wm Goldie Neisham.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						This morning he laughs at this when spoken to regarding it but says the woman was doubtedly called to him as he recognised her voice:
January 16th 1899						Neisham has lately had none of these "semiconscious" excited turns but he is still very delusional: He got a special interview from the commissioner lately and had a long talk with him he was very pleasant and guarded for a long time but latterly broke down into his old ideas "You know yourselves there is a girl and they keep me awake each night with the heavy weighing machines working above me" He has a fair appetite but his sleep is broken.
March 1st 1899						He has lately become much more restless again: Is constantly on the move in the gallery & when outside is always wanting away and watching an opportunity: He is more irritable and strikes any patient who interferes with him & lately got a black eye in consequence: He is still delusional and talks readily some days about his ideas
April 10th 1899						He is the same as at last note: Ridicule the idea of his delusions being such. Hears voices speaking to him occasionally
July 28th 1899						He has still the delusion regarding the girl upstairs. He fights to get up to her and is very restless and abusive at times. Eats well.
December 10th 1899:-						There has recently been an enquiry into an assault on this case said to have been committed by Head Attd Smith. The facts are as follows. About 6 weeks ago (I believe when Dr R was from home), Mr Smith reported to me that the previous night Neisham had been loitering in W.C. as he was going to bed. Mr Smith at last ordered him out when Neisham struck him a blow

877

NAME, Charles Lyons No

Admitted, 5th July 1898 Pr. Ad.

Sex, Male Age, 50 Marriage, Single Occupation, Lab.

Education, Religion, Protestant.

Private or Pauper, Inch Parish C. Where from?

Two Wither JP.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases

Predisposing

Exciting Protracted illness Congestion of lungs.

Symptoms. First.

Mental Has lately been much run down in health: The seems to have become insane only 2 days before admission see certifs for history.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal /

Dangerous /

Duration of Existing Attack Two days

Other Facts or Remarks

Dr. Munro: i as below:

ii People pushing him about room.

Facts of Medical Certificates

Dr. Geo Scott: Excitable condition allowing no one to come near him: Keeping every body from house when I attempted to go into kitchen he threatened to throw a large stone at me Had a stick in left hand: Dull apathetic Excitable

ii Spoken incoherently: said he was letting lies for years on people sure to go to hell: Putting poison in food: &c.

NAME, Charles Lyons

STATE ON admission

Exaltation /

Depression mild

Excitement Considerable : restless talkative threatening

Enfeeblement mild :

Memory. Fair

Coherence At times Can answer questions? Yes

Delusions Many people have been telling lies about him & attempting to poison him by putting it in his foot.

Other Abnormalities

Appearance A fairly well nourished man

Skin Face markedly mallpox Hair Dark

Eyes Pupils medium equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* /

Sensory /

Reflex Action / Special Senses /

Retina /

Lungs are emphysematous and at right apex is some consolidation with tubular breathing

Heart Faint V.S. murmurs with accentuated second in pulmonary.

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c.

oedema of feet & legs : symptoms of a structure with now & then symptoms of cystitis

Appetite Fair

Urine 1015 Alkaline deposit of mucous & triple phosphate no albumen

Menstruation

Pulse Temp.

Height 5 ft 9½ Weight 9 st 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, Charles Lyons

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8th July	98·8		96			Lyons is a case of acute delusional Insanity: His physical health is very poor: He is run down and ill looking: Mentally he is mildly excited and restless: He refuses food at times saying it is poisoned to get rid of him. He sleeps fairly.
12 July	97·8		92			Much as above: Generally one meal each two days he refuses his food. His legs are still oedematous and there is still a fairly small pulse
18 July						Is steadily improving in his bodily health. He is now free from oedema. Is more settled but still mildly excited at times, has been taking his food better. Sleeping well.
1 Augt						Is looking much younger and fresher looking: Quiet and reserved, dull at times: The bladder condition is better and the urine is acid: Sleeps well.
14 Augt						Has been sent to 3rd Div: and a tonic of Quinine has been substituted for me with Digitalis. Is much cheerier: Is quiet Does a little dusting is taking a little interest in the happenings etc. Has now a good appetite.
1 Sept			84			He is still improving in his physical health. The V.S. murmur is more marked but the pulse is slower and of larger movement He is active: Keeping the ward tidy: Reads a good deal and is a well read intelligent man Sleeping & Eating well.
10 Oct:						The physical improvement here has been very marked. He is stouter and fresher looking: says he is feeling better than for months

NAME, Charles Lyons.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4 ch						He is to be discharged as soon as his clothes come for him: He is cheery and anxious to be back to his employment Today discharged

RECOVERED

Encs

NAME, James Love No

Admitted, 6th July 1898 Pr. Ad.

Sex, Male Age, 32 Marriage, Single Occupation, P.O.C.

Education, good Religion, Protestant.

Private or Pauper, Samuel Rigg J.P. Where from? Stourbridge.

↘ Kelton P.C. S. Watson Love. Castle Doyle

(Feby 1899 to Private lisp)

HISTORY.

Causation.

Disposition Cheery,

Habits Hardworking, correct

Previous Attacks—No. one Kind –

Duration – Where treated –

Hered History—Insanity Father died insane

Other Diseases

Predisposing H.P. & P.A.

Exciting overwork & worry.

Symptoms. First.

Mental About 10 months ago he became depressed & very delusional and under the influence

Bodily he said of hypnotic suggestion he cut his throat. He then recovered two days

Recent.

Mental ago his ideas of being mesmerised returned & he was at once sent here:

Bodily He has not worked since last attack at his occupation as postal sorter:

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack Two days

Other Facts or Remarks

Facts of Medical Certificates

Dr Lorraine: Restless & excited: is hypnotised & has been so for some time: It has been suggested to him to cut his throat:

" as above: some one trying to injure him

Dr Moffat: Manner restless:

" attempted suicide four months ago. accuses sister of trying to him people against him.

NAME, James Love

STATE ON admission.

Exaltation —

Depression mild

Excitement considerable, restless talkative, irritable.

Enfeeblement Slight.

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions Many: He was hypnotised at Stourbridge 4 months ago & it has been repeated since &c.

Other Abnormalities

Appearance A thin nervous looking man

Skin clean Hair Dark

Eyes — Pupils Dilated Equal react.

Muscularity Good Fatness Fair

Nervous System—*Motor* Tongue Fremulous

Sensory —

Reflex Action K. j. present Special Senses —

Retina

Lungs There is some dulness on percussion with prolongation of expiration at rt apex: no crepe

Heart normal sounds

Tongue Clean Bowels

Other Organs, Abnormalities, Bruises, &c. There is a scar right across the neck on level of hyoid

Appetite Fair

Urine 1023 concentrated no alb or sugar

Menstruation —

Pulse 110 regular Temp. no increase

Height 5 ft. 8 Weight 9 st 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, James Love

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7 July:			108			Slept fairly last night but is today again very delusional he is strongly convinced that he has been hypnotised and acted on while at Stourbridge some months ago and that these people are again working upon him. His manner is restless and fidgety: His voice tremulous and stammering at times: Pats fairly.
8 July						Has been as above still mildly excited & restless: He is mildly depressed states that he bound to again injure himself if the mesmerism is continued:
10 July						Has shewn no tendency to impulse since coming in: His memory is good: His judgment is clear and the reasoning powers good: He is still very firmly convinced about the hypnotism. Is in 1st Divn by day: Sleeps under observation at night & feeds in Cross:
18 July:			92			The physical health is fair: The apical lung condition still continues free from moist sounds: The pulse is less rapid 92 per min: very excitable: but of good force: He is quieter and more settled mentally: Is reading or amusing himself at Dr Aughts: he is a good violinist: He is still delusional & his energy is small as he readily tires:
1 Augt						Quieter and more settled but at times very delusional: anxious to write to the Brown Anchorites to stop the hypnotic suggestion. He is at times very vehement in his belief. He is sleeping well & eating fairly:

NAME. James Love.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10th						His sister saw him recently and he was very decided that she should enquire into the hypnotism and get it stopped: he has mentioned no special name as being the person who is acting on him but is assumed that his sister has something to do with it as she thinks it cannot not have sent him here: She is convinced that his whole brain is altered by it.
10th			90			He is in fair health the pulse still rapid 90 per minute. He is sure that the hypnotism continues: is cheery and pleasant as a rule: a good violinist and fairly active: He is at times more or less excited with delusions as formerly: Still closely under observation both day & night
1 Nov.						Love is at present improving slightly mentally he is not so restless or delusional: He still believes that he is mesmerised at times but does not attribute this symptom: He has a curious nervous tremor in his voice and speaks He is not so well bodily: The pulse is rapid and irritable: has a nasty cough short and spasmodic and he is at times hectic looking and feverish (99.2): He has been put on a course of bitter acid Tonics.
15 Nov:						The temp is again normal and he is looking better and more healthy: mentally no change.
Dec 4th						Much as last note: When his sister visits him he is reticent in his statements regarding her being in league with those against him and with being cognisant of the hypnotism practised on him at Glenbridge: Has shown no impulse:

915.

NAME, James Gillespie No.

Admitted, 9th July 1898 Pr. Ad.

Sex, Male Age, 36 Marriage, Single Occupation, Mason.

Education, Religion, Protestant.

Private or Pauper, Lochmaben P.C. Where from? 150 Mathurin St. Glasgow. Sister Mrs Cowan.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Yes Kind —

Duration — Where treated —

Hered History—Insanity ?

Other Diseases

Predisposing

Exciting Epilepsy

Symptoms. First.

Mental Was in the army for years on the short service system: left resumed his work as mason

Bodily Then became "paralysed from a shock" on the right side of body this was accompanied

Recent.

Mental by aphasia: The epilepsy followed this. He was boarded out with a sister in

Bodily Glasgow for some months but latterly he became too violent:

Insane Habits and Propensities

Suicidal ?

Dangerous Yes

Duration of Existing Attack 2 to 3 years

Other Facts or Remarks Is Epileptic:

Dr Wallace as below: weak & imbecile. Cannot converse rationally.

Facts of Medical Certificates

Dr Clark: subject to Epilepsy for years.
Is now beyond control: sits & laughs & cries betimes. Does not sleep is erratic in speech. ii wont sleep walked about all night would not cease smoking or drinking H2O all day

NAME, James Gillespie.

STATE ON admission

Exaltation –

Depression –

Excitement considerable : violent after a fit.

Enfeeblement very marked :

Memory Cannot be tested

Coherence –

Delusions

Can answer questions? Has only about 3 words he can say – Yes – No &c.

Other Abnormalities is Spilleptic : He has aphasia :

Appearance He is a fairly healthy looking man

Skin clean

Hair Skin light brown

Eyes

Pupils Equal medium react

Muscularity Fair

Fatness Poor

Nervous System—*Motor* There is slight stiffness in the right arm slg due to old hemiplegia

Sensory normal

Reflex Action k. j. +1 on rt side

Special Senses –

Retina –

Lungs no abnormality

Heart both rounds clear & good

Tongue clean projected straight

Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine Acid Sp.G. 1034 Dark amber : small amt of alb.

Menstruation –

Pulse 88 soft regular

Temp. not increased

Height 5 ft 7 –

Weight 9 st 4 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, James Gillespie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11 July:						Is a case of epilepsy accompanied by gross brain disease with aphasia. The whole clinical history is suggestive of a syphilitic cortical condn. He is enfeebled: cannot work. Is aphasic: has only 3 or 4 words as overflow to left side: No Yes bad &c: He can write with left hand and understand writing: Cannot repeat words: He is a case of ambulatory Epilepsy. He tumbles over & over in his fits staggering about and throwing arms & legs about: hurting himself & those about him. He sleeps well and eats fairly:
19 July:						Is generally quiet and unobtrusive complains at times of pain in his head and points to right temple. He is at times emotional and excited. He is violent in his fits and at time bruises himself in them: Sleeping only fair:
1 Augt						As above: no change either in physical or mental condition.
1 Sept						The fits generally come on at the early morning or shortly after he rises and he at time has as many as 5 before the breakfast hour. He is headachy and tired looking after them: but there is no stupor: Has been put on Potassi Iodidi grs 10 Pot: Bromid grs 20 Spt Amm Arom mx Aq ad ℥ss bis 2 die
1 Oct						His bodily health continues fair: He still has the fits as before and mentally is not changed. He is sleeping only fairly: Is in the Sick Room by day and feeds in cross.
January 1899:						There has been no change lately either in physical or mental condition: He is in fair health bodily: The fits continue generally in the

NAME. James Gillespie—

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Early mornings between 5 & 8. The then has on an average 4 fits. During the day he has about 2 others only preceded by the usual epileptic cry & lasting about 4 min. Still on the Iodide & Bromide Mixture: Sleeps well & eats well.
April 1899						Much as above lately he has had a series of sham fits in which he has been troublesome. These have always been controlled by the presence of the head attendant on whose intrance the fit disappears: The 'real' fits are as frequent as before: They are more numerous throughout the day if the Bromide & Iodide is discontinued.
July 26th 1899:-						I a great bowler and plays well with his left hand. The fits continue he has been on the above mixture off & on for some months now. It certainly diminishes the number of fits. The legs & arms are generally bruised from knocking himself about. He is pleasant and easily looked after and does a little ward work. Sleeps & eats well.
Sep 17th 1899						Has been taking the fits very severely lately and complains greatly of them holding the head &c.
Dec 1st 99.						No change in any way. In fair general health. He is very observant & works fairly about the sickroom. The fits are severe & he has on an average 3 or 4 a day generally most frequent at early morning & just on going to sleep at night. He is chatty & pleasant as a rule

875

NAME, James Sherman Siddons No.

Admitted, 19th July 1898 Pr. Ad.

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

Education, / Religion, Protestant

Private or Pauper, — Dp — Where from? Old George Close

(wife) Janet McNair 33 High Sts: Dp

HISTORY.

Causation.

Disposition Active Cheerful Sanguine

Habits

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Has been exceedingly excited during the last few days: Went to America some months ago and returned here in a restless mood about 1 month ago.

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

Dr Kerr: very excited & restless: walks about room declaiming that he is the strongest man in the world & has the finest eyes:
Speech slurred: Delusions of grandeur.

Dr. Smith: Restless &c as above.

NAME, James Sherman Liddons

STATE ON admission

Exaltation Marked: to the strongest man on earth.

Depression —

Excitement very excitable fights bites kicks

Enfeeblement to marked

Memory none for recent events

Coherence only at times Can answer questions? won't.

Delusions to the strongest man: to going out to America with a gatling gun to shoot the Spaniards

Other Abnormalities to a G.P.

Appearance very weak and tottering

Skin sallow Hair thin dark

Eyes Blue Pupils Large equal react

Muscularity Good Fatness Fair

Nervous System—*Motor* There very weak and tottering in his legs knee jerks present:

Sensory Good: no paraesthesia.

Reflex Action + Special Senses —

Retina —

Lungs apparently healthy

Heart apparently healthy

Tongue Furred Bowels Constipated.

Other Organs, Abnormalities, Bruises, &c. He has varicose veins and a large discoloured patch is present on inner aspect of the lower half of right leg: in middle of this an ulcer size of 5/-

Appetite Good

Urine 1022 acid Small amount of alb: deposit of urate

Menstruation —

Pulse 84 reg/l regular Temp. —

Height 5ft 6½ Weight 9st 2

Disease G.P. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A cute Delirium and Incoherence.	B 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 Sherman Siddons

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20 July						Is a case of fairly marked G.P. in the early second stage: The motor signs are marked in the lower extremities especially in difficulty of coordinating. There is as yet little loss of gross motor power: He is very excitable restless and talkative: Says that "he will fight the Americans with a Gatling gun & as he is so strong he will beat them all." The speech is rapid and the slurring alone is marked at present: There is no syllable stumbling: He has been constipated for about 4 days so 6 grs Calomel has been given & refusing his food:
22 July						The purge given did not act, so two large enemata were given & cleared out the bowels well: He still refuses food and has been fed twice daily by the tube. There is much struggling and he is difficult to restrain during it.
29 July						Still being fed: Eggs & milk being given daily morning & evening. He has the idea that the gag is to take out his teeth fight bites & generally is very excitable during it: He retains it well: Calomel has again been given & enemata
Augt 14th						Still as above being fed and struggling much during the process He is in good health but is confined to bed as he resists all attempts at clothing him. Sometimes he can be persuaded to drink a mouthful but complains at once, it's being bitter & poisoned: He is at times very noisy & excitable at night and always has the bed clothes rolled up & twisted.

NAME. James Sherman Siddons.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Oct 8th						Today for the first time took his food. No cause could be given for the change.
" 2						He has been much better since last note: under the more generous diet he has taken voluntarily, He has been less excited and the bowels have become regular: He is still at times wet at nights: His speech is still rapid & stuttering and he has given up the Gatling gun idea: His one craze at present is that his name is Jamie Sherman & if you call him Siddons he becomes angry and incoherent.
January 1899						He has had a congestive seizure lately: not marked during it he never lost consciousness but became very stupid & confused Temp 99.2: He became also very excited after it and the speech has been more markedly affected since: He is getting stout & fat.
April 1899						Has been quieter during the day than formerly: Twists up the clothes and works with them but does not tear. He has occasional outbursts of noise during which he is angry with the man sleeping next him. He then endeavours to get at him to strike him: He is very facile & easily guided however: His one expression at present is that "he is a Scotchman": The speech is markedly stumbling now: He takes his food well & sleeps fairly: He recently developed an Othaematoma on right ear which subsided under blistering and during this he was again more restless.
Ap 4th						Died this morning in a congestive attack: He was almost pulseless at 9 A.M. Died at 8 There were no twitchings and paralysis was short in fight

DIED

NAME, Peter McArthur No.

Admitted, 19th July 1898. Pr. Ad.

Sex, Male Age, Marriage, Married Occupation,

Education, Religion, Protestant

Private or Pauper, - Dp. - Where from? Friars Carse.

HISTORY.

Causation.

Disposition Quiet:

Habits Correct:

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases

Predisposing

Exciting McA has for the past 10 years been an attendant in the Crichton: He latterly was on night duty there: He was active quiet and kindly to his patients: A few years ago he married the night nurse and on her second confinement she had a bad attack of puerperal mania & was treated here: After she had become subacute she was sent home to Aberdeen to her family. This caused McA much anxiety: About 6 months ago he struck a patient at night & was reduced from night charge to look after a gentleman at Friar's Carse. He was on duty with this gentleman practically up to the date of his admission here:

Symptoms. First. Mental Bodily

Recent. Mental Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks Lately he has been complaining of weakness in the legs & when walking & has become very facile & tottering: General Paralysis was only diagnosed about 3 weeks ago so that the advance has been rapid from that time. The impulsiveness in striking the patient was probably the 1st symptom of his disease.

Facts of Medical Certificates

Dr. Smith: Insane emaciated appearance Paralytic gait & tremors. Difficulty of articulation water in his chest &c

" changed & childish

Dr. J.W. Findlay: Rambling & incoherent. at times excited: Paralytic gait &c.

NAME, Peter McArthur

STATE ON admission

Exaltation Mild: is free

Depression /

Excitement slight:

Enfeeblement very marked: facile: has no initiative &c.

Memory Fair at present.

Coherence Only at times Can answer questions? Yes

Delusions Has rats in his chest:

Other Abnormalities He is very markedly infantile so much so that he cannot appreciate any fact presented to him but answers "Yes".

Appearance Thin dull looking

Skin Sallow Hair Thin,

Eyes Mod: Eq: &c Pupils react to light & acc.

Muscularity Fair Fatness Poor

Nervous System—*Motor* There is nervous twitching of face, arms thumbs generally

Sensory /

Reflex Action K, j + 1 Special Senses /

Retina /

Lungs Nothing abnormal

Heart nothing abnormal

Tongue Tremulous fair fur Bowels constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair

Urine S.G. 1026 alkaline, trace albumen, sediment of uric acid.

Menstruation /

Pulse 86 regular, good Temp. /

Height 5ft 6½ Weight 9 st 7.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Delirium and Incoherence.	B 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, Peter McArthur

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26th July 1						McA. is a general Paralytic who shows marked mental infeblement but without delusions of any sort: Reasoning is weak. He has no initiative: He is impaired in judgment and memory. Physical condition has failed very rapidly since his admission. He is very tottering in walk & there is marked development of the speech disorder: Is cleanly in habits.
Augt 1st						Much as on last note the physical condition is evidently running down more rapidly than the mental: Sleeps fairly.
Augt 18th						Had today a mild rise of temp to 98·8 with increase of the difficulty of walking & speech very slurred was put off to bed - Congestive -
19th						still as last night, has paresis of the left arm & right leg but has not lost consciousness: Has had difficulty swallowing & has been voiding urine & faeces in bed: Pulse 92 small regular 99. T.
22nd						Is clearer again mentally: is still very weak & feeble but speech is better again paresis passing off and he is restless & leaving clothes has been got up:
Sept 1st						Mentally the last congestive attack has enfeebled him very markedly he is vacantly: unable to attend to the calls of nature.
Oct 1st						Running down very rapidly in physical health: He is very restless & sleepless at nights & is very dirty now in his habits. He is mentally more enfeebled & has to have every thing done for him: He has at no time shown any sign of delusions or greatness &. Memory cannot now be tested:

NAME. Peter McArthur —

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 11th						Today was employed for over 2 hours pulling the "endless thread" through his hands: This points to a peripheral neuritic condition.
1st January 1899						McA. has not failed so much as the last 3 months as during the previous weeks: He has had no congestive attacks beyond mild increase of the difficulty which so lasting it may be a forenoon. Mentally very enfeebled: very dirty in his habits: Sleepless & restless at nights.
March 2nd 1899						McA: has had another congestive attack: He was unconscious for about 36 hours: unable to swallow Paresis more especially on the left side: He ran down exceedingly after this: The breathing became rapid and the pulse rose to 96 per min: Temp about 99·8. He began to improve after a brisk purge.
" 16th						This attack has left him very feeble and weak and more restless and excited: He tosses his head from side to side in an aimless way, shouts, grimaces: His speech at present consists almost entirely of the word "Ay" which he answers to every thing asked him. He cannot be got to lie on his side as he struggles to get on his back and the fear of the skin breaking is considerable.
April 14th 1899						Still restless, excited and noisy. Thin and exhausts constantly. Pulse 92 per min:
July 28th 1899 —						Gradually becoming more enfeebled is now quite confined to bed. Cannot walk. Is very dirty & difficult to keep clean. He cannot recognise any one about him — Sleeps long.

— 914 —

NAME, John Henderson No

Admitted, 8th October 1898 Pr. Ad.

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

Education, ✓ Religion, Protestant

Private or Pauper, Wm Latimer Where from? Annan.

(uncle) Waterbeck by Ecclefechan

HISTORY.

Causation.

Disposition Quiet, active,

Habits ✓

Previous Attacks—No. one Kind mania

Duration 7. Sept 94 – 7 Feby 95 Where treated C.R.I.

Hered History—Insanity ✓

Other Diseases ✓

Predisposing Previous attack

Exciting ✓

Symptoms. First.

Mental Remained well up to a week ago when without any apparent cause he became stupless restless & noisy.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack One week:

Other Facts or Remarks

Facts of Medical Certificates

Dr Gilroy:— laughing singing incoherently gait & manner shew he is labouring under nervous excitement.

b. incessant for some days

Dr Murdoch:— maniacal: &c &c.

NAME, John Henderson

STATE ON admission—

Exaltation Considerable

Depression /

Excitement singing. grimacing, in acute mania.

Enfeeblement considerable

Memory Good

Coherence No Can answer questions? Some

Delusions None expressed

Other Abnormalities

Appearance Fairly nourished man

Skin moist clean Hair Fair

Eyes Blue Pupils Mod: ey: react.

Muscularity Good Fatness Fair

Nervous System—*Motor*

Sensory

Reflex Action R. j. present Special Senses /

Retina /

Lungs Flat at apices: Percussion fair: Resonance fair: There is slight prolongation of lapse: no moist sounds

Heart action rapid both sounds closed

Tongue Tremulous Bowels constipated.

Other Organs, Abnormalities, Bruises, &c. /

Appetite Good.

Urine healthy 10 ℔

Menstruation

Pulse 96 small, regular Temp. /

Height 5 ft 6½ Weight 8 ℔ 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, John Henderson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Oct: 10th						A case of acute mania: Physical health is good: Pulse regular large movement 92 per min: He is excited & exalted sings, shouts, throws limbs about and is very restless: Bowels are at present constipated has been given Calomel gr iv Pulv Jalapae Co gr XX.
12th						He has been quieter since the thorough evacuation of the bowels: Still noisy talkative, grimacing and restless: Kicks off his shoes, rolls about sofa & chairs and is exalted & grandiose in manner & talk: He is quieter & sleeping more regularly at nights:
14th						Settling fairly well has not been given any sedative, is still however talkative & inclined to be restless.
Oct 21st						The excitement has not to a great extent passed off leaving him at present mildly enfeebled and silly: Talks vacantly and foolishly Has no inclination to do any work. memory & reasoning fair: He still grimaces and has a distant suspicious manner: Bodily health good.
Oct 26th						Has relapsed into a condition of more acute excitement. The singing & talkativeness have returned & he is restless and troublesome. Long walks &c extra diet: no sedatives.
Nov 1st						Settling again: There has been an acute periostitis of lower jaw on the right side necessitating extraction of a stump &c. This was accompanied but much pain: The mental condition is however settling very well: He is quieter: more rational & biddable. & though thin is altogether looking more sane & healthy!

NAME. John Henderson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 4th						Doing well & has been sent to 3rd Div.
						Sleeping well: Eating well
Dec 6th						The face condition is again troubling him and a superficial swelling which is fluctuating has appeared on the right side of face opposite the extracted tooth. & Mentally he is now quiet and doing well.
						More amenable to work & altogether pleasant and easily managed:
						Is amenable to be away.
Dec 29th						Was today discharged recovered: The swelling on the face gradually pointed: discharged "laudable" pus a few days ago & has quite closed & healed leaving a very fine scar: It has no alveolar connection so far as could be barbed.

RECOVERED

NAME, Gilbert Manson Ogilvie No

Admitted, 11th November 1898 Pr. Ad.

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

Education, at school Religion, Prot:

Private or Pauper, G.M.O. senr Where from?

Donegall Park Belfast:

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. at 17 Kind melancholia

Duration some months Where treated —

Hered History—Insanity

Other Diseases

Predisposing D.A.

Exciting overstudy

Symptoms. First.

Mental Had an attack some years ago and was then treated at home and also at a Dr's house and eventually recovered

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

Dr. McCormac: Under the influence of spirits & must do as they direct: sees spirits & figures of persons: sometimes depressed sometimes excited

" no control:

Dr Thomson: depressed appearance & vacant look is weak mentally &c.

NAME, Gilbert Manson Ogilvie

STATE ON admission

Exaltation None

Depression Considerable

Excitement slight

Enfeeblement Considerable.

Memory Good

Coherence Yes Can answer questions? Yes

Delusions None expressed.

Other Abnormalities —

Appearance A fairly well nourished lad

Skin clean Hair Dark

Eyes Hazel + blue Pupils medium react.

Muscularity Fair Fatness Poor

Nervous System—*Motor* : muscular tone poor + flabby

Sensory no alteration

Reflex Action K. i. present Special Senses —

Retina —

Lungs chest rather narrow, Percussion note over both lungs healthy: Respiration: deficient in volume

Heart dulness normal; heart sounds pure

Tongue Clean Bowels constipated

Other Organs, Abnormalities, Bruises, &c. There is a marked angular curvature in lumbar region of spine.

Appetite

Urine 1028 : Sediment of phosphates + pus alkaline

Menstruation

Pulse 72 regular + soft Temp. —

Height 5' 11½" Weight 9 st 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, Gilbert Manson Ogilvie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 11th						A case of adolescent insanity: He was very well on the journey & talked pleasantly and well on his admission here: was frank and open in his remarks & bearing:
" 13th						Has been very quiet & well behaved since his admission and has been reading & occupying his time fully: He is not at present delusional Physical health appears below par
" 18th						Has slowly passed into a condition of depression: This is evidently the result of a delusional condition as he sits quietly in a crouching attitude only moving his eyes uneasily about and occasionally glancing furtively behind him: on questioning him he states that "nothing is the matter with me but I see them watching me". The hands & feet have become slightly livid and swelled and he pulse is very feeble was put on Syr Gastrin Fp: t.i.d.
" 22nd						This is passing off and he is again more natural & lively: Talks more but still in a quiet undertone of voice. He is also less pinched looking & taking more interest in his appearance &c He sleeps fairly & has a good appetite.
" 28th						Again in the same condition as on 18th: He spends a great deal of his time buttoning & unbuttoning his clothes and when he was assisted by an attendant today he suddenly struck out and fought in an absent minded, automatic way: The tonic has been changed to equal parts of Syr: Ferri Phosp & Syr Hypophosph. Fi dosis
January 1st 1899:						This case is not doing well the above alternations have gone on occuring. At no time has he been so well as on admission:

NAME, Gilbert Manson Ogilvie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						The physical health also changes with the mental: the delusional condition being always accompanied by lividity of the extremities with enfeeblement of the circulation &c: He will not own to any habit of self abuse and there has up to the present been no appearance of it reported: During the last 2 days he has again been more active and pleasant.
March 2nd						Ogilvie continues as at last note: Recently during the enfeebled stage he received an injury to the 2nd toe on the light foot: This has become dark with effused blood and at present looks almost like dry gangrene: The toe is cold and the colour does not disappear on pressure: Cotton wool & a loose bandage have been applied and the shoe has been taken off to prevent pressure
6th						The circulation is slowly returning and the toe looks better: is losing the lividity.
8th						There are two small patches forming the size of split-pees on the dorsum.
14th						The patches broke down into small ulcers which have now healed.
April 14th 1899						Still very enfeebled: no initiative mildly depressed: He has been taking his food better however and his circulation is stronger & better.
July 28th 1899						In improved bodily health: Still stupid confused & mildly depressed — Thinks he will "please God by fasting". & requires much suasion to get him to take it. Sleeps fairly: Prays with every one in sick room
Aug 28th						very pinched & thin looking at present No active signs of disease and the congestion has passed off from the feet: He has been taking his food fairly & sleeping well.

— 873 —

NAME, Alexander Gibb No

Admitted, 12th November 1898 Pr. Ad.

Sex, Male Age, 39 Marriage, Single Occupation, Tailor

Education, Religion, Prot:

Private or Pauper, Alex: D: Gibb (Father) Where from?

7 George St: Paisley

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind

Duration Where treated Riccartsbar

Hered History—Insanity /

Other Diseases /

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal attempted to commit suicide:

Dangerous no

Duration of Existing Attack 5 weeks

Other Facts or Remarks

Facts of Medical Certificates

Thos: Graham: suffers from suspicious monomania averse to go to steat or any public place as all the people talk about & imitate him &c

" no work for years &c

John A. Graham as above.

NAME. Alexander Gibb

STATE ON admission

Exaltation –

Depression fairly marked: not taking any interest in his surroundings

Excitement slight

Enfeeblement considerable

Memory Good

Coherence Yes Can answer questions? Yes

Delusions, that people have conspired to bring him here.

Other Abnormalities moody reserved.

Appearance A well developed & well nourished man.

Skin Clean Hair Dark & Grey

Eyes Grey Pupils mod: eq: react.

Muscularity Good Fatness Fair.

Nervous System—*Motor*

Sensory

Reflex Action K. J. present Special Senses –

Retina –

Lungs Chest well developed: Percussion Good: R. M. free pm rales

Heart dulness normal; sounds pure:

Tongue Bowels constipated:

Other Organs, Abnormalities, Bruises, &c. – Theirs an acid dyspepsia

Appetite Good

Urine 1027; Acidic

Menstruation –

Pulse ~~72~~ 68 regular Temp. –

Height 5ft 7 Weight 8st 9.

Disease *Skae's Classification*

General 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, Alexander Gibb

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 14th						A case of melancholia with delusions of a visceral & suspicious type: He is mildly depressed thinks that his stomach and bowels are loaded: He thinks this is due to his enemies in some obscure way: He has not worked owing to people talking about him He is in good physical health Has been put on Pil: Col: Co: when required and Lig peptiens 3ᵢ after food
Nov 16th						He is much enfeebled: will not read as his eyes are bad owing to smuts before them: This way for years he states: He is idle and wanders up & down gallery taking a melancholy pleasure in any amusement: The bowels are now clearly opened daily & he has an improving appetite: Sleep fair.
Nov 19th						States he is rather better he thinks. He sometimes hears voices above him but only occasionally will he tell you this & if you question further denies that he said so: Less depressed
Nov 30th						Is improving in look is stouter & better nourished looking: He has not expressed his suspicions of them around him lately but still attaches too great importance to his visceral symptoms & will not go to work however:
January 1st 1899:						Continues to improve though slowly: He is more settled. Reads a little and amuses himself more: Is more cheery & will not now assent to his old delusions regarding his being watched: Still anxious about his health: Sleeping & eating well:
Feby 10th 1899:						Has been expressing the delusion lately that he is Jesus Christ

NAME, Alexander Gibb

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
April 14th 1899						Is at present in good bodily health. His stomach condition has improved and he is more active: will not work however owing to his eyes being bad. He still is delusional about people watching him though he does not obtrude this so much.
June 3rd 1899						Not improved: has many delusions people talk about him and watch him; His father is unable to pay his board & he was to day transferred to Govan

TRANSFER

NAME, George Armstrong No.

Admitted, 16th November 1898 Pr. Ad. 1 Stokes.

Sex, Male Age, 49 Marriage, ~~Male~~ Widower Occupation, ~~Widower~~

Education, Fair Religion,

Private or Pauper, v. H. Burns Jr. Where from? Geo. A. (son)

Canonbie. Stobs Roxburghe.

HISTORY.

Causation.

Disposition Quiet, reserved

Habits Hardworking

Previous Attacks—No. Kind

Duration Where treated

Hered History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

He became sleepless & unfit to work and latterly he has had marked pain in the neck which also caused an increase of this tendency: he then became depressed & the delusions gradually asserted themselves.

Insane Habits and Propensities

Suicidal ?

Dangerous No

Duration of Existing Attack about a year

Other Facts or Remarks

ii Dr Anderson: i Melancholic & depressed. and as below.

Facts of Medical Certificates

Dr Evans: i/ i Morose, cannot be roused to interest 2 believes that detectives are constantly watching him. 3. Has committed a fraud against a shipping company by giving wrong place of life ii/. Has threatened suicide. son has been roused at nightly him to listen to people.

NAME. Geo: Armstrong

STATE ON admission.

Exaltation —

Depression marked, in aspect, speech &c.

Excitement slight

Enfeeblement marked: no initiative:

Memory Good

Coherence Yes Can answer questions? Yes

Delusions: Has deserted a shipping company &

Other Abnormalities

Appearance A fairly normal looking man

Skin clear Hair Grey brown

Eyes Blue Pupils Large. eq. react

Muscularity Good Fatness Good

Nervous System—*Motor* There is diminished mobility speech.

Sensory —

Reflex Action K. j. present Special Senses —

Retina —

Lungs Chest well formed: Percussion note good: There is no alteration of breath sounds

Heart Sounds are regular & Good: no murmurs

Tongue clear Bowels regular

Other Organs, Abnormalities, Bruises, &c. Complains of pain in the occipital region: no localised tenderness. Increase of area of dullness above heart.

Appetite Poor

Urine 1018 healthy

Menstruation —

Pulse 82 good Temp. —

Height 5 ft 4 Weight 9 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 Enfeeblement.

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NAME, George Armstrong

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 18th						A case of hypochondriacal melancholia. His physical health is fair but he looks older than his age: He is dull & melancholic: and he has delusions that his movements are being continually watched by those around him: Takes little notice of anyone around him: He sits with a stiff neck complaining much of pain radiating up the occiput and also down the neck: There is no abnormality to be detected & pressure on the bone or nerves has little effect:
Nov 20th						Quiet and reserved: Cannot give any connected story regarding his previous history. At present he is now "blaming a shipping Coy for the persecution because he once cheated them". He sleeping fairly but always says the pain in the back of neck keeps him from it. Has a fair appetite:
Nov 30th						Much as at last note: Tells his story in a low depressed voice and is still melancholic & dull: He is improving in physical looks has been sent to the 3rd Div:
Dec 14th						He is not regarded as suicidal on account of his enfeeblement & want of muscle energy & chronicity of case. No change physically mentally he is quiet & is doing a little dusting & polishing in the ward: The pain in neck is only troubling him at present during the night: His delusions are still present as above
January 1st 1899						Still as above: There has been slight physical improvement and mentally he is as before

NAME.

DATE.	Temperat. Morn.	Temperat. Even.
May 12th		
May 10th 189		
March 12th		
April 14th		
May 21st 189		
August 23		

NAME. George Armstrong

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Jany 14th						More active: Does more polishing &c. The neck is steadily improving: Still mildly depressed. He is not so delusional as he was and not so furtive in his glances round him.
Feby 10th 1899						Much as at last note as regards his mental condition: Physically he is going on improving and does not speak so much about his neck now: more active and intelligent.
March 12th						Still improving physically: Never reads, sits quietly in his chair but can now enjoy a joke in the wards: Is more connected in his statements regarding his illness & not so delusional.
April 14th 1899						Able to do a good deal of ward work: Anxious to be home: Is markedly improving mentally & is losing his depression: The enfeeblement still continues marked.
May 21st 1899:-						Has gradually lost the depression & is now cheerful & pleasant. Still has a slight, rigidity of neck muscles. The enfeeblement is passing off. He is anxious to be home & his son is anxious to take him out.
August 23rd 1899:-						Has gone on improving physically & mentally & was today discharged.

RECOVERED.

NAME, William Thomson Walker No.

Admitted, 21st November 1898 Pr. Ad. /

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

Education, Religion, Protestant

Private or Pauper, Miles McInnes Dp Where from? Mrs W. mother, Cameron Place Dp.

HISTORY.

Causation.

Disposition Quiet, inactive

Habits Idle + loose

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases Syphilis.

Predisposing

Exciting Sunstroke and syphilis.

Symptoms. First.

Mental Was an idle good for nothing man for years then joined army was abroad has syphilis and he says 'a stroke' was sent to Netley; here

Bodily

Recent.

Mental he became a nuisance & claimed his discharge. was sent home to Dp. was then sent by friend to the Infirmary and this caused his removal here as he became noisy & troublesome

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack A few days (acute).

Other Facts or Remarks

Facts of Medical Certificates

Dr Kerr: appearance: dull stupid depressed ii talks to pictures & fights with the shadows on the walls.

Dr Smith: as above

NAME. William Thomson Walker

STATE ON admission.

Exaltation considerable, elated + jaunty in bearing.

Depression —

Excitement marked: restless,

Enfeeblement considerable: foolish, silly,

Memory Good

Coherence Yes Can answer questions? Yes

Delusions

Other Abnormalities Has hallucinations of sight & hearing

Appearance A spare made man

Skin clean moist Hair Thin brown

Eyes — Pupils Mod: eq: react slowly

Muscularity Poor Fatness Poor

Nervous System—*Motor* There is want of tone:

Sensory: no change:

Reflex Action K. ↑: increased Special Senses —

Retina —

Lungs Badly formed chest: note fair: no moist sounds.

Heart Both sounds clear: no murmurs

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. —

Appetite

Urine Healthy 1022 no albumen.

Menstruation

Pulse 88 small low tension Temp. —

Height 5 ft 8½ in 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.

NAME, William Thomson Walker

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 23rd						A case probably of syphilitic insanity of the enfeebled & emotional type: There is no muscular lesion except the general weakening and atony: His physical health is fair. Mentally he is enfeebled: is silly in speech and action: vacant in expression. Has loss of memory for recent events. Is wanting in initiative & judges inaccurately: Sleeps well. Eats well.
" 27th						Has been sent to the 3rd Div: He is practically as on admission. Silly & stupid: does a little polishing at times: He has a certain amount of sly acuteness & he relates with much leering how he got his discharge from hospital & the army by "going for" his attendants there and then reporting them when they retaliate: He did this till he became a regular nuisance & he says "they were pleased to give him his papers": Physically fair:
Dec 6th						Still as before: There he has shewn no impulse: He has once or twice shewn by his actions that he may have hallucinations of hearing but denies them: enfeebled & silly:
Dec 14th						As above: no change: Sleeps well.
January 1st 1899						He is now quiet & so far has been inoffensive: Has little energy: Quite contented to remain idle & always pleased with himself. No change in physical health.
January 16th 1899						Much as above: A useless idle patient who is beginning to be troublesome: Still with his hallucinations of sight & hearing. He looks all round the corners in a sly peering way: Then holds his nose & again peers round.

NAME. William Thomson Walker.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Feby 14th 1899						Still no change: Sleeps well Eats well. Does not fatten much: He has still his hallucination: Has lately been more vehement in his demands to be allowed to go away and has been more easily upset by the other. At times he is more impulsive, readily fighting with those about him.
April 14th 1899						In 3rd Div: and shewing no sign of improving: quiet as a rule but very enfeebled & silly: He has on one or two occasions tried to slip away from walking parties.
June 8th 1899						No change: Still gazing at the cornice, or holding his nose but always with a keen eye for tobacco — Sleeps & eats well.
Sept 19th 1899						Has been doing a little ward work polishing & dusting but is generally idle and slouching Has been doing a little fighting again:
Nov 28th 1899						Still in 3rd Div a lazy loafing fellow becoming more enfeebled. Answers fairly sharply but his memory is very defective — He still sees objects in front of him & gazes long at them & still occasionally holds his nose for half a forenoon for the smells he fats — Sleeps well & eats well.
January 20th 1900:						Has been quiet & inoffensive lately but still enfeebled and troublesome at times: always chewing tobacco.
Jul. 31st 1900:						In good health: Quiet, enfeebled, works a little at polishing: he has still hallucinations of sight & hearing He is defective in memory & judgment and has no initiative — content to live a demented life: eats well. untidy in appearance but cleanly.

→ 847

NAME, James Ferguson No

Admitted, 26th November 1898 Pr. Ad. 1

Sex, Male Age, 23 Marriage, Single Occupation, Nil

Education, / Religion, Prot

Private or Pauper, Stoneykirk. Where from? Sandhead Stoneykirk.

John McCaig JP.

HISTORY.

Causation.

Disposition Quiet, retiring

Habits Correct

Previous Attacks—No. one Kind mania

Duration Jany-Augt 1892 Where treated C.R.I.

Hered History—Insanity One sister

Other Diseases

Predisposing H.P. & P.A.

Exciting ?

Symptoms. First.

Mental There is probably some marked organic cause as he has been gradually becoming more blind since his last discharge: a week ago the old delusions began to reassert themselves and he became stupler talkative & excited: He has been losing weight rapidly lately

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack a week.

Other Facts or Remarks

Facts of Medical Certificates

Dr Smellie: Is possessed of a devil: to be driven out by prayer & fasting. Repeats scripture in obscene & blasphemous language.

Dr Munro: Incoherent: as above

NAME, James Ferguson

STATE ON Re admission.

Exaltation: marked, in talk

Depression /

Excitement restless, talkative, singing.

Enfeeblement considerable:

Memory Good

Coherence At times Can answer questions? Some

Delusions Many: Is a person of great importance.

Other Abnormalities Quotes scripture:

Appearance He is a fairly nourished man.

Skin Clean: acne Hair Fair:

Eyes Pupils Left small does not react °°

Muscularity Fair Fatness Poor

Nervous System—*Motor* No alteration on either side

Sensory / no alteration can be detected: There is probably fornication.

Reflex Action k, j, equal + 1 Special Senses /

Retina /

Lungs Chest fairly formed: Percussion note good: Breathing prolonged no moist sounds

Heart 1st sound clear: 2nd Sharp

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c. °° with opacity of lens: Right large and immobile: He has only the slightest perception of light:

Appetite Good

Urine Healthy no albumen

Menstruation

Pulse 94 small regular Temp. /

Height 5 ft 6 in 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.

NAME, James Ferguson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 27th						This is a case of acute mania in all probability accompanied by Optic atrophy &c: His physical health is fair: His mental condition is one of exaltation and excitement: He is restless, singing wanders about the 2nd Div: is constantly on the move His talk is rambling and he has a distinct religious strain running through it all: Slept little last night
Nov 30th						Much as on admission he is restless, noisy, talkative: Has been sleeping better: He at times acts as if he had hallucinations of sight and suddenly following some object round the room is talking to it: At these times you may pass the hand in front of his face he pays no attention to it: He is very sharp & acute in hearing recognising footsteps as soon as you enter his ward:
Dec 7th						Has been sent to the 3rd Div: He is quieter if anything: Can control himself for a few minutes and then relapses into his old talk Has been given ordinary dietetic treatment & He was on Iodides for a long time as an outpatient at Glasgow so these are not at present being given: His pulse is stronger
" 14th					84	and not so fast as on admission Still settling well and is now in the fairly coherent stage with more continuity of thought and converses Still restless and wildly troublesome
January 1st 1899.						As above; He is thin & run down looking in physical health but is sleeping & eating better: His fundus will be examined whenever he can assist in the examination sufficiently to remain still: He has lately been wildly dirty in his habits.

NAME.

DATE.	Temperat. Morn.	Temperat. Even.
January 1		
May 12th - 18		
April 11th - 1		
May 8th -		
June 15th -		
July 26th -		
[illegible]		

NAME. James Ferguson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
January 16th 1899						In 3rd Div: Noisy talkative and at times abusive: He is curious however in that he has considerable control when he likes to exercise it: His physical health has been running down and the blindness is now total.
July 14th 1899						He is again quieter and more settled: He is regaining to a certain extent his lost ground and is cheerier and brighter: He will get you to feel a bone in his hand in all seriousness & then ask you "if you think that will turn into a pig's foot" or some such silly trifle. Talks out daily with squad:
April 14th 1899			88			Has not been so well since last note: Physically weaker Pulse more rapid: Apical condition doubtful. No temp: He has been more irritable and our presence in the ward is enough to make him abusive talkative and noisy: Sleeps fairly. Eating well.
Mar 8th						Began to improve again almost immediately after last note and is now mildly exalted – Asks silly questions such as "Feel that" (holding out wrist) "Do you think it will ever turn into a sow's foot" Then laughs uproariously. Pulse 84 regular & and wave – Sleeps well.
June 18th						Has been regularly ~~[illegible]~~ sleeping each morning as we go round. Is gradually quietening and is becoming fat & stout. Still at times talkative. He is eating well & sleeps well.
July 26th						Has now practically recovered & is quiet & pleasant: Still blind & with now no perception of light.
Augt 24 1899:						To day sent home

RECOVERED

NAME, Donald Campbell No

Admitted, 30th November 1898 Pr. Ad.

Sex, Male Age, 59 Marriage, Single Occupation, Clergy m—

Education, Good Religion, Protestant—

Private or Pauper, Where from? Inverness D. Asylum

Donald Munro Custor Bmi—

HISTORY.

Causation.

Disposition Quiet: Retiring

Habits Inactive, sluggish

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ~~Sister~~ An uncle was insane

Other Diseases

Predisposing H.P.

Exciting ?

Symptoms. First.

Mental was a minister at Eddrochillis for years. Here he [illegible] took it into about 1894

Bodily that the kirk session were wanting him to marry a certain girl.

Recent.

Mental and he would not hence the persecution. He gradually became worse bringing

Bodily to matter before his presbytery &c.

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Sheriffs Warrant 24 Oct 1895

Other Facts or Remarks

Facts of Medical Certificates

Dr Keay: Subject to fixed delusions of persecution. Irritable + suspicious; Restless. Excited: abusive: and with Auditory hallucinations.

NAME, Donald Campbell

STATE ON transfer.

Exaltation /

Depression slight: in look

Excitement none

Enfeeblement considerable:

Memory Good

Coherence Yes Can answer questions? Yes

Delusions Freely expressed his delusions regarding his financial circumstances.

Other Abnormalities /

Appearance He is a stout well nourished man

Skin clean Hair Dark Gray

Eyes / Pupils Small: equal: reacts

Muscularity Good Fatness Good

Nervous System—*Motor* /

Sensory /

Reflex Action K. J. diminished Special Senses /

Retina /

Lungs are healthy

Heart both sounds clear and Good

Tongue / Bowels regular

Other Organs, Abnormalities, Bruises, &c. /

Appetite Good

Urine healthy

Menstruation /

Pulse 80 good regular Temp. /

Height 5 ft 9 Weight 128 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. Donald Campbell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 30th-						A case of chronic delusional Insanity: well nourished & in good health: Mentally he is enfeebled, has little energy. Is pleasantly talkative;
Dec 7th						He has had a string of mild complaints each morning: the room is not comfortable; the beddings insufficient &c is very busy at present writing long letters to his old congregation at Badrachile explaining he has been kidnapped here & that to stop all further proceedings he will marry his housekeeper & be pleased to have her: He is quiet & inoffensive & is to be sent to Hannahfield:
Dec 14th 1898						He is now at Hannahfield: He was by no means anxious to go & said he preferred to stay here &c but he has settled down comfortably: He will not go to Church explaining that he has never been in any, but a Free Church all his life.

HANNAHFIELD

5th August 1899:						Mr Campbell was today returned to second house. The most immediate reason for his coming back was the most serious offence of refusing to sing paraphrases at the morning devotions - He is quiet and easily managed - Sleeping well & eating well.
Nov 8th- 1899						No change: still has the delusion regarding "the person he was to marry" Quiet reserved and rarely depressed at times
January 20th- 1900:-						As above: In excellent health and occupying himself reading and chatting with the others: He is

NAME.

DATE.	Temperat. Morn.	Temperat. Even.
July 31st 1900		
January 7th		
Oct 16th 1901		
Oct 18th- 19		
Dec 9th-		

NAME. Donald Campbell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						very quiet and unobtrusive; sleeping well – has a good appetite – in good bodily health – a quiet restored easily managed man – he still has the ideas of persecution and writes about them stating that he is willing to marry the person now if this would save him from a place of this sort
July 31st 1900:–						
January 1st 1901:–						In good health: Quiet and easily guided gives no trouble. He occasionally "requests" a pair of scissors to trim his beard or paper to write with these exceptions rarely says more than "Good morning" – He still has the old idea with regard to his marriage: he sleeps a Cats excellently –
May 26th 1901						There has been little change here: He is a quiet, inoffensive man who is very unobtrusive and keeps himself always in the background. He reads nearly all day. He is still under the delusion that he is persecuted into marriage by his people. He periodically writes long letters to his people, his committee & to others explaining his position and the circumstances of the case to them and anxious always to be taken back to active work in his parish.
Oct 18th – 1901						Always as the date of his original warrant comes round he writes a sheaf of letters to the above effect. He is a very quiet – man.
Dec 9th 1901						He was to day sent to

HANNAH FIELD

SEE ~~CHRONIC CASE Book~~ Vol X page 813

NAME, Thomas Crosbie No

Admitted, 2nd December 1898 Pr. Ad.

Sex, Male Age, 22 Marriage, Single Occupation, Polisher

Education, Religion, Protestant

Private or Pauper, John Carson Where from? Gordon C. (uncle)

Kirkmabreck St Ninians Pl: C.D.

HISTORY.

Causation.

Disposition Cherry,

Habits Active Hardworking

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental He has been a polisher for some months & has been working constantly in

Bodily moist and warm temperatures. He gradually became more & more sleepless than run down in body & latterly delusional.

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Slightly so

Dangerous No

Duration of Existing Attack about 6 months.

Other Facts or Remarks

Facts of Medical Certificates

D McKie: Shifty frightened look. followed by a league who wish to take his life &c.

ii Knife is concealed about him.

D. Elliot as above

NAME, Thomas Crosbie

STATE ON admission

Exaltation –

Depression very marked, in look, actions &c says he is miserable

Excitement slight

Enfeeblement marked

Memory Good

Coherence Yes

Can answer questions? Yes

Delusions Freemasons are following him to do him harm &c.

Other Abnormalities

Appearance Has an active man

Skin clear

Hair Dark

Eyes

Pupils large equal react

Muscularity Poor

Fatness Poor

Nervous System—*Motor*

Sensory

Reflex Action K. j. present

Special Senses –

Retina –

Lungs Long narrow chest, there is interruption of breathing at the right apex, left slightly roughened.

Heart both sounds clear

Tongue slightly furr

Bowels 'regular'

Other Organs, Abnormalities, Bruises, &c. There is the scar of old burn left or right side; Palate slightly mis shaken Pale anaemic

Appetite Poor

Urine is healthy

Menstruation –

Pulse 92 small regular

Temp. –

Height 5ft 7½

Weight 8st 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. Thomas Crosbie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Dec 3rd						This is probably a case of Phthisical Insanity: The apical condition is by no means active on either side but his whole aspect suggests the dark type of tuberculosis. Mentally he is depressed is suspicious and mildly irritable He is evasive in his replies & refuses to be drawn on his delusions.
" 5th						He is still restless and irritable will not talk freely but says "that they have not troubled him since he came here & that he ought to be out to warn others" Has been taking his food well.
" 7th						Has been working quietly but unsteadily in the first division & has been sent to the 3rd. He has been sleeping well two nights out of three.
" 11th						Today he wrote a long letter to a sister about 'Freemasons &c'. This was one mass of delusions that "they were conspiring to kill him & his family" that "if he had not run away from them when he did he would have been killed". He also said he would be better dead & away from all this misery. He was returned to the 1st Div:
" 16th						He can now be easily drawn on these delusions &, repeats them freely He is more unfailed than on admission has little initiative and generally he is idle & apathetic: appetite fair.
January 1st 1899						Continues much as above: is less irritable but still suspicious and reticent: Physical lung condition as on admission. Tonics: Extra diet &c.
" 4th						He has been more actively depressed and suicidal and has refused tobacco &c: Has been put to bed in sick room: He is quiet reticent and at times stupid.

NAME. Thomas Crosbie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Jany 8th						He was very sleepless for 3 nights and each morning crouched at the side of the window to see the Freemasons. This he did in a very excited scared & breathless way and was with difficulty at times kept in bed; Last night he slept about 8 hours and he has been quieter & more settled all day.
Jany 12th						Improving steadily: sleeping well and taking his food now excellently. He has been smiling more readily is cheerier and more active: Has been allowed up for an hour or two each afternoon.
Jany 19th						Has been laughing at the idea of Free masons: Is much better physical health: more active and reads a good deal works about sick room.
Feby 5th						Sunday: Tonight he asked the attendant for the key of the store to get coals, went & got them, went back with the shovel & slipped out! He was followed in half a minute but was gone: The night is exceedingly dark so that the chance of his return is small;
6th						Today the police at Castle Douglas wired regarding him: He had slipped down to Ladyfield: Thence crossed the Bridge at 10 P.M. Gone home & slept in barn till night & then home: He is very depressed at being returned.
9th						In sick room and again more cheery and active. Is more communicative regarding his escape state that he went out with suicidal intent but that the bad feeling left him as he crossed the green.
March 1st 1899						Much as at last note: 2 or 3 days well & then has an attack of mild depression & delusions.

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NAME, James Campbell No

Admitted, 7th December 1898 Pr. Ad.

Sex, Male Age, 38 Marriage, Single Occupation, Soldier

Education, Fair Religion, R. C.

Private or Pauper, - Dp - Where from? Netley Hospital

Miles McInnes

HISTORY.

Causation.

Disposition

Habits Active: Occasionally liquored: Woman

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases "Syphilis" "Malta fever" "Everything".

Predisposing as above

Exciting

Symptoms. First.

Mental Has been in Royal Berks for over 17 years & has been in all parts of the world: As has two medals for active service. Latly drafted from Bermuda as he was unfit due to mental condition in Netley since his coming to this country.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Would be if not under supervision.

Duration of Existing Attack June 1898

Other Facts or Remarks

Warrant signed by under secretary of state for war.

Facts of Medical Certificates

Dr Chester I.M.C. Wild & threatening oly & hostile noisy & violent Haematoma.

NAME, James Campbell

STATE ON transfer —

Mental.

Exaltation marked in speech & bearing

Depression /

Excitement marked lethalive restless.

Enfeeblement slight

Memory Good

Coherence no Can answer questions? Some

Delusions Rambles in his talk about being able to court martial us all.

Other Abnormalities

Bodily.

Appearance Fairly nourished man

Skin sallow Hair Dark thin

Eyes Hazel Pupils Mod: lg: react

Muscularity Good Fatness Good.

Nervous System—*Motor* no sign of any disease

Sensory no change

Reflex Action k. j. present Special Senses /

Retina

Lungs Well formed chest: Percussion slightly dull. Breath sounds difficult to determine. (clear).

Heart Both sounds good

Tongue Bowels regular

Other Organs, Abnormalities, Bruises, &c. Othaematoma on left side.

Appetite Good

Urine Healthy

Menstruation /

Pulse 88 Temp. /

Height 5 ft 6 in Weight 8 st 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.

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NAME. James Campbell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Dec 7th						A case of mania which is becoming chronic: He is in good physical health: Mentally he is blustering, very talkative, grandiose in manner and often threatening in appearance and attitude: Orders all to be executed in the Queen's name &c: Took his meals well.
10th						He is comparatively easily managed has slept well and has done no damage to house or other patients though at times looks inclined to be violent: Reads from the Paper in a loud voice: curses at times but is eating well
15th						Still as above: Gives his name & number whenever you enter the room talks incessantly about his medals his regiment &c in a loud manner with many expressive quirks & gestures. Evidently he has been fairly knocked about in the army as he dreads a kick or blow from any one approaching him. Ordering dire court martials on his neighbours, attendant &c.
22nd						Sleeps in dormitory and has his food in hall: Has struck out once or twice at those around him never refuses a challenge from any one who may happen to pass near him: Still 1st Division.
29th						At times he has outbursts of noise & becomes more blustering - impulsive: Today he blackened his attendant's eye when he told him to sit down: He himself complains of broken ribs &c & being kicked &c. On his admission he had similar complaints on nothing was taken detected.

NAME. James Campbell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Jany 14th						In 5th Div: he has several times seen the D.S. to determine his settlement but the addresses he has given are difficult to trace: He is less noisy but still reads his prayer book and can swear like a trooper when annoyed. Plays draught well: Is very chatty and active in his movements.
Feby 14						Much as above: no change noisy talkative and restless.
Mar 14						The D.S. has traced his friends now and the fact is evident that he (C) has been simply withholding information. He is very cute and shy very active in his movements and acts at times noisy: He has been more easily managed lately however is settling down into a noisy chronic case who will do a good deal of work and be little trouble. He has been kept polishing &c lately. He still has troublesome days however in which his old idiosyncrasies afterwards.
April 14.						Much as at last note: He is not a bad sort, very noisy & talkative but always cheery & contented more or less: He is a fair worker & moderately quiet at nights:
July 26th 1899:-						He has been gradually settling & becoming quieter: He works actively well about the wards and is sleeping well: He never could agree with the others in a dormitory about the windows he always wants them wide open & so has given a single room: This has delighted him & he keeps it regularly spick & span.
Augt 99						His father came to see him recently & Campbell appeared pleased to talk to him. After words he spoke kindly & pleasantly with him.

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NAME, Robert Watson No

Admitted, 13th December 1898 Pr. Ad.

Sex, Male Age, 24 Marriage, Single Occupation, Farm S.

Education, Fair Religion, Protestant

Private or Pauper, Jas B. Edgar Where from? R. E. A.

DP. Hutton & Corrie.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Several Kind as present

Duration Was last discharged in Oct. Where treated C.R.I.

Hered History—Insanity Father, Mother & many relative

Other Diseases —

Predisposing

Exciting

Symptoms. First.

Mental Was discharged a few weeks ago and worked well for some time. Then became restless & disappeared. He was found at Piersbill in a subacute maniacal condition trying to join the cadaby.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Not

Dangerous Not

Duration of Existing Attack A few weeks

Other Facts or Remarks

Facts of Medical Certificates

Dr. Clouston: Confused cannot answer any questions correctly. Restless. Cannot employ himself or look after himself

NAME, Robert Watson.

STATE ON Transfer

Mental.

Exaltation Slight

Depression /

Excitement Considerable much motor restlessness

Enfeeblement marked

Memory Cannot be tested

Coherence No Can answer questions! Some simple.

Delusions Government against him &c.

Other Abnormalities

Bodily.

Appearance A fairly nourished lad

Skin Clean Hair Fair

Eyes Blue Pupils mod: eq: react

Muscularity Good Fatness Fair

Nervous System—*Motor* /

Sensory /

Reflex Action k. i. present Special Senses /

Retina /

Lungs Slight pigeon shaped chest : slight dulness at left apex no moist sounds

Heart action regular no murmurs

Tongue clear Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine Healthy

Menstruation

Pulse 80 Temp. /

Height 5 ft 5 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, Robert Watson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13th Dec						He is at present mildly excited and exalted: Foolish in his actions confused and restless: Sleeps fairly well he says: Takes his food well. He is grandiose in his talk says "The government has no right to send him back here" &c. Physically fair
20th Dec						Behaves still very foolishly and he is still subacutely maniacal. He persists in getting up at every dance on the Monday evenings but has no idea of dancing properly though in his usual he dances fairly well. He has slept fairly each night since his transfer and has been eating well: Is again "working out".
January 1st 1899						Slowly settling but still very silly in talk and action.
Feby 14th 1899:						Has been quietly settling down and is now more active and sensible: Talks coherently & well. and has lost the confused elated look: Still "high" on dancing night.
April 14th 1899						Is again much as before his discharge: a quiet reserved boy: Talking little: Sensible when spoken to and a fair worker.
July 28th						Works actively & well in squad Quiet and not talking much at present: Sleeping well.
Sept 16th						Today complained that vipers were running about in his hair that he has caught one a foot in length also a "puddock" —
November 6th 1899						In his usual good health and quiet & hard working a mildly demented boy: requires to be instructed in his work & does it well afterwards.
January 9th 1900						Was put off to bed today as he was somnolent & stuperose probably from self abuse.

NAME. Robert Watson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
January 17th 1900						Has lain in bed for the past eight days in stupor, takes his food well when fed; today he is clearing again + has been got up to rouse him a little. Has not spoken.
January 20th						He is now practically back to his usual mildly demented condition: Sleeping, eating well
Jany 30th 1900						Sent to

FARM ANNEXE

Out on pass from 30th May 1925 - 20th June 1925.
Sister was unable to look after him owing to his physical disabilities
20 June. Returned from pass.

NAME, James Charles Sinclair No

Admitted, 13th December 1898 Pr. Ad. /

Sex, Male Age, Marriage, Married Occupation, Asylum attendant

Education, Good Religion, Protestant

Private or Pauper, Miles McInnes J.P. - Dp - Where from? - Dp -

HISTORY.

Causation.

Disposition Active, nervous and retiring

Habits hardworking, temperate

Previous Attacks—No. / Kind /

Duration / Where treated

Hered History—Insanity /

Other Diseases /

Predisposing ?

Exciting ?

Symptoms. First.

Mental Sinclair was an attendant in the 1st House for some years and was a hardworking conscientious man: He always more or less shunned the others and did his work steadily: about 4 years ago he married one of the nurses (Jane Williamson) and about a year later their only child was born: About 6 months ago Rosebank was opened for a few patients and also S- was placed in charge of it. She did well here for some time then complaints began.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal - May be

Dangerous Yes

Duration of Existing Attack Some weeks

Other Facts or Remarks During these James became irregular in his duties then sleepless and excited, resigned the appointment & went back to town. Then began to stay away from duties again and D.R. treated him for some time: He was then excited restless sleepless and his friends endeavoured to get him away: (E.g. he went through to Edinb and returned by next train to "Jeannie"). Then suicidal impulse came out & he was certified & sent up. It is a question whether Sinclair was the cause of the resignation at Rosebank or whether his wife was discontented & in this way worried him into his present condition: Probably the former. Mrs S. is at present matron in charge of Brownhall.

Facts of Medical Certificates

NAME. James Charles Sinclair

STATE ON admission.

Mental.

Exaltation /

Depression Marked in look, aspect and action

Excitement slight restless, cannot settle

Enfeeblement Considerable

Memory Good

Coherence Yes Can answer questions? Yes

Delusions /

Other Abnormalities /

Bodily.

Appearance Attin nervous looking man

Skin Hair Brown

Eyes Blue Pupils Mod: equal: sluggish

Muscularity Fair Fatness Poor

Nervous System—Motor restlessness

Sensory /

Reflex Action ka. j. increased Special Senses /

Retina /

Lungs Note at apices is fair: there is slight prolongation of expir at right side: left apex good.

Heart action rapid regular no murmurs

Tongue clean Bowels constipated

Other Organs, Abnormalities, Bruises, &c. recent cut on left forefinger and hands are swollen & bruised. Small bruises about size of pennies on upper part of chest

Appetite Fair

Urine healthy

Menstruation /

Pulse 104 Temp. 98.6.

Height 5 ft 4 Weight 7 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, James Charles Sinclair

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13th Dec:						On his admission Sinclair was in a bad mess: His hands & wrists had been cut by the handcuffs and his struggles had necessitated his hands been fastened behind his back. The blood had soaked through his jacket vest, trousers &c & there was a good deal of blood on his back & down thighs: He was very depressed & restless. could not keep a moment still. refused his food and was very miserable in action look & word: He was treated as being actively suicidal was put under continual observation and given Paraldehyde ʒiij: Physical health poor.
Dec 14th						Slept 4 hours last night: Only took a cup of tea to breakfast this morning: Has been smoking constantly in a restless way all morning continually lighting his pipe &c. Very depressed: refuses to speak about himself except that "everything has gone wrong with him". was again given ʒiij Paraldehyde &c
" 15th						Took a little more food this morning & has eaten better all day: He slept 3 hours last night and no draught is to be given this evening as it has been probably causing the anorexia: He complained today greatly of pain all over: no temp: It is probably due to the bruising he has got: Still smoking too much: Very depressed still but more rational about it & probably not so suicidal:
" 16th						Slept little last night and the sleep was very broken: was still kept in bed. Eating better:
" 17th						Was got up as he is again more fidgetty & restless:
" 19th						Is quieter & more rational and has been put off to Wes^{ts} Division.

NAME. James Charles Sinclair.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22nd						Was today put into a dormitory to sleep he has been quiet and more settled Less depressed & more actively looking after the other patients &c
January 1st 1899						He is now working in the intermediate department: He is more settled and active and plays draughts and occupies his time fully with the other patients. He's still markedly enfeebled and mildly depressed: Avoids any conversation &c. Sleeping well & taking his food well.
Jany 15th						Has been in the special for the last few days and is fairly well.
Feby 1st						Not doing so well: more careless of his appearance and untidy He is evasive in actions and talk endeavours to get past you without speaking: His replies are monosyllables "I'm all right" and so forth. He is not pleasant with the other patients: loses the draughtsmen & never seeks to find them &c. Sleeps in dormitory and sleeps fairly.
March 1st						There have been numerous complaints lately regarding Sinclair He is restless at night gets up early & wanders round annoying the other patients: He will micturite in the corner of the lavatory instead of in the urinal & then deny it when spoke to about it: Troubles the other patients: Picks holes in the sofas in corridor and then when sent into the day room he sits down there and does it there while you are looking at him. Takes periodically sore knees or sore feet to prevent him walking out with his squad. He always when out wants to Brownlale to see "Feamine."

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NAME, James Currie No

Admitted, 19 January 1899 Pr. Ad. ✓

Sex, Male Age, 60 Marriage, widowed Occupation, Mason

Education, ✓ Religion, Protestant.

Private or Pauper, Wor Where from? Springholm

Mr. Austin (Insp) Eliz: C (sister) 3 Mill St: Dalbeattie

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ?

Other Diseases ✓

Predisposing

Exciting 3 weeks ago he fell over a box on the pavement and bleed his nose severely: This seems to have determined his present illness as he became very sleepless & dizzy after it and this moved not pass off. She then became restless heard voices speaking to him. She had not work for some months. She looks older than 60.

Symptoms. First. Mental Bodily

Recent. Mental Bodily

Insane Habits and Propensities

Suicidal Yes suspicion

Dangerous has shewn no signs.

Duration of Existing Attack 3 weeks

Other Facts or Remarks

Facts of Medical Certificates

Dr. Gillespie Incoherent in his speech: wont talk & then bursts into ramble

ii Hears voices, cant sleep men ready to break into house to kill him.

Dr. McKerchar i Hopelessly ill, suspicion restless ii Refuses food.

NAME. James Currie.

STATE ON admission

MENTAL.

Exaltation /

Depression Considerable is very ill hears in head &c.

Excitement Marked cannot recite

Enfeeblement Marked

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions No suspicion of those about him as they "are after him"

Other Abnormalities Hears voices.

BODILY.

Appearance He is a tottering old man

Skin Dry coarse Hair Gray

Eyes Gray arcus senilis. Pupils Left mod reacts: Rt old cataract

Muscularity Fair Fatness Poor

Nervous System—*Motor* No side is specially affected but he is weak & talks in his legs

Sensory /

Reflex Action K.J. present Special Senses /

Retina /

Lungs Note fair: breathing is roughened at both apex.

Heart 1st is distinct & irregular 2nd short & muffled.

Tongue / Bowels /

Other Organs, Abnormalities, Bruises, &c. The skin over sternum & supra sternal notch is scarred from old suppuration.

Appetite Fair

Urine Healthy

Menstruation /

Pulse 90 irregular & low force Temp. /

Height 5ft 8 Weight 9 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, James Currie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Jany 20th						Currie is an old done man. He is tottering and feeble in his gait Restless and with a good deal of motor excitement: Occasionally he is quiet for some hours at a time sitting in a condition of apathy: Pays no attention to his surroundings with poor memory &c. He is suspicious of those about him and says he is being watched by them: Slept very poorly (2 hrs)
Jany 26						Practically no change: He is old feeble and his gait is still very tottering: Sleeps very variably 3-6 hrs and eats poorly. Has been put on Digitalis & Nux.
Jany 31st						Improving slightly in his bodily health but little mentally: He is if anything more lively & attentive: Sleeps is still poor.
Feby 14						Has been sent to 3rd Div: He is still delusional but the depression is less marked Sleeps now rather better average 15 hrs. His physical health is improving slowly Pulse 82 regular.
Feby 21						Is doing well there: Still continues mildly restless and is readily upset: He becomes wandered & incoherent state he do not know why he should be here they should put in those who were troubling him. Sleeps fairly Eats fairly.
Mar 7 Mar 22						No change from last note Much as above: He is rather better in his physical health more active and alert. Still readily becomes incoherent in his talk & still has his suspicion of those about him: There is an improvement in pulse 78 per min

NAME, James Currie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Ap 8						As at last note: The depression has now passed almost completely off: He never reads sometimes plays draughts: is enfabled and reckminded now.
Ap 25						Much as above: Physically fairly well: mentally little change.
May 14th						Currie is brighter and more active still mildly enfabled. He is more active in mental processes. and is not so reserved as he was. Plays draughts fairly well and enjoys a game. Still forgetful at times.
June 12th						Physically in fair health now. The pulse is 76 steady, good wave regular. Heart sounds are better and more regular. Gait is firmer and he has a more alert look. He is mentally clearer and more bright. Anxious to be out.
July 1st 1899.						has today discharged on
						PROBATION.
Dec 20th 1899						discharged today

RECOVERED.

 Enc.

NAME, George Gilmour No

Admitted, 21st January 1899 Pr. Ad. ✓

Sex, Male Age, 29 Marriage, Married Occupation, Labr.

Education, Religion,

Private or Pauper, Slineykirk Where from? Poorhouse Stranraer

John McCleary Insp.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ?

Other Diseases

Predisposing

Exciting Is married & has two children. The lately became very confused restless and incoherent. The I. P. sent him to the Poorhouse to see accurately about his fits. There he has been much as his certificate shew for some days when in charge of horses &c he used to fall in his fits & so was unfit for ordinary farm work

Symptoms. First. Mental Bodily

Recent. Mental Bodily

Insane Habits and Propensities Epileptic

Suicidal No

Dangerous Yes

Duration of Existing Attack ?

Other Facts or Remarks

Facts of Medical Certificates

Dr. Anderson: 1 Inability to give intelligent answers 2 vacancy Restlessness Stupor Depression. 2. violent & difficult to control attempted to strike other patients.

Dr Munro Sulky disposition & unwilling to speak no idea of time & his answers are incoherent 2. outrageous last night.

NAME, George Gilmoor

STATE ON admission.

Mental.

Exaltation ✓

Depression slight: will not speak His whole aspect is that of mild dejection.

Excitement Slight restlessness

Enfeeblement marked

Memory Fair

Coherence Only at times Can answer questions? Some

Delusions None expressed

Other Abnormalities /

Bodily.

Appearance A well nourished man

Skin clean Hair Brown

Eyes / Pupils Large equal react sluggishly

Muscularity Fair Fatness Good

Nervous System—*Motor* /

Sensory /

Reflex Action k. i. present = Special Senses /

Retina /

Lungs Chest note good: Breath sounds at apices normal.

Heart Sounds both closed & good

Tongue / Bowels /

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine 10 oz Acid healthy

Menstruation /

Pulse 84 large movement Temp. /

Height 5 ft 9 Weight 11 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, George Gilmour

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Jany 23rd						Is at present in the restless, aimless forgetful mood of an epileptic after a series of fits irritable and readily becomes excited & threatening impulsive: He has had one or two fits of very short duration since his admission: He cannot settle to read or do any work and is at present much enfeebled: Eats well & sleeps well.
Jany 27th						Is now clearing gradually in his mental state: He is more active and pleasant: Still enfeebled and with little energy of purpose listless and apathetic. He has been more talkative nods for you to come & talk to him & then forgets what he has to say.
Feby 8						Has cleared fairly well mentally he is much more active and polishes about ward is to be sent out with a squad: She is always asking you privately if a drink of water at bedtime would do him harm &c. Is not now irritable & is a quiet inoffensive man: Sleeps well. His fits continue, of short duration & he recovers from them almost at once: They have had no mental accompaniments so far.
Feby 16						Has done well outside: & is sleeping temporarily at farm steading: He is a quiet easy going man: considerably enfeebled and with want of energy.
Feby 22						Has been brought back from the farm to sleep as the 3rd Div. He is much as at last note
Ap 2.						Gilmour has been no trouble since last note: Works steadily outside: Asks silly questions in a vacant purposeless way and

NAME, George Gilmour

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						he has been quiet and inoffensive. up to 2 days ago when he became more restless again after a series of fits. He became irritable and required constant watching hitting out at attendant and all & sundry round him & then saying he had been illused when he was restrained: Is at present much as on admission.
Apr 22						This turn has practically run the same course as on his admission after a few days he settled became again quiet and was allowed out to work where he has been since. Physical health good: Keep well.
May 16th						Is working outside. He is a curious man He will remain behind the squad to see you & then ask if a "wee tate of sant, as much as would lie on the end of a "poon" would do him any harm as he takes this at dinner time. or to ask you to feel his pulse: He works fairly.
June 10th						Again irritable. after a series of fits and he comes up to you demanding if the attendants have a right to batter him or to strike him. He forgets all about this again a few days after the fit has passed off. He is irritable & impulsive during his fits and he fights against any restrain. He is a quiet decent man when not having fits. Sleeps & eats well in III Div.
June 14						Again out to work & doing well.
July 31st						Says he must be away to see "the weans" and wants home irritable again & again bringing his charges. He complains of a pain in the lower ribs on the left side. and says he has been brinsed.

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NAME, Robert Pollok Snodgrass No

Admitted, 14th January 1899 Pr. Ad.

Sex, Male Age, 40 Marriage, Single Occupation, Med. S.

Education, ✓ Religion, Protestant

Private or Pauper, Wm Snodgrass D.D. Where from?

Riversdale, Kirkmalcolm, Renfrewshire

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases ✓

Predisposing

Exciting Has been a rolling stone for some years: the first of all went into a printing office but smell of ink made him sick. Then into flour mills: About 16 years ago lost sight of eye: 14 years ago started medicine & slowly got through his exams but failed at final: worked it is said fairly hard but his successive failure worried him then 10 days ago became exalted &c. About

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

14 months ago was cut for appendicitis & this was an additional factor in his depression. He denies syphilis but owns to gonorrhoea.

Facts of Medical Certificates

Dr. Carswell: restless and excitable in manner and appearance: is incoherent in conversation has delusions that he is very strong, about to earn great sums of money &c &c

" wandering &c

Dr Thomson (Dfs) about to pass a brilliant exam. Great surgical knowledge, so perfect that he can go to sleep.

NAME, Robert Pollok Snodgrass

STATE ON admission

Mental.

Exaltation Fairly marked: He is going to pass a splendid exam: No one can plough him now &c

Depression –

Excitement Up & down very restless and excitable.

Enfeeblement Very marked: He is facile and has little judgment &c.

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions As above

Other Abnormalities Speech is affected

Bodily.

Appearance A stout stupid looking man.

Skin Clean Hair Fair thin

Eyes Rt blind: from pan ophthalmia Pupils Left mod: reacts

Muscularity Fair Fatness Fair

Nervous System—*Motor* Gait spastic: Twitching of face lips & tongue.

Sensory

Reflex Action Knee jerks +2 Special Senses –

Retina –

Lungs are healthy

Heart both sounds clear & good

Tongue – Bowels Scar from operation for appendicitis

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine Healthy

Menstruation –

Pulse 80 Temp. –

Height 5 ft 7 Weight 10 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, Robert Pollok Snodgrass

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24th January 1899.						A case of General Paralysis in second stage: Speech: Gait and motor symptoms are all fairly typical: He is restless and mildly excited: very exalted of facile "Is the cleverest man about the town". "All the surgeons coming to see him operate." — Look at my eye a splendid eye: Look at it moving &c.
24. Jany						As above: Still exalted. Has been less restless than before: He is not sleeping well & is inclined to toss about the cloths. Do anxious to be home to do his studies &c.
Feby 13						Transferred to

1st HOUSE

NAME. Robert Pollok Sudgrass.

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

NAME, William Beck No

Admitted, 3 February 1899 Pr. Ad.

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

Education, ✓ Religion, Protestant

Private or Pauper, Dornock Parish Where from? Agnes Beck (Sister)

Irving Latimer (Insp) Lowthertown Annan

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind mania

Duration Where treated C.R.I

Hered History—Insanity ✓

Other Diseases ✓

Predisposing Previous attacks

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Io epileptic

Suicidal No

Dangerous No

Duration of Existing Attack 7 days

Other Facts or Remarks

Since going out he worked fairly well up to a few days ago when his nervous turns again came on and he became restless noisy and excitable and had delusions as below; He had about 3 turns during the interval of discharge to this time and these were followed by no mental symptoms

Facts of Medical Certificates

Dr Lucas i has delusion

ii Thinks stomach out of order & has to vomit

Tries to strike anyone contradicting him.

Dr. Murdoch i maniacal excitement. i restless uneasy i going to be married in a day or two

ii as above.

NAME, William Beck

STATE ON re admission

Exaltation Considerable, pleased with himself and his surroundings

Depression /

Excitement Slight

Enfeeblement Considerable

Memory Good

Coherence Yes Can answer questions? Yes

Delusions States that he has only to have his stomach but right & he would be well &c.

Other Abnormalities wants to be married next week &c.

Appearance A deformed man, marked scoliosis: macrocephalic

Skin clean: tanned Hair Brown

Eyes Gray Pupils large equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* /

Sensory /

Reflex Action K. J. present Special Senses /

Retina /

Lungs Breathing at apices is harsh with prolongation of expiration

Heart both sounds regular 1st sound faint systolic.

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. No dilatation or any disease of stomach can be made out: No recent marks

Appetite Good

Urine healthy

Menstruation /

Pulse 82 regular, Temp. 97° F.

Height 4 6 1/2 Weight 7 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, William Beck

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3 Feby 1899						Beck is in much the same condition as on last admission. Bodily he is in fair health. Mentally: He is excited and excitable, restless, talkative, laughing and singing by turns. Says his stomach alone requires to be fed right: He is to be married almost immediately we are to come to the wedding &c. Sleepless.
5th Feby:						Was put in 3rd Division when he came in and is now there: Has been at times restless and obstinate but comparatively easy to manage Has been put on a stomach mixture with Sod a + Rhubarb.
9th Feby						Has been sent out to work but has not done well: He takes his turns more frequently than formerly and has been more noisy after them: When a turn comes on when he is outside he does not fall but staggers about absolutely incoordinate in his movements sings laughs and stumbles against the others after - minute or two he settles but is excited, talkative: freely expresses his delusions regarding marriage his wealth: even the size of his head is a subject for self congratulation. He have never got his temp: raised during a fit or after a series of them: Eat well:
14 Feby						No change from last note, 00 has been brought in to 3rd D:
18 Feby:						Has been more noisy of late has been sent down to 1st Div: Here he has been kicking & pranking about and very noisy singing and talkative.

NAME, William Beck

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
March 1st						Has been on bromide for some days without any result so that it has been discontinued. He is much worse than on last occasion: more silly and much more difficult to control: The consciousness of his surroundings is gone for days at a time: He is automatic: having no memory of any events: Fighting struggling singing &c.
March 22nd						Has been gradually running down in physical strength. Three days ago he had a series of fits then became very excited and during this the pulse became weak and irregular: The bounds showed faint systolic: The degree of enlargement of any is difficult to estimate owing to spinal condition: He has been sent to Sick room to be constantly under observation: The question of a cerebral tumour or other gross lesion has arisen but there are no localising symptoms, no neuritis. Treated by Strophanthus m v &c.
March 24th						Again more settled and quieter.
March 27th						Died this morning suddenly at 2.15 in a fit: He had one turn previous to this and recovered from it at usual: Then passed into a second breathing gradually became shallow after it then imperceptible: He died probably from gradual heart failure due to right sided lung organ during fit

DIED

NAME, Robert Shepherd (Vol) No
Admitted, 6th February 1899 Pr. Ad. 1
Sex, Male Age, Marriage, Married Occupation,
Education, Religion,
Private or Pauper, Where from?

See Case Book 1898 page 41 (1st House)

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. 1 Kind Melancholia & Del.
  - Duration Sept 98 Jany 1899 Where treated C.K.9.
- 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

was discharged a few weeks ago from the Asylum feeling fairly well upon a return of his symptoms in a modified degree he recognised that he had better return said so and is now here.

Facts of Medical Certificates

NAME, Robert Shepherd.

STATE ON readmission.

Exaltation –

Depression Mild

Excitement ✓

Enfeeblement Mild

Memory Good

Coherence Yes Can answer questions? Yes

Delusions None expressed

Says he hears voices.

Other Abnormalities

Appearance Short spare twitch man

Skin Clean Hair Gray

Eyes Gray Pupils small equal & react

Muscularity Fair Fatness Poor

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs Chest barrel shaped: Lung note hyperresonant
sulpu prolonged at apices: crepts with wisp at bases

Heart regular distant.

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. small naevoid growth above
lefthage

Appetite Good

Urine Healthy

Menstruation –

Pulse ~~80 small~~ regular Temp. –

Height 5 ft 5½ 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.

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NAME, Robert Shepherd

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 9th						Has been widely depressed and restless since coming back. She has no delusions is widely excitable but quite certain she is improving already.
July 27th						She today discharged herself as a voluntary patient. There is now no obvious change from his admission. She still eccentric and mildly unstable

DISCHARGED

NAME, Robert Shepherd.

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

NAME, Malcolm Murchie No

Admitted, 14th February 1899 Pr. Ad.

Sex, male Age, 45 Marriage, Single Occupation, Engineer

Education, ✓ Religion, Protestant

Private or Pauper, Chas Murchie (Bro) Where from? Ardrossan

16 Montgomery Street Ardrossan

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 2 Kind Mania

Duration Where treated G. R. A. 1889 C.R.I 1895

Hered History—Insanity ✓

Other Diseases

Predisposing P. A.

Exciting Alcohol

Symptoms. First.

Mental

Bodily Has been drinking steadily for some days but only went insane about 10 days ago when on his ship: He was easily controlled until he was removed here: There is no definite history of the 1st symptoms.

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

Dr. Taylor i Fancies he see ships in the air
Talks incoherently using bad language
ii previous asylum treatment

Dr Rankin : a steamer & a condenser in his head
i incoherent
ii as above.

NAME, Malcolm Murchie

STATE ON admission

Exaltation considerable, He is too good for us, will fight no all

Depression /

Excitement marked, talkative restless excited.

Enfeeblement marked

Memory Fair

Coherence at times Can answer questions? Some only

Delusions Many a condenser in his head &c.

Other Abnormalities Hallucinations of sight & hearing

Appearance Tall strongly made man

Skin dirty Hair Black

Eyes Grey Pupils Mod: eq: react

Muscularity Good Fatness Fair

Nervous System—*Motor*

Sensory ✓

Reflex Action K.J. present Special Senses /

Retina /

Lungs Percussion note fair: There are numerous fine crepes with usp & sap at bases with dist. hig. chaudi

Heart 1st sound reduplicated & very metallic 2nd clear

Tongue clear Bowels Regular

Other Organs, Abnormalities, Bruises, &c. No marks or bruises

Appetite Good

Urine healthy

Menstruation /

Pulse 80 regular Temp. /

Height 5 ft 11 Weight 11 st 3.

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, Malcolm Murchie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Feby 15						A case of acute mania: He is very restless, struggling wanders up & down, never still a minute: Has hallucinations in which he Oles ships and hails them in a loud voice also of hearing. Is restless and noisy at nights. Talkative and shouting.
Feby 19th						Still very noisy at night & talkative: He shouts, swears states that there is a steam condenser in his head and an engine in his chest: He does not look well physically and at times is very pale & cyanosed looking. He is sleeping badly.
Feby 26th						Restless noisy & talkative swears & curses at times. Stuffs his ears with pieces of paper: makes pipestalks with coon &c. Fights readily with any patient near him. Has been sent out to work.
Mar 8th						Still noisy and talkative at nights with hallucinations. He is more sane during the day nothing misses his notice and he is always on the lookout for tobacco cigars &c: works fairly with the squad of clerk of works
Mar 16th						Little change: His health is slowly improving and he is less noisy: Still untidy restless and exalted: works fairly: He is sleeping rather better. Masturbates
Ap 1st						The improvement is very slow but is gradually getting more pronounced. He is less talkative: Still silly & troublesome: He will tell long yarns about the silliest subjects & wink knowingly when you express disapproval.

NAME, Malcolm Murchie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Apr 20						Is rather better: Sleeps now fairly at nights but still is occasionally noisy and troublesome: Talkative and silly always on the outlook for tobacco: Eating well.
May 24th						Spends his days playing draughts, occasionally praying on his knees for all & sundry. Then swearing all round.
July 31st						Has gradually become very thin and worn looking but is quieter and more active. Not masturbating now. Has been sent out in Clark Work's Squad.
Augt 21st						doing well outside. He is still very daft and stupid with a certain degree jealousness. He got a hold of an attendant (Coidis) knife the other day which was left to be sharpened & said he would sort it. He was quiet for about an hour & on being asked to shew the knife he held up the stump. (He had ground away the whole blade.
Sept 9th						Gradually settling: Sleeps well Eats well and is very sensible and quiet. He is occasionally foolish in his actions but not so frequently. Still outside.
Oct 17th						Much better. Healthy & pleasant looking. More reticent and more active becoming stouter and more settled.
Nov 25 1899.						Was to day discharged.

RECOVERED.

NAME, John McCowan No

Admitted, 16th February 1899 Pr. Ad. ✓

Sex, Male Age, 50 4 Marriage, Widower Occupation, Shepherd

Education, ✓ Religion, Protestant

Private or Pauper, Wwr Parish Council Where from? Crocketford.

J.M. Austin (Insp) Annie McCo. (daughter.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind ✓

Duration Where treated at home.

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental was a shepherd for years but lately has been working as a labourer

Bodily He is doing little work lately and has not been constantly at it.

Recent.

Mental He is been gradually becoming delusional & has lately been

Bodily threatening to his & children. This has necessitated his removal here.

Insane Habits and Propensities

Suicidal No

Dangerous Threatened & struck his children.

Duration of Existing Attack Some months

Other Facts or Remarks

Facts of Medical Certificates

(1) Dr Gillespie : certain parties are trying to poison him ii violent at times & threatening to kill the inmates of the house unless he got Protection

Dr Chalmers : medicine are poison ii saw his son in the village when he was not there ; killing too good for his children. restlessness & causeless laughter.

NAME, John McCowan.

STATE ON admission

Exaltation /

Depression slight in look and bearing

Excitement slight restlessness

Enfeeblement considerable

Memory Good

Coherence Yes Can answer questions? Yes

Delusions Has been poisoned in his food.

Other Abnormalities

Appearance Strong well nourished man

Skin Clean Hair Brown

Eyes Pupils mod: equal & react.

Muscularity Good Fatness Fair

Nervous System—*Motor* /

Sensory /

Reflex Action s. i. present Special Senses /

Retina /

Lungs slightly flat at apices breathing rough at right apex

Heart Sounds clear: slightly irregular in force

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair

Urine healthy

Menstruation /

Pulse 92 slight irregularity Temp. /

Height 5 ft 9½ Weight 11 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 McCowan

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Feby 18th						A case of delusional Insanity. He is a strong active man healthy looking: He is mildly depressed occasionally will scarcely speak to you: There is also a mild restlessness which prevents him settling to any definite object: He has constantly been poisoned in his food: He knows this from its effects upon him which are pain in stomach. He got this for months before he mentioned it: Denies having struck his children saying however that they had always worked against him. Eats fairly Sleeps well.
Feby 22nd						Is in 1st Div: and has been quiet and reserved: Cheery looking today and says he hasnt found the poison since coming in: He is eating well
Feby 28th						Still improving in both physical & mental health: He is stronger & fresher looking and states that he feels well: Wants home to work. He is free from poisoning at present. and no one has been annoying him.
March 8th						Much as at last note: The enfeeblement is now more noticed: He is content to sit idly listening to any conversation never works seldom reads. Wants go: The depression has given place to a mild degree of exaltation which is expressed in 'vacant' laughter &c. Is sleeping excellently & eating well.
March 12th						There is little or no change from last note: Has been sent to 3rd Div: There has been a mild degree of irritability lately & he may hear voices.

NAME, John McCowan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Ap 3rd						Today he again stated that he was getting poison somehow: He was not sure exactly how but the effect were on him a note burning in stomach and breast. He did not know how he took it but thinks they are still managing it. Has been put on Sodii Bicarb & stomachic mixture:
Ap 8th						The heat is rather better but he has been more irritable and restless lately the sullen depressed look has returned and he is more introspective and dow. Sleeping fairly still taking his food well:
Ap 20						As at last note: Every 2 or 3 morning he mentions the poisoning and is convinced it is still going on: He blames nobody here for it and is still inclined to think the family may be causing it.
May 11						No change: Still convinced that his friends are putting poison on his food. His son is doing it. Sleeps & eats well.
May 21						Has been more cheery and active. Can appreciate the delusion of others as a joke.
June 7						Much as above: again morose and reserved: says the poisoning must be going on & threatening his family.
June. 18						More settled again and not so sure of the poison at present but convinced it did take place. Never refuses food: sleeps well.
July. 31st						There has been no change lately. He has been sent out to work and does fairly well. Still doubtful about his food. Sleeps well

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NAME, Robert Thomson Taylor No

Admitted, 17th February 1899 Pr. Ad.

Sex, Male Age, 78 Marriage, Married Occupation, ✓

Education, ✓ Religion, Protestant

Private or Pauper, Mrs Taylor (wife) Where from? Rothesay

10 Bridge Street Rothesay

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting alcohol

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

working as a woman lately: has lately also been drinking hopeless. Has never had D.T. He has been attended at home for the last few weeks by outside attendant without any marked benefit.

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Five weeks.

Other Facts or Remarks

Facts of Medical Certificates

Dr. Lawson: has hallucinations of sight and hearing. Fancies he sees animals in room & listens to noises & voices: Talks incoherently and makes purposeless noises:

ii sleeplessness & refuses food & restless & delirious

Dr Reid

i as above ii as above.

NAME, Robert Thomson Taylor

STATE ON admission

Exaltation Slight

Depression none

Excitement considerable is restless and noisy

Enfeeblement marked; memory impaired, judgment very enfeebled

Memory Poor

Coherence no Can answer questions! Some.

Delusions many

Other Abnormalities Has hallucinations of sight & hearing.

Appearance fairly nourished

Skin Clear Hair Reddish brown

Eyes Blue Pupils large equal react.

Muscularity Good Fatness Fair

Nervous System—*Motor* ataxic in gait: from peripheral neuritis with tenderness in calves and

Sensory also with sensory changes as usual

Reflex Action k. j. diminished Special Senses ✓

Retina ✓

Lungs well formed chest: apex on right side slightly dull respiration prolonged no accompaniments.

Heart sounds very rapid slightly irregular no murmurs

Tongue markedly furred Bowels irregular –

Other Organs, Abnormalities, Bruises, &c.

Appetite Poor

Urine 1022 Trace of albumen

Menstruation ✓

Pulse 42 small irregular Temp. ✓

Height 5 ft 5 Weight 9 st 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, Robert Thomson Taylor

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 19th.						Taylor is a case of acute alcoholic insanity: He is restless and excited, talks incoherently of many subjects Has hallucinations of sight & hearing: He thinks he is working with his horses and mows after them. He is very ataxic in gait and there is marked peripheral neuritis. He has not refused food since his admission & was sleepless for the first two nights.
July 21st.						Rather quieter: the hallucinations are less marked: He is still restless and excitable: Sleeping rather better but still inclined to be waking out of sleep with a start. Speaking to voices he hears: Eating well.
July 23rd.						Much as at last note: He is very enfeebled: Has no memory cannot tell where he is: Is weakened in judgment and has no will power to initiate He is sleeping rather better: His legs are still very tender and the gait is feeble and ataxic.
July 28th.						Improving in physical health The tenderness is slowly decreasing He is more active and accurate in his movements: Mentally the restlessness and excitement has passed off and he is now more settled: The hallucinations are almost gone: The chief feature is the marked enfeeblement: The pulse rate is down to 82 per min Sleeping well: Eating well. He has been put on Syr Easton for the neuritis and the return of hallucinations will be watched for.

NAME. Robert Thomson Taylor

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Mar 4th						Improving markedly in his bodily condition: It has lost the sotted look and is more active: Mentally still stupid and dull never reads the papers or shows any interest:
March 8th						It has gained a good deal during the last few days: Does a little dusting & polishing and is steadily becoming clearer and more 'alive' mentally: He is now playing cards and reading a little.
Mar 18th						Improving markedly: The tenderness has now quite gone from the muscles: He is active and energetic: Mentally the enfeeblement is passing off.
March 31st						As above steadily doing well. He is now quiet active and steady. Eating well & sleeping well: The still has a mild degree of enfeeblement but this also is passing off. Memory is returning and he is clearer in judgment, can now see a joke &c.
April 14th						Is now practically well ~~[illegible]~~ for a mild degree of enfeeblement chiefly seen in his want of initiative. He sleeps well however and is ~~[illegible]~~ to get home: Pulse 76.
April 20						As above: is now stout & healthy looking: more active and with a healthy well look
May 1st 1899						Was today discharged

RECOVERED

NAME, William Houston No

Admitted, 18th February 1899 Pr. Ad.

Sex, Male Age, 66 Marriage, Single Occupation, Labour

Education, / Religion, Protestant

Private or Pauper, Dumfries - Where from? Gateside of Trench

Miles McInnes Insp

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 Many years

Other Facts or Remarks

He left the C.R.I to be boarded out in 1883 when Dr R. became Supt: Has done well & quietly all these years and is now returned entirely on account of rapidly failing physical health. Lately he has difficulty with micturition &c & has also become difficult to keep clean from weakness

Facts of Medical Certificates

Dr Kerr: appearance, childish and silly: dirty in his habits: Chronic dementia

Dr Ferguson: vacant expression, silly & childish in manner of talking and acting.

NAME. William Houston.

STATE ON re admission

Exaltation /

Depression /

Excitement /

Enfeeblement very marked, is a dement

Memory very poor

Coherence No Can answer questions? Some simple.

Delusions none

Other Abnormalities is dirty in his habits partly from his mental enfeeblement

Appearance Feeble old man

Skin clean Hair Brownish Grey

Eyes Pair Pupils small equal react

Muscularity Poor Fatness Poor

Nervous System—*Motor* /

Sensory /

Reflex Action K. j. present = Special Senses /

Retina /

Lungs There are sepitations at both bases from oedema, slight cough, no shit,

Heart 1st sound faint, systolic murmur 2nd sharp metallic II

Tongue Fine fur Bowels regular, tendency to diarrhoea

Other Organs, Abnormalities, Bruises, &c. There is swelling of the ankles legs & extending up also to thighs No bruises

Appetite ("ravenous hoon" penis.

Urine Frequency of micturition 10 hrs, Acid, Trace of albumen,

Menstruation

Pulse 92 small movement Temp. 98.°

Height 5ft 2 Weight 8st 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, William Houston

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18th July 1899			92			Houston is a case of secondary dementia who has for years been boarded out and who is now sent back to the asylum on account of physical infirmity. His heart is failing with the usual train of symptoms due to backward pressure He is quiet and inoffensive. Has no initiative, has been silent since making no remarks and replying to questions in monosyllables. Habits uncleanly due to his weakness and dementia. Sent to 3rd Div:
20th July:						Has picked up a little since coming in: a quiet harmless demented old man always in one position: sometimes told to W.C. &c and this has kept him clean: hands dribble at times & feet is very oedematous, Bandaged.
24th July:			96			Pulse much as on admission. Is more at home now and can raise a smile at times. He is very quiet: Still in 3rd but will soon require to go to sick room. Oedema is if anything more supple & soft.
28th July:						Has been much as above no change in the mental state. Heart tonics have not given any benefit: oedema again increasing Pulse has now become slightly irregular about one in every 6 beats, it is delayed following two quick beats: Has been put to bed in 3rd Div.
8th Mar						Sent to sick room he has gradually been becoming more & more enfeebled: The whole mental faculties and attention are more dulled:
8th Mar						The local condition of feet & ankles

19 March

NAME. William Houston.

DAY.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						and he is able to pass urine more freely: the quantity is scanty: the features are becoming more pinched and worn and the faces has a malar flush: No temperature. Houston died this evening at 9 p.m. He was very feeble and almost pulseless for a few days before death: there was no lung oedema and he gradually died of heart failure.
18th	March					

DIED.

NAME, Thomas Leith No

Admitted, 10th March 1899 Pr. Ad. /

Sex, Male Age, 70 Marriage, Married Occupation, Draper

Education, Fair Religion, Methodist

Private or Pauper, Thos: D: Leith (son) Where from? Dunella Stateford.

HISTORY.

Causation.

Disposition Retiring, nervous

Habits Correct,

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases none with any bearing on case

Predisposing Senility:

Exciting Business worry and losses

Symptoms. First.

Mental inability to settle, sleeplessness &c.

Bodily Restlessness &c.

Recent.

Mental shouting and groaning at night & without any cause: wandering about room:

Bodily

Insane Habits and Propensities

Suicidal Threatened

Dangerous no

Duration of Existing Attack 12 months

Other Facts or Remarks

About 12 mos ago he got a chill walking in from Stateford to the Church: He was "wet through" but sat through the sermon: In a day or two suffered from vague pains and became depressed: was sent to a friends on a visit, could not take his food and became gradually worse: returned home worried about some business matters losses &c and gradually became unfit to do any work, Then motor restlessness

Facts of Medical Certificates

Dr. John Stevens: in a state of extreme mental depression groans and shouts with no apparent cause ... Repeats time after time such expressions as "oh dear" "terrible" &c &c

" in coherent: family practicing deceit on him shouts wildly at night

Dr Kerr (Sp) depressed & miserable.

NAME, Thomas Leith.

STATE ON admission

Exaltation /

Depression very marked, in manner, expression &c. groans says this will kill him &c.

Excitement Considerable, wrings his hand, cannot settle in one chair

Enfeeblement slight

Memory Good

Coherence Yes Can answer questions? Yes

Delusions says he has been all along sure his family was against him

Other Abnormalities Hypochondriacal and crochetty.

Appearance A frail old man

Skin clean Hair Gray

Eyes Blue Pupils Arcus senilis: mod: eq: R.

Muscularity Fair Fatness Fair

Nervous System—*Motor*

Sensory

Reflex Action K. I. diminished Special Senses /

Retina /

Lungs slight depression in sternum apices resonant on percussion, auscultation normal

Heart slightly enlarged, 1st sound systolic ~~mur mur~~ 2 soft —

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine 1018 Acid healthy: no sugar

Menstruation /

Pulse 92 regular soft Temp. 98°

Height 5 ft 4 3/4 Weight 9 st 4

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A ...nte Deli...m and In...oherence.	B 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 Leith

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 March 1899				92		On admission he looked the picture of object misery: could not rest a minute: was very depressed in action, wringing hands tearless sobbing, and groaning He said this will kill my wife. will kill me. I should have made away with myself all in a meaningless automatic way. On his son's leaving him: he sobbed out "I am hungry have had no food &c" and began to draw himself together again. His physical health is only fair.
11th March						Last night he was sleeping in a single room off the low cross. and was very noisy at time Crying out, calling, groaning as if in a nightmare. The pulse was good 90 per minute. In the forenoon he was quiet talkative pleasant and chatty but readily complaining: The room was too low down. Wanted another feather pillow: another hot bottle &c: tea did not suit him at night and so he could not sleep: Dr. Kerr saw him today & could get little out of him. He was pleasant and talkative. He was given pearl brose at night on his request and he was quite satisfied then: He readily again becomes depressed & melancholic.
12 Mar:						Sunday: was at Church and enjoyed it but - - - . He is a case of mild depression with much automatic misery and has been spoiled at home: Cant walk out with others: So has been given parole when the others are not

NAME, Thomas Leith.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						This list of wants swells as you please him. one granted request leads to four or five others, all foolish and crochetty: when interested can converse well for 10 minutes or so at a time and quite happy and jocular & then again the old automatic groaning comes on
13 Mar			88			Is sleeping better but still at times noisy: Pulse better movement. Not so depressed if anything but still wanting much in the way of trifles and dissatisfied when he gets them: Makes his peace brose each night himself in sick room
14 March 1899						was today removed to the 1st House to be more in his usual surroundings, "as the sights and scenes of the special really are too much for me: I was never accustomed to them, the noise and the talking and I don't play any of their games &c. &c &c".

1ST HOUSE.

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NAME, Robert McDonald No

Admitted, 14th March 1899 Pr. Ad.

Sex, Male Age, 36 Marriage, Single Occupation,

Education, Religion, Protestant

Private or Public, Robt: Armour Where from? Lochead, Campbeltown

(uncle) Coppersmith, Campbeltown

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. four (1st at 18) Kind mania

Duration Where treated Morningside

Hered History—*Insanity* and C.R.I.

Other Diseases

Predisposing P.a.

Exciting Probably alcohol

Symptoms. First.

Mental Restlessness

Bodily Sleeplessness

Recent.

Mental Looks to smashing, breaking, tearing or

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous Threatening

Duration of Existing Attack one month

Other Facts or Remarks

The farm on which he formerly resided has been given up and the 'new place' does not offer any scope for his energies: he has occupied his time putting up a summer house & doing little odd jobs. This description: Probably also the facilities for drinking were increased also

Facts of Medical Certificates

Dr Brown: violent & strange in manner, should for a revolver & "Freemasons to the rescue" said he was paying £1000 a day for private detectives. & destroying property & threatening

Dr Thomson (Dp) depressed & taciturn; confused & unconnected talk about where he has been what he has been doing

NAME, Robert McDonald

STATE ON admission

Exaltation Considerable : off hand bearing and manner and he is pleased with himself &c

Depression None :

Excitement Slight : restless

Enfeeblement Considerable :

Memory Fair : recognises his old friends gives date &c

Coherence Yes Can answer questions? Yes

Delusions Has a "delusional" tendency : The police no right to interfere &c : People been worrying him :

Other Abnormalities

Appearance A well nourished man

Skin clean Hair Fair

Eyes Gray Pupils mod: eq: react to L & A.

Muscularity Good Fatness Fair

Nervous System—*Motor* /

Sensory /

Reflex Action K. J. increased + Special Senses /

Retina /

Lungs Well borneed chest : There are occasional bronchial rhonchi at the interscapular region with fine caps from slight

Heart both sounds clear / bronchitis

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

There are no recent marks but sundry bruises due to the police he states small about size of 3d bit. on hands & wrists :

Appetite Good

Urine 1022 Acid

Menstruation /

Pulse 82 regular good Temp. 98

Height 5 ft 8 ½ Weight 11 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.

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NAME, Robert McDonald.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14th March 1899						So at present in the "special" and he is very offhand in manner and bearing. He says there is no need to bring him back. when asked about the police said they had no right to bring him back as he was sensible enough only on the spree and "that he did not fight until they mauled him" Is excited in manner talkative. Banters each of the patients he knows by name &c: Is bidable enough.
15th Mar:						Slept well last night and states he is well except for a 'whiskey cock', is still restless talkative and inclined to be interfering.
16th Mar						Quiet and sleeping well at night The bronchial condition has to a great extent passed off and he is in fair general health: Is very pleased with himself & mildly exalted: States he has no delusions & these are difficult to draw, when asked about the detectives however rebukes that some of it was true.
19th Mar						was at Church to day and when in in the evening told a patient who wished to get away "what moves you so away If you can't stay here you couldn't live in a hotel - Good food Good bed & your clothes and you what more do you want" His is his present attitude offhand no initiative, no ambition, but mildly exalted and restless.
20th Mar						Sent out to work in the farm yard
24th "						Has been working steadily and well: still mildly exalted: Unstable in judgment.

NAME, Robert McDonald.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Apl 22						No change: Is working well & steadily Has been no impulse is quiet & easily managed Eats well sleeps well: The only difference from his usual is absence of excitement.
June 20th						Practically no change: Is an easily managed patient, who works quietly and well with little supervision. He is at times stupid and slightly dull but has quite regained his usual mental state. He is mildly excitable. Never roke away and has a humourous way of joking the other patients. Eats & sleeps well.
Sept 1st 1899.						Much as above. His friends are anxious to take him out but Dobbs is not very keen to be discharged. An easy going offhand mildly excitable man. Eats & sleeps well.
Nov 14th						Continues as above. In good bodily health. (except when he eats too much or chews when he may have an attack of sickness.) Sleeps well.
January 6th 1900.						Practically no change: Enjoys the dances. Is an offhand, easily pleased patient with a degree of excitement.
Feby 22nd						He escaped about a month ago & has been discharged: notices of him are to be found tho' he was known to be in the district as he never to home asking money to be sent to the P.O. but to be called for

ESCAPED.

301

NAME, John Stanning No

Admitted, 18th March 1899 Pr. Ad.

Sex, Male Age, 70 Marriage, Single Occupation, out work.

Education, Fair Religion, Protestant

Private or Pauper, Dunscore Parish Where from?

HISTORY.

Causation.

Disposition Quiet, retiring,

Habits Correct

Previous Attacks—No. 8 Kind Depression

Duration Each a few weeks Where treated C.R.I.

Hered History—*Insanity*

Other Diseases

Predisposing Previous attacks

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack a week.

Other Facts or Remarks

This case relapses in a few weeks after each discharge: He does well for a short time only: He is not actively employed: His bowels become constipated: Food also is not sufficient

Facts of Medical Certificates

Dr Smith (Dunscore) Depressed: no illness in after.

Dr Smith (Df) Depressed insane appearance &c

NAME. John Manning

STATE ON readmission

Exaltation /

Depression Marked

Excitement /

Enfeeblement Considerable

Memory Good

Coherence Yes Can answer questions? Yes

Delusions

Other Abnormalities Says the asylum is the only place for him

Appearance Hale old man

Skin Clean Hair Grey / mod: eq: cut.

Eyes Blue Pupils areus senilis Cataract

Muscularity 4 air Fatness 2 air

Nervous System—*Motor* /

Sensory /

Reflex Action R. j. present Special Senses /

Retina /

Lungs Healthy

Heart 1st sound faint systolic 2nd accentuated.

Tongue slight furring. Bowels constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite "none"

Urine 1018 acid healthy

Menstruation /

Pulse 96 small regular Temp. 98°

Height 5 ft 7 Weight 10 st 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 Haining

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Mar: 18 : 1899						John has come back as usual markedly depressed: He has a most melancholic expression and manner: said goodbye to his friends tearfully and said he would never be well his head felt so bad + added this is the only place for me: He was sent to 3rd Division and is not to be under night supervision
19th.			90			Haining is wanting something to set him up and has no faith in former resorts to believe he will be better in 10 days or so: "It is worse than ever he was" "Heart all gone" His bowels are constipated has been given purge
21st						Pulse steadier and more full. Is improving stronger and more urgent in his demands for something to set his head right: Depression is lessening.
24th. March			88.			Is still less depressed and doing a little dusting: His head is still bad: The pulse is down to 88 and good
Apl 6						Has been much as at last note: Mildly depressed and still complaining of his head.
Apl 25th						Is now fit for duty and to work He is now again practically well. The depression has almost completely gone and he is only mildly complaining.
May 30th.						Works well enough outside Still complains of his head + not feeling well but this does not prevent his working well.
July 31st						There has been no change.

NAME. John Hanning.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 20th						He is a dull apathetic complaining old man, who is anxious to be home. Sleeps well & eats fairly. Much as at last note. Is ready to complain if listened to but is easily put off. The sleeps well & eats well & is little trouble here mildly demented and with a dull listless look — Has been sent to FARM. ANNEXE.
Nov 1899						Discharged.

NAME, Henry Fildes No

Admitted, 31st March 1899 Pr. Ad.

Sex, Male Age, 55 Marriage, Married Occupation,

Education, Religion, Protestant

Private or Pauper, Maxwelton Where from?

Maxwell I.P.

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

Has been under treatment during the last 10 days by Dr. Maxwelton he was sleepless and restless but shewed no mental symptoms until last night when he went to the Infy. in a very excited condition: There he complained of mexican poison which was poisoning his system

Insane Habits and Propensities

Suicidal No

Dangerous No.

Duration of Existing Attack 10 days

Other Facts or Remarks

He explained it was given him 36 years ago (after the stomach pump has been got) and as he was very excited was admitted here in the early morning.

Facts of Medical Certificates

Dr Murray:— restless & excited: mind a blank for weeks

" found at infirmary having suddenly left home

Dr Robson violent & excitable in manner — under the influence of poison 36 years ago

&c

NAME, Henry Fildes

STATE ON admission.

Exaltation considerable, is talkative, never better in his life.

Depression /

Excitement Restless

Enfeeblement marked

Memory Good

Coherence Yes Can answer questions? Yes

Delusions None expressed, on admission.

Other Abnormalities Hears voices.

Appearance A neurotic looking man

Skin clean moist Hair Gray

Eyes Gray Pupils Large equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K. I. present Special Senses ✓

Retina ✓

Lungs Fairly formed chest Percussion is relatively dull at right apex: Ausct: heart sounds tubular at rt: prolonged left.

Heart slight increase of dulness above the hearts area

Tongue Tremulous Bowels regular

Other Organs, Abnormalities, Bruises, &c. There is an abrasion on the right side of face & small marks of recent bruises on arms

Appetite fair

Urine 1018 Acid healthy

Menstruation ✓

Pulse 88 small regular Temp. ✓

Height 5 ft 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.

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NAME, Henry Fildes

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Mar: 31st						Fildes was quiet all morning after his admission and slept well: He has been talkative and restless this afternoon but has as yet expressed no delusions: He wants out of this and says he is well.
April 1st						He has been slightly restless and meddlesome but has as yet not expressed any delusion: He is unstable: His judgment is impaired and he is taking his food well.
April 2nd						He today stated that he was suffering from Mexican poison introduced into his system 36 years ago in Perth Prison. Has been more noisy and impulsive and has been put to sleep in single room. Continually restless and jumping about: Eating well.
April 4th						He hears voices speaking to him and these cause him to be more restless: He is also always ready for a fight: The poisoning has ruined his system: Look at his teeth and these he says will show you this.
Ap 7th						Today blackened the eye of another patient Peter Smith who he says ran at his first: He is mesmerised by others: cannot hear no speaking at.
April 11th						Has been more restless and foolish: So mesmerised and excited: This morning in the ward he came up in a very excited mood asking if I had heard of his invention. On my saying "no". He struck out at once striking me on the neck before guarding was possible then with the other fist.

NAME, Henry Fildes -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						he struggled, kicked and fought until marched into the day room.
Ap: 19th						Today he asked me about his clothes in a very threatening way, He wafted away my replies with his hand to prevent my mesmerising him and continued curious motions of the hand for some time evidently of the nature of a "form". He is very restless continually jumping up & down in his seat rushing across room etc evidently in obedience to some impulse. He sleeps fairly but is occasionally noisy and troublesome: Eats well.
Ap 27						Continually looking out of window talking to imaginary people outside He is threatening and noisy at time.
May 20th						Still very restless and noisy. He is mesmerised constantly. If you put out arm to get past him You are "doing it to act on him" Your breath as you speak to him "is affecting him" &c. He is at times also impulsive going for the other patients and fighting them in a showy but weak & tottering way. He may settle sufficient to read the papers in a loud strident voice.
June 14th						Practically as above. Cannot settle very noisy. Shouts out of window at imaginary people who are calling to him. If any one passes outside he raps on the glass & signs to them. &c. Very restless always on the move Sleeps fairly but is often noisy in the early mornings. Eats well.
July 26th						No change in fair health and still very restless & excited noisy & mesmerised. He has not lately mentioned the poisoning.

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NAME, James Dickson No

Admitted, 31st March 1899. Pr. Ad.

Sex, Male Age, 39 Marriage, Single Occupation,

Education, Religion, ?

Private or Pauper, Wm Kirkland J.P. Where from?
Kirkconnell.

HISTORY.

Causation.

Disposition Retiring temperament

Habits

Previous Attacks—No. one Kind ?

Duration ? Where treated England.

Hered History—*Insanity*

Other Diseases

Predisposing P. a.

Exciting

Symptoms. First.

Mental About 10 days ago wrote a long letter to the Secretary for Scotland, complaining of

Bodily his fellow workmen and also threatening to shoot them: This letter was a long

Recent.

Mental incoherent ramble but it was taken to the Lunacy Board who at once

Bodily communicated with the Insp of Poor at Kirkconnell where he was staying

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack Some weeks

Other Facts or Remarks

in lodging house: when examined his pockets were filled with cartridges and a revolver was also found loaded upon him: He denies alcohol as a cause

Facts of Medical Certificates

Dr Jackson: As above also delusions of being poisoned etc:

Dr J. R. G:

NAME. James Dickson

STATE ON admission.

Exaltation none

Depression, is depressed in speech and look

Excitement slight, restless

Enfeeblement marked

Memory Good

Coherence Fairly Can answer questions? Yes

Delusions Is poisoned by a gang of men who have been at it for 4 years.

Other Abnormalities

Appearance A slightly built man

Skin clean Hair Brown

Eyes Hazel Pupils Mod : Eq : react

Muscularity Good Fatness Good.

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K. ↓ diminished Special Senses ✓

Retina ✓

Lungs Chest well formed. breath sounds healthy

Heart Both sounds closed healthy

Tongue furred. Bowels (regular?) constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine 1022 no abnormality.

Menstruation ✓

Pulse 82 regular. Temp. ✓

Height 5ft 7 Weight 10 st 5 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, James Dickson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
March 31st						Is a case of marked delusions of persecution: He states that no less than six poisons are being tried upon him: The first causes a bad taste in the mouth 2nd a thirst which makes him drink too much 3rd at times causes diarrhoea and irregularity of the bowels 4th sleepiness & drowsiness with inability to work 5th wind in the stomach 6th tingling all over body loss of sight etc: He also has other symptoms but attributes these to a mixture of the above poisons They are given to him in his food by gases, by his tobacco pointing to a fine mould upon it as a proof: This is the work of an organised gang who have been at it for years haunting him continually and it is time it was put an end to. He admits wanting to shoot them & says they would have deserved it. He is a dour sullen man and has been moody and reserved all day Has taken his food fairly.
April 1st						Slept quietly and has been easily managed but he is dour & sullen and not talkative: He still says that poison is being given him here but does not know by whom
April 2nd						No change: Is in 1st Div
April 4th						Much as above: Still with many delusions, says that he has been watched for years by these people and in all parts of the world: He is unfurled cannot give a correct or succinct account of his doings for many years: and he has been in many different works evidently

NAME, James Dickson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						with the idea of leading the gang of men he supposes to be watching him. He sleeps fairly, Eats fairly.
April 14th						He to-day complained vehemently about the poisoning saying it was getting unbearable and stating he owned do for the men but he refused to state who they were.
						He is fiddible, easily guided in allways except as regards these delusions. Plays draughts well. Dress sullen and uncommunicative;
Ap 20th						much as above. Still delusional and restless a little at times.
May 12th						As delusional as ever. He states that these "people have been following him about for years, preventing him from working." He used to change his place of work without warning leaving often with part wages due him so that they should not know he was going. They at times left him for months. The poisoning is a recent thing but he is convinced they are still doing it here. Sleeps fairly.
June 10th						No change. Pleasant for hours on end, he will suddenly leave off a game at draughts refuse to play more. Still being poisoned. The Inspector of Asylums has spoken to him about his settlement & he is anxious to be out.
July 3rd						Little change. More unsettled. He speaks calmly about his being acted on and wrote several pages about his complaints &c. This contains also an element of grandeur exaggerating his ability to work etc.

— S/C

NAME, James Rain No

Admitted, 31st March 1899 Pr. Ad.

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

Education, ✓ Religion, Protestant

Private or Pauper, James Rain, Dungay Cottage Where from?

HISTORY.

Causation.

Disposition Cheery - Quiet

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases ✓

Predisposing

Exciting Sciatica, sleeplessness, mothers death.

Symptoms. First.

Mental about 3 months ago he was much troubled with sciatica and the pain consequent upon this made him sleepless one week ago his mother died and he at once became excited and raving & this has continued since: There was a short period of depression immediately before this lasting 2 days.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 1 week.

Other Facts or Remarks

Was delicate as a child and has the elbow joint excised for tubercle on the left side: the result is fair movement but the muscles above are much atrophied.

Facts of Medical Certificates

Dr Lorraine Ad. maniacal fits grace alternating with laughter constantly moving hands. &

Dr Campbell: Incoherent & maniacal.

Outrageous swearing &c

NAME. James Kane

STATE ON admission

Exaltation marked

Depression –

Excitement marked, struggles, kicks, bites.

Enfeeblement considerable

Memory Cannot be tested

Coherence No Can answer questions? None

Delusions –

Other Abnormalities Hears voices speaking to him.

Appearance small thin man

Skin clear Hair Dark brown

Eyes Pupils Large equal mobile

Muscularity Poor Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K. J. present Special Senses ✓

Retina ✓

Lungs flat at apices: breathing shows prolongation of expiration: there are crepitation at base

Heart 1st faint systolic 2nd sharp & reduplicated.

Tongue ✓ Bowels ✓

Other Organs, Abnormalities, Bruises, &c. numerous small bruises on limbs & body generally; abrasions on face (See also history)

Appetite Poor

Urine 1019 acid healthy

Menstruation –

Pulse 96 small Temp. ✓

Height 5 ft 7 Weight 8st 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.

NAME, James Rain

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Mar 31st						Rain is a case of acute mania. He is singing, shouting, struggling. Resents staying here and fights in an aimless senseless way. He broke the height-taking rod in his excitement: In the ward he was very restless, tumbling about in a silly way: He was sweating profusely
Ap 1st						Last night he was exceedingly noisy and restless: He sang swore and raved incoherently by turns: He never slept, sat up in bed all night answering the voices speaking to him shouting &c. The bowels are constipated & so has been given Calomel gr iv.
Ap 2nd						The bowels have moved freely but Rain is still very excited and restless, singing shouting and in great motor activity. An attendant has constantly to keep him in his seat: He is resistive and threatening:
Ap 4th						No change: He is still inclined to sweat: Is thin & pale looking pulse rapid and small wave. Noisy at night singing & whistling He takes his food well: He cannot yet talk coherently but can now be got to listen to questions whereas on admission he was oblivious to them.
Ap 7th						Much as at last note: He is rather quieter for longer intervals and is more easily controlled. Still grimacing and restless.
Ap 14th						Slight improvement: He is sleeping rather better generally from about 7 P.M. to 1 A.M. when he is again noisy & singing: He is

NAME. James Rain.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Still very unsettled but now answers in monosyllables: Has not yet been ready in settling to any "intellectual" work. He is still eating excellently:
Sept 20:						Still noisy each night but slowly settling in the day time: Has been given aperient regularly and is now being put on tonics &c.
" 27						Is slowly improving but is very unsettled. quiets and more settled but still grimacing and signalling with his hands: Pulse 88 Good movement: regular
May 11th						Again more excited and talkative sleeping badly. He is very noisy and rambles on in an incoherent way for hours on end, varying this by throwing any small article he may pick up over the room. Takes his food fairly.
June 8th						No change from last note. Is very unsettled noisy and chattering Sleeps poorly and sometimes talks nearly all night. masturbates.
June 26th						Much as before a noisy chattering and troublesome case. His conversation is one long incoherent indecent ramble. varied by shouting for some minute an ends his indecent word. He is very erotic and his talk always veers round to sexual matters. He is at times troublesome fighting and restless and difficult to keep respectable or in order. Physically much as on his admission occasionally shows you his atrophied arm + says it has been done here Sleeps badly & is noisy. sometimes filthy in his habits. Eats well.

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NAME, David Hepburn No

Admitted, 17th April 1899 Pr. Ad. /

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

Education, ✓ Religion, Protestant

Private or Pauper, Where from? Gartloch Asylum (Glasgow: J. R. Mutton Dr.

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

He has been years abroad and about some 3 years ago he left Australia working his way to his country through America: He then worked a short time in Glasgow before going back to Australia when he went before Sheriff Boyd to "take his oath" regarding certain matters: There he seems to have expressed certain statements regarding his persecution & stated that he might have to shoot certain people: He was

Insane Habits and Propensities

Suicidal Not: sent to Gartloch where he has been

Dangerous Maybe: since the 24th March:

Duration of Existing Attack

Other Facts or Remarks

Dr. Oswald: Delusions ① that he is being defrauded of certain rights as a member of an incorporation by the officials of that society: ② That her Majesty's P.O. will not forward letters written by him & registered when addressed to certain official ③ That he can demand protection against certain people by appealing to a jury.

Facts of Medical Certificates

Facts bearing upon risk of danger to others

When he appealed to the Court in Glasgow he said that for his own safety he might be compelled to commit murder altho' he should hang for it: This however he now denies and he stated that the secretary of the Oddfellows has wilfully withholding his rights from him by refusing to seal his papers.

NAME, David Stephenson.

STATE ON admission.

Exaltation —

Depression slight

Excitement restless & uneasy

Enfeeblement slight

Memory good

Coherence Yes Can answer questions? Yes

Delusions see next page.

Other Abnormalities

Appearance Tall thin spareman prominent eyes

Skin Hair Brown coarse

Eyes Green Pupils mod equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* Twitchings of the face mouth and lip muscles

Sensory —

Reflex Action k. j. present Special Senses —

Retina —

Lungs Chest long shaped: The apices are flattened slightly expiration is very subinsupted: no moist sound

Heart Area slightly increased. Both sounds closed

Tongue slight fur Bowels —

Other ~~Organs, Abnormalities~~, Bruises, &c. none

Appetite Good

Urine healthy

Menstruation —

Pulse 84 good regular Temp. —

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, David Hepburn

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Ap: 18th						Hepburns history as given by himself runs as follows: "I am a Scotsman by birth and a colonist by adoption; at 16 years of age my brother struck me on the chest (upper part of sternum) and Dr. Clouston of Selkirk (?) who think attended me for spitting of blood said my lungs were weak: I have been abroad for years & have worked in most of the australian colonies: there I joined the society of Oddfellows for sickness & old age pension About 4 years ago I had an illness and was advised to spend a year or two in a ~~[illegible]~~ colder climate. I went to America & worked in Ohio &c &c. In Chicago I was in a building were 2 men were shot for being 'scabs': when I went I went as a union man but they refused to recognise the Amalgamated union (England) & said I must join their society or submit I said "If I were to blow your brains out it would be just as I you did to these other two men but I am an Englishman & submit to law" I came to England but found I could not work constantly being some weeks idle & then only got £2. 1. 8: in Scotland £2. 4½ per week & wanted therefore to work my way out to British Columbia on my way to Australia Therefore I went before Sheriff Boyd to take my oath on the papers that I was a British subject &c. He said he would enquire into it & sent me to Guildhall. Dr. Oswald said that I was sane in act but not sane in speech. but that he was prejudiced

NAME, David Hepburn.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He is probably a case of phthisical insanity. He has many complaints. The food is not what he is accustomed to: he cannot use the ordinary towels nor brushes: He objects to the society: says he had parole at Gartloch & wishes it here: He also objects to work "If I am fit to work I may be outside". He said the tobacco was vile but as Mr Smith pointed out he has had none since coming here. He is restless and unsettled constantly complaining that we manage things here different from Australia: He says that he never threatens & that his police record in Australia America & is clean. He slept fairly & quietly last night: Took his food fairly:
Ab 19th						Has again a long string of complaints to make Dr R. saw him this morning when he repeated the above story to him. He also did not mention then that this morning he was maltreated by the attendants: He went out with Mr Smith the head attendant & Att Sutherland when half way down to "green" he would not go further as he was afraid of rain & had to be pushed down to the green by Att's Smith & Sutherland. He tried to trip & struggled a good deal but no excessive violence was used: In the afternoon the same performance was repeated with the difference that he states his arm was twisted & bruised: He was thoroughly examined on his going to bed & no bruising was present: There was also complete

NAME, Hugh McLachlan No

Admitted, 22nd April 1899 Pr. Ad.

Sex, Male Age, 35 Marriage, Single Occupation, Bar'te

Education, Good Religion, Protestant

Private or ~~Pauper~~, (£57) Eliz McL: Where from? Glasgow

Stanley House : Three Anchor Bay Cape Town

HISTORY.

Hugh McLachlan, aged 35. Barrister - from Cape Town, South Africa -

Had always enjoyed good health up to eighteen months ago when he became irritable, discontented and excitable, has been in practice as a Barrister for about ten years, never made a living only as much as would keep him in clothes and pocket money. Sixteen months ago was sent from South Africa to this country on account of his mental condition, was so well that he came unattended to reside with a brother who was studying medicine in Glasgow, has gradually become worse since ~~he went to reside with~~ he came to his brother, who though a Medical student has not succeeded in passing his examinations, has spent all his money, and is now working as a labourer in a foundry -

Suicidal

Dangerous Yes

Duration of Existing Attack : Several months

Other Facts or Remarks

he said, and in good practice at the Cape. Three weeks ago he came home on a holiday and went to stay with a brother, a medical man in the West-End of Glasgow. One night shortly after his arrival he committed the indiscretion of getting tipsy, whereupon, he said, he was locked up in rigid confinement in a room of the house, permitted to see no one, and given his meals pretty much as the occupants of Barlinnie cells are given theirs. That morning, however, he had dropped himself from his prison window, two storeys high, and now wanted to know what remedy he had for the wrongs that he said had been done him. Sheriff Boyd, who seemed impressed by the strange tale, told, as it was, by a man of gentlemanly address, not to say of intelligence, directed him as to how he might best find his remedy. More is likely to be heard of the affair.

Facts of Medical Certificates

Dr. Carswell : weak minded dull restless, excitable. Stupid in manner and appearance : Careless & indifferent to personal appearance delusion of suspicion (?) dirty & destructive.

Dr Moffat. as above

as above:

NAME. Hugh McLachlan

STATE ON admission

Exaltation mild: states that he is in good health never better will yet make his fortune.

Depression ✓

Excitement considerable restless and unsettled.

Enfeeblement marked: enfabled in perception attention & judgment

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions that they conspired against him &c.

Other Abnormalities

Appearance A thin spare man

Skin clean Hair thin dark

Eyes Gray Pupils small equal react

Muscularity Poor Fatness Poor

Nervous System—*Motor* Twitching of face lip and tongue muscles; speech impaired syllable stumbling

Sensory ✓

Reflex Action R. ; exaggerated clonus Special Senses ✓

Retina ✓

Lungs The right apex is dull on percussion & the expn is prolonged: left apex normal: fine crepe at bay

Heart both sounds closed

Tongue ✓ Bowels ✓

Other Organs, Abnormalities, Bruises, &c. walks badly from sore heels he says.

Appetite Good

Urine 1018 healthy

Menstruation ✓

Pulse 84 regular Temp. –

Height 5 ft 7 Weight 8 st 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.

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NAME, Hugh McLachlan

Admitted, 22nd april 1899 Pr. Ad.

Sex, Male Age, 35 Marriage, Single Occupation, Ba

Education, Good Religion, Protestant

Private or Ward, (£52) Eliz McL: Where from? Glasgow

Stanley House : Three Anchor Bay Cape Town

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 : Several months

Other Facts or Remarks

An excited-looking person of gentlemanly appearance, saying that he seemed to have neglected his toilet and wore dancing slippers instead of boots, rushed into Sheriff Boyd's chambers at the County Buildings yesterday morning and told the following remarkable story:—He was an advocate, he said, and in good practice at the Cape. Three weeks ago he came home on a holiday and went to stay with a brother, a medical man in the West-End of Glasgow. One night shortly after his arrival he committed the indiscretion of getting tipsy, whereupon, he said, he was locked up in rigid confinement in a room of the house, permitted to see no one, and given his meals pretty much as the occupants of Barlinnie cells are given theirs. That morning, however, he had dropped himself from the prison window, two storeys high, and now wanted to know what remedy he had for the wrongs that he said had been done him. Sheriff Boyd, who seemed impressed by the strange tale, told, as it was, by a man of gentlemanly address, not to say of intelligence, directed him as to how he might best find his remedy. More is likely to be heard of the affair.

Facts of Medical Certificates

Dr. Carswell : weak minded dull restless & excitable. Stupid in manner and appearance : careless in different to personal appearance delusion of suspicion (?) dirty & destructive.

Dr Moffat. as above

NAME. Hugh McLachlan

STATE ON admission

Exaltation mild: states that he is in good health never better will yet make his fortune.

Depression ✓

Lungs the right apex is dull on percussion + the expn is prolonged: left apex normal: fine crepe at bay

Heart both sounds closed

Tongue ✓ Bowels ✓

Other Organs, Abnormalities, Bruises, &c. walks badly from sore heels he says.

Appetite Good

Urine 1018 healthy

Menstruation ✓

Pulse 84 regular Temp. —

Height 5 ft 7 Weight 8 ot 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, Hugh McLachlan

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24th Ap:						McL: is a case either of early G.P. or of the syphilitic type with increase of reflexes: Physically he is tottering & mildly incoordinate in gate and there are no sensory changes. The sensation being good. He has syllable stumbling but there is little slurring of speech. Mentally he is mildly exalted and very much enfeebled. He has no initiative sits idly doing nothing: little judgment and taking no interest in himself or surroundings. At time he talks well but he readily relapses into an apathetic condition. He has slept fairly & takes his meals well; He is to be put on Iodide &c.
27th Ap:						Has quite settled into the ways of the institution and is quiet and easily managed at present.
30th April.						Is an enfeebled case, with mild restlessness. He is fairly easily managed but requires to be told to keep himself tidy. He would go about all day with buttons open & braces loose if allowed. Careless & apathetic. Speaks well on many topics but soon becomes incoherent.
May 14th						Little change. The iodide has lately caused hydrosa & has been intermitted. Still with face twitchings &c.
May 23rd						Quiet & easily managed, sometimes toys with a paper but rarely reads anything: generally gazing dreamily before him. He is active enough outside when walking

NAME. Hugh McLachlan.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Mar 31st						Still idle and apathetic. The iodide has been stopped & tonics tried. He is more tidy & cleanly.
June 26th						Little change. Idle. gazes dreamily in front of him. Talks in an offhand way but readily becomes incoherent.
July 12th						Sent to 1st House

1ST HOUSE

9th November 1899						Has been returned here. Nothing lately has been good enough for him. Demands his white shirts, annoys attendants & so on.
16th Nov:						Has become more assertive since going to 1st ho. Demands away. Says he is sane & we have no right to detain him. He also makes complaints of the attendants twisting his arms & so on. These cannot be verified and he soon relapses into a rambling incoherence. He takes "turns" which are peculiar. The head & neck are bent to one side the face becomes suffused: There are a few "sneezing" expirations and he rambles incoherently such expressions as "I love you" "I love you". These last about 20-30 secs each and it is difficult to say if he entirely loses consciousness. He never falls when standing. He will resume a game of draught as if nothing had happened after them but refuses to be told whose move it is & plays carelessly for a minute or two. When asked about them he regains control at once and says "I always did that a man may do that & be sane".

NAME, Thomas Gillespie No

Admitted, 25th April 1899 Pr. Ad.

Sex, Male Age, 23 Marriage, Single Occupation,

Education, Religion, Protestant

Private or Pauper, Lochmaddon Where from? Helen Muir

Henry R. Sewell Esq. 64 Cowane St Stirling

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered History—*Insanity*

Other Diseases

Predisposing Epilepsy

Exciting

Symptoms. First.

Mental No history obtained—

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack

Other Facts or Remarks

Dr Shimrock: He suffers from attacks of post Epileptic mania lasting two or 3 days after fits: During the intervals he is dull & torpid

S. Orr 8 March 1899.

Facts of Medical Certificates

NAME. Thomas Gillespie

STATE ON transfer.

Exaltation /

Depression /

Excitement /

Enfeeblement marked: dull stupid no energy or initiative

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions

Other Abnormalities Has the drawling speech of an epileptic.

Appearance Stout healthy looking boy

Skin clean Hair Dark

Eyes / Pupils large equal react

Muscularity Good Fatness Good

Nervous System—*Motor* slightly paretic drawling speech

Sensory /

Reflex Action k.j. present Special Senses /

Retina /

Lungs Percussion & auscultation healthy.

Heart both sounds clear & good.

Tongue / Bowels /

Other Organs, Abnormalities, Bruises, &c. numerous scars from falls —

Appetite Good

Urine 1024 Acid healthy

Menstruation /

Pulse 76 good regular Temp. /

Height 5 ft 7 Weight 9 st 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, Thomas Gillespie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26th April 1899						He is a typical epileptic. Small head with scars: Dull & apathetic stupid: Drawling speech: Seldom reads. Sleep well last night. Eats well.
30th April 1899						Has been put to sleep in Pt. Din. Has been quiet dull & stupid since coming: markedly enfeebled: Eats well.
May 14th '99						He has been more irritable lately and has demanded in a slow way to get away &c. He is very easily put off however. Has shewn no impulsiveness.
May 18th						Had one or two fits since last note & has been more irritable but not in any many maniacal. He asks for a bottle to stop them. Potass Bromidi gr 20 ter: Din Has been given.
June 1st						Was sent out to work in Squad this has to a mild degree upset him he has been asking away as he will not work here without pay: If he is fit to be out to work he is fit to work outside & so on. He soon settles & works in an automatic lazy way Sleeps well Eats well.
June 26th						No change has had one or two slight fits but no series of them & has shewn no mania Idle stupid & confused.
July 30th						No change: Has been sent out to work, an sullen quiet epileptic Takes his fits badly & is then kept in for a day or two. He has been mildly restless & irritable after them but never maniacal.

NAME, Thomas Gillespie –

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 3rd –						Has been in lately with a more prolonged attack: dull & stupid generally sleeping. Speaks very drowsily: much enfeebled –
Nov 14th –						Again working. Wants away home and gives a long rambling account of his illness. Still easily managed and slow –
January 8th – 1900						Is unchanged: He is fat and stout: soft and flabby looking. Easily managed & much enfeebled. Took a fit in church yesterday and made a slight scene when taken out.
April 2nd 1900						In his fits recently he has become very run down and the pulse becomes rapid & feeble after a series – It would not be surprising if he died soon in status epileptica – He is a good worker when well slow & drawling in speech – mildly sneering & irritable in conversation and not a pleasant patient.
July 31st 1900: –						At present is working out actively and he is free from fits quiet fat & fatuous looking. Mildly enfeebled loss of memory – eats largely – sleeps well. He has had two turns of bed since last note on account of physical run down in a series of fits.
August 9th 1900						ESCAPED
Sept 7th						DISCHARGED

We afterwards heard that he was in the neighbourhood here farming at harvest time for nearly a month & that he then went back to Stirling – His sister wrote us in Nov asking what to do if he came back &c.

NAME, John Cameron No

Admitted, 6 May 1899 Pr. Ad.

Sex, Male Age, 13½ Marriage, S. Occupation, /

Education, none Religion, Protestant

Private or Pauper, Jas Morrison Where from? Caroline Place

J.P. Langholm Langholm

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 when irritated would throw stones

Duration of Existing Attack been getting unmanageable for last year

Other Facts or Remarks

No family history could be obtained and only the statement that he had latterly been beyond home control.

Facts of Medical Certificates

John Gill: Clearly imbecile
subject to fits &c.

Dr Mason imbecile.
outbursts.

NAME, John Cameron

STATE ON admission.

Exaltation /

Depression Considerable: weeps & is afraid of everyone

Excitement /

Enfeeblement Marked

Memory /

Coherence / Can answer questions? /

Delusions /

Other Abnormalities a deaf & dumb Epileptic imbecile.

Appearance A fairly developed boy.

Skin Clean Hair dark

Eyes Hazel Pupils large equal react

Muscularity Poor Fatness Poor

Nervous System—*Motor* /

Sensory /

Reflex Action K.J. present Special Senses /

Retina /

Lungs Breathing puerile at apices: no moist sounds

Heart Systolic murmur

Tongue / Bowels regular

Other Organs, Abnormalities, Bruises, &c. Head is slightly microcephalic.

Appetite Good

Urine healthy.

Menstruation ✓

Pulse 78 regular good. Temp. 97°

Height 4 ft 7 Weight 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, John Cameron

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6th May:						A bright looking deaf & dumb epileptic imbecile: He is in good bodily health. Is cleanly, able to dress & clothe himself. Active & sharp in noticing any movements.
8th "						After a day's crying he quite settled down here: lost his fear and was perfectly happy & at home: He readily imitates others tries to polish &c. He is observant & could easily be trained: Slaps & eats well.
16th May.						Has had two bad epileptic fits since last note and was dull & listless after them: He was not irritable & has shewn no excitement since coming here: There has been a good deal of improvement in his bodily health: He has been trained to set the tables and to wash dishes &c: The parish has been recommended to send him to Larbert Institution.
16 June:						Much as above improving steadily in health: active cheery & happy & no trouble. He was today sent to Larbert.

TRANSFER.

NAME, John Cameron.

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

NAME, Hugh Newbigging No

Admitted, 23rd May 1899 Pr. Ad.

Sex, Male Age, Marriage, Single Occupation,

Education, Religion, Protestant

Private or Pauper, £25 – Where from? W. N. brother

36 Friars Vennel - Dy -

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first Kind Delusional Mel.

Duration 1894 – Dec 1898 Where treated CRs

Hered History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Hugh has been out for some months never worked but was quiet at home with his brother & did well in spite of his many delusions up to a fortnight ago when the spirit told him to go to America: He started off to Liverpool with £10 in his pocket but the spirit would not let him go on board so he

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack

Other Facts or Remarks

returned passing the brother on the way to get him: He was then resertified & sent back here

Facts of Medical Certificates

R. Clarke: Battery in his inside which attracts everything he comes in contact with &c

" v. History

D Ferguson: Battery &c.

NAME, Hugh Newbigging.

STATE ON readmission

Exaltation –

Depression slight says he would be better dead

Excitement –

Enfeeblement slight

Memory Good

Coherence Yes Can answer questions? Yes

Delusions Many: Spirits always haunting him &c.

Other Abnormalities –

Appearance Strong + healthy looking young man

Skin – Hair Dark

Eyes Dark Pupils Large Equal react

Muscularity Good Fatness Fair.

Nervous System—*Motor* –

Sensory –

Reflex Action – Special Senses –

Retina –

Lungs Slight flattening at right apex
Breathing roughened + moist sounds with wisp:

Heart Both sounds clear

Tongue – Bowels –

Other Organs, Abnormalities, Bruises, &c. –

Appetite Good

Urine Healthy No Acid

Menstruation –

Pulse 80 strong Equal Temp. —

Height 5ft 7½ Weight 9st 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, Hugh Newbigquig

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25th May						Hugh looks in better health is sunburnt and looks stronger & stouter: Mentally unchanged Still would be better in the Nith and very anxious to get there: Spirits still controll all his actions. The apical condition is subacute at present: Sleepswell.
31st May.						Has been put under curatory the amount of his money is £170: He is mentally quite back to his old ways here: Still vacant looking and distant in expression: The Spirits constantly influencing him so that he "would be better dead". He eats well & sleep well.
June 14th						No change: Does a little house work and so on: Still delusional and easily upset:
July 1st 1899:						Still as delusional as ever not so depressed: Thinks the spirits are still haunting him and that the battery is still at times worked on him.
July 30th						Has been troubled lately with incontinence of urine frequency of micturition & pain. He has been put on R Bk Hyoscyam ℥ß Potass Bicarb gros 120 Glycerin ℥i Aq Camph ad ℥iv ℥ß ter in die.
August 13th						This has mitigated his symptoms and he feels easier but still has to rise each night to pass urine several times. Still delusional and enfeebled.
Augt 26th						The above mixture has ceased to do good and a Boracic acid one has been substituted.

NAME. Hugh Newbiggin.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 8th						The urine is acid to reaction and with slight mucous sediment The act is difficult to start. The mixtures merely palliate the symptoms. Mentally he is still very delusional and unstable: Spirits still haunt him and the battery is still present. Plays draughts well and is easily guided working well in the house.
Sept 26th.						Much as above, no change either bodily or mental. No instruments have been passed but when shaved the urine passes in a fair stream.
Oct 22nd						Has been put on a Cascara + aloes mixture and this is doing good keeping bowels fairly open.
Nov 7th						The above mixture has considerably relieved the symptoms mentioned the difficulty of starting the act is lessened. He sleeps fairly in 1st Div. dormitory.
Nov 30th						Still delusional: Spirit battery constantly working. His inside also is all wrong. Never complains of the water now but still has some trouble with it
January 9th 1900.						Much as above: Cheery + pleasant dances well: Plays draughts well + sleeps fairly. Eats well. His still delusional and the urinary condition less marked. Still has a cascara mixture.
5th March 1900						Sent out today on ~~to probation for~~ 6 Months dating from 20th March PROBATION.
1st August 1902						Returned from probation.
2 July						Escaped - went home - allowed to remain on pass for 28 days
1 August						Discharged Relieved - Expiry of Pass.

NAME, James Little No

Admitted, 9th June 1899 Pr. Ad.

Sex, Male Age, 26 Marriage, Single Occupation,

Education, Religion, Protestant

Private or Pauper, Dfs Where from? Militia Camp.

Miles McInnes

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Joined the militia six weeks ago: Found it too severe training began taking liquor &c Said he would commit suicide & "attempted" to do so, flourishing a razor and making a very superficial abrasion on the neck.

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

Dr. W. McKerr: appearance: depressed & miserable
Cannot eat or sleep
" attempted suicide.

Dr. McDonald attempted suicide. "

NAME, James Little

STATE ON admission

Exaltation /

Depression mild

Excitement slight

Enfeeblement slight

Memory Good

Coherence Yes Can answer questions? Yes

Delusions none expressed

Other Abnormalities Says he tried to frighten them so as to get out of militia

Appearance A small made badly nourished man

Skin Clean Hair Fair

Eyes Blue Pupils small equal react

Muscularity Fair Fatness Poor

Nervous System - Motor /

Sensory /

Reflex Action K.J. present Special Senses /

Retina /

Lungs narrow long shaped chest: there is relative dulness at right apex and prolongation of expn: no moist sounds

Heart 1st sound long blowing soft systolic murmur 2nd clear

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. There is a fine scratch on neck said to be due to suicidal attempt

Appetite Good

Urine 1022 Acid healthy

Menstruation /

Pulse 80 regular fair measurement Temp. 98°.

Height 5 ft 5 Weight 7 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.

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NAME, James Little

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10th June:						In all probability a case of malingering to get out of the militia: Whenever he came in he stated his idea was to get out of it & today he has been pleasant & active evidently trying to impress us with his sanity. He is of the weak minded slinking loafer corner men poorly developed with large projecting ears & very vacant-silly expression.
16th June						He now well: no evidence of any mental condition. & watching every opportunity & make a bolt:
23rd June:						He was today sent back to Carlisle: The militia would have nothing more to do with him. He was therefore discharged.

RECOVERED

NAME. James Little.

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

NAME, Andrew Rae No

Admitted, 16th June 1899 Pr. Ad.

Sex, Male Age, 48 Marriage, Married Occupation,

Education, Religion, Protestant

Private or Pauper, £ 40 Where from? mo- in law.

Eliza Baxter Kinmeter annan

HISTORY.

Causation.

Disposition Cheery active

Habits

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity Father insane at one time.

Other Diseases

Predisposing H.P.

Exciting alcohol.

Symptoms. First.

Mental Formerly a farmer he became an innkeeper about 4 months began to get alcoholic: liquoring heavily.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Epileptic.

Suicidal Yes

Dangerous Yes

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

Dr. Muir: Perfectly incoherent: Does not know where he is. Does not know friends. ii Sus cats & dogs

Dr Murdoch Entirely incoherent: memory attack ii suicidal & has assaulted.

NAME, Andrew Kae.

STATE ON admission

Exaltation considerable

Depression –

Excitement very marked: could not keep still: talkative
singing noisy

Enfeeblement marked:

Memory very poor

Coherence no Can answer questions? Some.

Delusions many: mistakes everyone about him

Other Abnormalities Emotional.

Appearance A well developed man

Skin – Hair Brown

Eyes slight watery conjunctivitis Pupils small equal react

Muscularity Good Fatness Good

Nervous System—*Motor* Marked tremulousness of face lungs & extremities

Sensory Tenderness of all superficial nerves

Reflex Action K.J. ~~brisk~~ absent Special Senses –

Retina –

Lungs apparently healthy

Heart action rapid no murmurs

Tongue furred Bowels

Other Organs, Abnormalities, Bruises, &c. Bruising (dark) on inner side of left leg

Appetite Fair

Urine hazy albumen 1018 Acid.

Menstruation – /

Pulse 92 small regular Temp. –

Height 5/9½ Weight 9st-

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, Andrew Rae

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16th-June:						A case of acute alcoholic insanity. He is very restless and excited talkative: meeting & seeing his friends: calling for orders &c Sees horses passing the window & all his hallucinations are pleasant and his excitement is a happy busy one: Physically the tremor of all the muscles very marked & his fine movements are quite incoordinate. There is very marked tenderness of calf & thigh muscles.
17th-June:						Slept a short time after Bromide last night: Still talkative & singing & joking. Says the hotel is a good one: The food is good the bed good & the liquor grand. His hallucinations are still exceedingly marked and his memory cannot be tested: On the whole he is quieter.
19th-June:						Has been doing fairly well is now up: The tenderness of muscles less marked: He still has marked hallucinations & illusions believes that we are old friends tasks us to drink in a most pressing way.
20th-						Has been out: Cheery pleasant & happy: Is greatly improved Still with illusions & being ready to run any small messages which he forgets in 10 steps: Send him across the cricket green & an attendant & he repeats the order goes about 1/4 across & then returns slowly: When he returns ask if he delivered the message: "Man I forgot" & starts off again

NAME, Andrew Rae.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26 June:						Much improved: Memory now much improved: Still mildly exalted & pleased with himself: Evidently proud of staying so long in a "temperance hotel". Gait still slightly swaying & unsteady: Reads the papers: &c.
Aug 26th						Much improved: Memory fair but still inaccurate: The exaltation has been replaced by mild depression. He is more acute & observant mentally. Walks better, tenderness gone from calf muscles — Still enfeebled however: rarely reads stupid in his games cannot concentrate his thoughts.
Aug 17th						He was returned as epileptic but no fits have occurred — He is gradually improving, more cheery and active, jokes with the others, blames his wife's illness & his mother in law's tongue for all his troubles. Is anxious to be away & says he will go back to the dairy-work. Still enfeebled & with loss of memory for recent events.
Sept 22nd						Has been on Syr Eastonii & Syr Hypophos Co āā ʒp ter in die. This has pulled him up wonderfully. He is spruce & active looking. Still dreams a bit at time anxious to be home. He will be sent as soon as arrangements are made for him there
Oct 12th						Has now recovered. He has been active pleasant & cheery but still somewhat afraid to venture home: "I'll never hold up my head again where I'm known" this has passed off recently however.
Oct 22nd						Sent home today with mother in law!

RECOVERED

NAME, James Fleming No

Admitted, 21st June 1899 Pr. Ad.

Sex, Male Age, 22 Marriage, Single Occupation,

Education, Religion, Protestant

Private or Pauper, R.A. Bradford Leswalt. 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 Masturbate.

Suicidal /

Dangerous Yes

Duration of Existing Attack Indefinite

Other Facts or Remarks

Dr I. A. Anderson: Restless demeanour, purposeless actions. chewing paper Suspicious averted glance Delusions regarding women bothering him & tormenting & tyrannising over him.

P.C. ii Broke a table & chair was arrested on June 17th

Facts of Medical Certificates

Dr W. B. Moir. Rambling remarks. delusion as above: State that they assault him to do so &c. Masturbate

NAME. James Fleming.

STATE ON admission.

Exaltation –

Depression slight:

Excitement slight:

Enfeeblement Marked: want of energy, apathetic &c.

Memory Fair

Coherence Rambling Can answer questions? Some

Delusions Women constantly troubling him.

Other Abnormalities Reservoir.

Appearance well nourished Country man

Skin Clear sallow Hair Dark

Eyes Pupils Mod: & equal

Muscularity Fair Fatness Poor

Nervous System—*Motor* –

Sensory –

Reflex Action K. ⅈ present Special Senses –

Retina –

Lungs Chest flattened at apices: breathing Roughened & bronchial at right apex

Heart Systolic murmur 2nd clear

Tongue Sallow Bowels –

Other Organs, Abnormalities, Bruises, &c. –

Appetite Fair

Urine healthy

Menstruation –

Pulse 78 regular & soft. Temp. –

Height 5/1 8 Weight 9st 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 Fleming.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21st June:						In fair health: Mentally he is very suspicious and delusional. He believes that women are constantly tormenting him &c. He is idle: seldom reads. He took a good dinner & lea.
24th June:						Much as above: Anxious to be away and still very suspicious: Women have connection with him each night & similar sexual delusions. Sleeps well & has a good appetite.
26th June						Sent out to work today in garden squad: The attendant has been warned to keep him beside him: Idle & apathetic. Suspicious & uncommunicative.
28th June						As above: Is if anything sillier since coming in.
July 26th 1899						Much as on admission: In good bodily health & now working outside but with no energy, a vacant silly expression and purposeless aimless actions. He never reads or takes any interest in his surroundings.
Aug 8th						Much as above: There is no excitement or depression now but the weakness is still marked. Sleeps well. Eats well. Is in 3rd Div:-
Aug 17th						Has not recently mentioned his delusions but when closely questioned admits being tormented & watched. Is not so robust looking as 3 weeks ago & has probably again been masturbating.
Sept 21st						Has tried to run away from squad recently but has been silly & vacant about it with vague ideas. Sleeps well.

NAME. James Fleming

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 19th						No change: Idle & apathetic with the clammy cold skin & lifeless expression of a masturbator. Not improving - Eat well sleeps well
January 9th 1900						No change: Still idle and listless Stated today that the women were still following him & doing him ill. When asked what they did he said that they called bad names constantly and that they also made him do nasty things to himself
April 28th						Sent today to

FARM ANNEXE

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NAME, James Davidson No

Admitted, 21st June 1899 Pr. Ad.

Sex, Male Age, 16 10/12 Marriage, Single Occupation,

Education, Religion, -

Private or Pauper, - Df. Where from? Mr Walker (Step-F.

Miles McInnes J.P. Crobilie Terr. Swainstead.

HISTORY.

Causation.

Disposition Quiet, dour

Habits Idle & given to loafing &c

Previous Attacks—No. - Kind -

Duration - Where treated -

Hered History—Insanity -

Other Diseases

Predisposing Bad food &c

Exciting Phthisis:

Symptoms. First.

Mental listlessness: mild depression.

Bodily Loss of weight & slaplessness

Recent.

Mental excitement alternating with suicidal melancholia

Bodily Marked phthisis.

Insane Habits and Propensities -

Suicidal Yes

Dangerous No

Duration of Existing Attack A few days.

Other Facts or Remarks

He never followed any active employment: acted as caddie at Dfs course: lately has begun wandering: noisy & talkative at nights &c.

Facts of Medical Certificates

Dr M Ken. (1) Insane appearance: listless: smile. sillily: very miserable:
" sings & whistles all night. tears clothes &c.

Dr John Smith (1) Tells me he has attempted to commit suicide & that he would do so if he got the chance.

NAME, James Davidson.

STATE ON admission

Exaltation –

Depression Marked: sits moodily distressly with bent head

Excitement –

Enfeeblement marked

Memory Good

Coherence Yes Can answer questions? Yes

Delusions –

Other Abnormalities Wants to die:

Appearance Thin poorly developed lad

Skin Clean Hair Fair

Eyes Blue Pupils Large equal react

Muscularity poor Fatness poor

Nervous System—*Motor* –

Sensory –

Reflex Action K.I. present Special Senses –

Retina –

Lungs Apices sunken below clavicles: There is dulness on percussion: moist sounds with wisp cleap

Heart Both sounds clear

Tongue Clean Bowels –

Other Organs, Abnormalities, Bruises, &c. –

Appetite Poor

Urine Trace of albumen.

Menstruation –

Pulse 80 regular good Temp. –

Height 5ft 8 3 Weight 8 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, James Davidson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21st June						A poorly developed lad with marked phthisis: He is very easily tired and his want of energy appears to be largely due to bodily weakness: He is moody listless and very depressed: State he wants to die: Answers in monosyllable. Is sleeping in the cubicle off S.R.
22 June:						Has been left in bed to-day He is very reduced in strength and unable to do anything beyond looking after himself. Still moody, depressed & idle.
25th June:						Is now up & in the 2nd D.D. He is unable to do anything entailing exertion. Still very depressed: He is fever is to this morning 99.2° F. Pulse 98.
27th June:						Much as above: Has been put on Sy. Hypophos Co Syr phos Co 3/1 ante in die. Sleeps fairly His appetite is very variable
July 26th						Much improved, looking more lively and rational. He is at all times changeable, and alternates rapidly between mild depression & mild excitement. The lung condition has improved, the moist sounds being less marked: Sleeps fairly Is still on tonics and extra diet
Augt 12th						Getting stouter and more robust looking and more cheerful —
Augt 23rd						Has again been more depressed & listless. He varies much. Is dull, apathetic and lies idly on sofa half sleeping. Taking his food rather better and sleeping well.

NAME. James Davidson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 29th						Gradually improving in bodily health. The lung condition now shows dry bronchial breathing at apex. The mental condition is still one of mild depression and marked enfoblement: He is unfit as yet to do more than polish about the wards. Eating better & sleeping well.
Nov 16th						Has been sent to 3rd Division He has been less depressed lately and more active. He is a reserved enfoblet lad.
January 9th 1900						— Much as at last note. He is dull and listless but more cheery. Easily managed. Will not enter on a long conversation and really answers in monosyllables. Sleeping well & in fair health.
April 28th						Sent today to

FARM ANNEXE

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NAME, William Rankin. No

Admitted, 14th June 1899 Pr. Ad.

Sex, Male Age, 65 Marriage, Married Occupation, Lab.r

Education, Religion, Protestant

Prisoner or Pauper, Where from? Inch Parish.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. many Kind mania

Duration short. Where treated B.R. 9.

Hered History—*Insanity*

Other Diseases

Predisposing N.P. P.A.

Exciting Alcohol.

Symptoms. First.

Mental He has been out for 2 years on this occasion: He is unfit for any but light work & has only done this occasionally.

Bodily

Recent.

Mental He became more excited a few days ago.

Bodily He has had one term of 3 days in prison since last discharge

Insane Habits and Propensities

Suicidal no

Dangerous Yes

Duration of Existing Attack A few days.

Other Facts or Remarks

Dr. Andrew Clarke: Excitable: going about streets in aimless fashion shouting &c. Abusive & threatening in language.

Facts of Medical Certificates

Dr. McDonald: answers questions in a rational & unsatisfactory manner:
" His wife is in terror as he threatens.

NAME, William Rankin.

STATE ON readmission.

Exaltation Considerable: Is talkative says he never felt better

Depression /

Excitement Marked restlessness

Enfeeblement Considerable

Memory Fair

Coherence Yes? Can answer questions? Yes

Delusions

Other Abnormalities Answers all questions in a silly way & soon becomes incoherent.

Appearance Healthy looking old man

Skin clear Hair very scanty

Eyes Pupils Mod: eq: react

Muscularity Good Fatness Fair

Nervous System—*Motor* The tongue shews slight twitchings

Sensory /

Reflex Action R.J. present Special Senses –

Retina

Lungs Apparently healthy

Heart both sounds good: no murmurs

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c. There are no recent bruises. Complains of pain in stomach & bowels

Appetite Good

Urine 1018 Acid healthy

Menstruation

Pulse 82 regular Temp. –

Height 5 ft 9 Weight 108 ft 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, William Rankin

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
June 25th						Rankin is a case of chronic duration: He recovers well from each attack but when he leaves becomes very excitable + noisy: In good bodily health. He is noisy + talkative. Greeting any friends he knows very effusively: He is also soon made incoherent + confused when spoken to: mildly excited throughout. Rankin sent to 3rd. Div.
June 28th						Doing well. Has complaining of his stomach paining him. He will be sent out to work almost immediately.
July 8th						Is still complaining of his stomach and stating he is unfit to work. He is an enfeebled old man but at present is pleasant and free from any excitement. He is sleeping well and has a good appetite.
July 17th						Has had an attack of subacute rheumatism affecting the wrists chiefly. This has been treated by alkalies + has passed off. Anxious to be out.
Augt 25th						Was to day discharged recovered. Had almost no mental symptoms after 10 days of admission. He is looking fresh + strong.

RECOVERED.

NAME. William Rankin.

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

NAME, Robert Hastings No

Admitted, July 14th 1899. Pr. Ad.

Sex, Male Age, 37 Marriage, single Occupation Railway Servant

Education, Religion, Protestant

Private or Pauper, Private Where from? Glencairn

Jas Hastings (father) Castlehill Cottage

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind G.P.

Duration Oct 96. – 30 Jany 97 Where treated C.R.D

Hered History—Insanity One uncle

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Left the institution to go to care of friends in 1897, after this he visited us several times to get certificates signed. He did well outside until recently when he began to visit people so that he might resume his work as a signal man and so was sent in.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Since '96.

Other Facts or Remarks

Facts of Medical Certificates

I. A. Adamson. General appearance & behaviour, garrulousness & excited way of talking about himself & other people. Repeats himself. Exaggerated ideas of himself & childish pride in his possessions.

" Restlessness & constant stream of talk.

D. G. R. Livingston

NAME, Robert Hastings

STATE ON readmission.

Exaltation slight: Is strong & healthy, going to resume work proud of his possessions.

Depression –

Excitement slight

Enfeeblement Marked, he is unable to look after himself

Memory Good

Coherence Yes Can answer questions? Yes

Delusions Many of grandeur, has insane ideas of the value of trifles &c.

Other Abnormalities

Appearance Well nourished man & in fair condition

Skin clean Hair dark brown

Eyes Blue Pupils right & left both react L & R

Muscularity Good Fatness Good

Nervous System—*Motor* Tongue tremulous, Speech paretic & drawling.

Sensory

Reflex Action K.J. absent Special Senses –

Retina –

Lungs present no signs of disease

Heart- 1st accentuated 2nd clear no murmurs.

Tongue moist coated Bowels –

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine 1018 No albumen

Menstruation –

Pulse 84 regular in F & Rhythm T. Temp. 98.4

Height 5 ft 10 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, Robert Hastings

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1899 July 14th	98.4°					Patient was admitted this afternoon suffering from well advanced General Paralysis. His mind is greatly enfeebled and his motor powers paresed. He talks continuously in an incoherent way and shows the grandeur ideation which were active during his previous admission. It is only the traces of these that remain; now he has loss of initiative, loss of memory and is unable to look after himself.
July 27th						A mild easy going G.P. His motor signs are inequality of pupils, hastic drawling speech and tremors of tongue and lips. He is ataxic in gait with good power in muscles. It is interesting that he is able to play the "penny whistle" forcibly and well with good ear for notes & time. Heart is then passed firmly and with no sign of paresis of the chest muscles. Mentally much enfeebled. Has ideas of grandeur and is generally excited. Has slight incontinence of faeces but is able to attend to himself. Sleeping & eating well.
Augt 14th						No change. goes out daily to the lawn in front of house. He is quiet easily guided and not irritable. Sleeping well.
Sept 6th						There has again been no change to record. He has almost complete anaesthesia of the peripheral nerves presumably the ulnars producing no pain. He is an easy going G.P. in every way. Still plays away at his flag whistle playing well with complete co-ordination of fingers &c.

NAME. Robert Hastings

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Oct 30th						As above. In good form all day easily managed. Beginning to collect trifles and attaches great importance to their value. Likes to be dressed "braw", and on Sundays is specially pleased with himself. Becoming more ataxic in his gait. Arrangements are being made for his transfer.
Oct 26th						He was today discharged as above to Govan asylum

TRANSFER.

NAME, Charles Collins No

Admitted, July 14th 1899. Pr. Ad.

Sex, Male Age, 47. Marriage, single Occupation, Cowman

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 — Has never been examined or confined before but has been repeatedly sentenced in court for assaults on inmates in poorhouse. —

Bodily

Recent.

Mental No history regarding his previous life beyond the above could be got. The date of his hemiplegia is not known Has no friends &c.

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack unknown

Other Facts or Remarks

For years in & out of the poorhouse at Stranraer, impulsive & hitting out at the inmates there when upset

Facts of Medical Certificates

Dr McDonald: doesn't seem to properly understand a question when put to him. Answers questions & conducts himself like an imbecile ii very outrageous at times.

Dr Douglas: talks aloud to himself in an incoherent & rambling manner. When questioned he answers something different from the question put ii suspicious, imagine people talking about him.

NAME, Charles Collins

STATE ON admission.

Exaltation –

Depression –

Excitement slight

Enfeeblement very marked, cannot do anything for himself, cannot understand questions &c.

Memory Cannot be tested

Coherence Cannot be tested Can answer questions? No

Delusions –

Other Abnormalities –

Appearance well nourished, in fair condition, looks older than

Skin clean Hair inclines to grey [47

Eyes – Pupils moderate equal reacted to

Muscularity Good Fatness Fair.

Nervous System—*Motor* A well marked spastic hemiplegia of right side, face & tongue affected.

Sensory Good

Reflex Action K.J. increased on + Special Senses –

Retina –

Lungs presents no sign of disease

Heart 1st accentuated: no murmurs.

Tongue clean Bowels –

Other Organs, Abnormalities, Bruises, &c. Ecchymosis over the left malar bone with a subconjunctival haemorrhage.

Appetite Good

Urine 1020 acid no albumen

Menstruation –

Pulse 76 per minute regular & ++ Temp. 98.4

Height 5ft 6. Weight 8st 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, Charles Collins

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1899 July 4th	98.4°					Patient is suffering from mental Weakness with irritability of temper. From the history this seems to have developed after a brain lesion producing right sided Spastic Hemiplegia. He is well known as a street pest spends a lot of his time in the poor house and has frequently been sentenced in court for assaults on other inmates of the Poor House
July 26th						Markedly enfeebled. It is difficult to say whether his incoherence is due to aphasia. He apparently understands question & then answers wide of the mark. He is an irritable excitable man, who when put out at all jabbers away in incoherent ramble & waves & strike any one near him. He eats well but makes a mess when doing so. Sleeps well. Is in the 2nd Division —
Augt 4th						No change to record. Physical health fair. Quiet enough if left absolutely & strictly but always on the outlook for any one taking advantage of him as above. Eats & sleeps well.
Sept 6th						Will strike the next patient to him sometimes without any reason & 'glare' angrily at him for sometime. He may be hearing voices.
Nov 4th						No change in any way. Cannot assist any work. Is idle and always suspecting those about him of having intentions of annoying him. He strikes out flourishing his left hand wildly & shouting an incoherent jargon Sleeps well.

NAME, Charles Collins —

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
January 6th 1900.						No change either in bodily or mental state: Still in 2nd Div. and doing well enough if left alone but easily roused and resenting any interference. He occasionally is angry "when changed".
July 31st 1900:-						In poor health. The hemiplegia is very marked and the walking seems to be becoming more difficult — He is a wet & dirty and very impulsive man — constantly wanting back to the poorhouse and asking to be taken there in a very incoherent & rambling way. He sleeps well — He strikes the others and requires attention at meal times &c.
January 6th 1901:-						In fair health at present: He is able to be out walking when the weather is fine: He is noisy talkative and abusive: strikes the others whenever irritated & takes insane dislikes to some of them — He is very irritable: He is incoherent & rambling in talk — Sleeps fairly.
May 26th 1901						No change: He is an irritable and excitable old man who is readily made abusive and impulsive. His physical health is fair. He is able to look after himself by day & he is generally cleanly at nights.
Aug 18th						There is again no change. Rages in an incoherent paretic way at times. He is an excitable old man and readily strikes the others on the smallest provocation. Sleeps fairly.
Dec 30th 1901						There is again no change. Irritable &c If any thing there is an increase of somnolence & lethitude between the periods of excitement —
March 26th 1902						No change:
Jany 10 1903						No change. Infirmed & irritable

982 -

NAME, Samuel Wright No

Admitted, 22nd July 1899 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, John Wright (father) Where from? — Dumfries
19 Friar's Vennel.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity —

Other Diseases

Predisposing

Exciting Influenza.

Symptoms. First.

Mental Took influenza some time ago and left his situation. He is a non-union man and he could not get into one or two Bakeries where he applied: Became delusional + exalted. Then restless and sleepless violent and impulsive striking his friends etc.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 5 months

Other Facts or Remarks

Facts of Medical Certificates

Dr Ferguson: Excited condition + violent behaviour shouting incoherently + brandising a stick + quite incontrollable by his friends. He says his mother + friends have tried to murder him.
" violent + beyond control.

Dr John Smith: Excited in same appearance + as above.

NAME, Samuel Wright

STATE ON admission

Exaltation Marked: He states he is "in grand fettle"

Depression —

Excitement restless and unable to settle, talks incoherently and has a glittering restless eye

Enfeeblement slight: enfeebled in judgment

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions Has been deceived by friends. and persecutive by fellow workmen &c.

Other Abnormalities —

Appearance Condition is average: well nourished & well developed

Skin clean Hair Dark brown

Eyes Brown Pupils moderate, equal reach

Muscularity Good Fatness Fair

Nervous System—*Motor* tongue tremulous.

Sensory —

Reflex Action k.j. brisk Special Senses —

Retina —

Lungs Presents no sign of disease

Heart sounds both clear

Tongue moist coated Bowels —

Other Organs, Abnormalities, Bruises, &c. —

Appetite Good

Urine 1037 Deposit of phosphate: no abnormal constituent.

Menstruation —

Pulse 80 regular in F+T: T fair Temp. 98°

Height 5 ft 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.

NAME, Samuel Wright

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 26th						Has been restless, and excitable since admission. Moves up and down ward uneasily. Talks rationally with a degree of excitement and is evidently endeavouring to control himself. He gives long statement regarding his friends and fellow workmen and is convinced that they were persecuting him outside. When enquired into closely, their only amount to their refusing to work along side him. He is somewhat exalted. Sleeps fairly and is eating well.
July 28th						More settled. Anxious to go home and back to work. Cannot explain his former irritability of violence. He is eating well and sleeping also more steadily.
July 31st						Still mildly restless and excitable but this is gradually passing off: he is easily guided & manages pleasant to talk to and coherent and rational in his statement.
Augt 7th						Sleeping well and eating well and more steady: has lost the "glittering restless look of eye" and is settling steadily. Is pleasant at outside games and quite rational. Gives a quite sane account of his difficulty with the union now & is reasonable with regard to it such as above: i don't mix much. The tremor has passed off from tongue. Very anxious to be out at work, again.
Augt 11th						
Augt 29th						Doing quietly and well. A friend from Maxwelltown has seen him on several occasions. (Mr Maclachlan) and he tells that the union difficulty is true & that Wright is almost back at his work.

NAME, Samuel Cbright-

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 15th						Has been quiet, pleasant and chatty lately. Is no longer excited and is rational in every way. Very anxious to be out & back to work. Arrangements are being made to let him go. Has been so unobtrusive since coming here that has been quiet & easily managed.
Sept 29th						On 3 mos PROBATION
Dec 23rd 1899						Discharged to day RECOVERED.

The question of early general paralysis was mooted in this case and may still be pertinently.

NAME, Henry Blake or Sheedy No

Admitted, 27th July 1899 Pr. Ad.

Sex, Single Age, 36 Marriage, Single Occupation, Militiam

Education, — Religion, Roman Catholic

Private or Pauper, Miles McInnes Dr. Where from? — Camp — Dumfries.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity —

Other Diseases

Predisposing

Exciting alcohol

Symptoms. First.

Mental A sergeant in the K.O.S.B militia. He was taken to the Dfs infirmary suffering from Delirium Tremens and became very noisy there. As the acute delirium passed off the mania continued & he was certified.

Bodily

Recent.

Mental

Bodily Previous history unknown

Insane Habits and Propensities

Suicidal No

Dangerous Yes.

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates

Dr Kerr: very excited and restless, incoherent in speech Delusions. believes himself inspired to be dead & he is married to the Queen of the Netherlands

Dr Parker: Incoherent: Alleges himself God. That D.P. is his brother:

&c &c

NAME, Henry Blake or Sheedy

STATE ON admission.

Exaltation Marked: He is to be married to the Queen. Is God &c

Depression —

Excitement Marked, very talkative noisy and incoherent

Enfeeblement Considerable

Memory Cannot be tested

Coherence very Incoherent Can answer questions? Some

Delusions Many of grandeur &c.

Other Abnormalities

Appearance A well nourished strongly built man

Skin Clean Hair Dark

Eyes Blue Pupils Moderate equal react

Muscularity Good Fatness Good

Nervous System—*Motor* —

Sensory —

Reflex Action K. J. active Special Senses —

Retina —

Lungs Chest well formed: lungs sounds healthy

Heart sounds clear: no murmurs

Tongue slight fur Bowels —

Other Organs, Abnormalities, Bruises, &c. There is fair oasis of elbows & knees. (Specific?)

Appetite Good

Urine 1026 Acid healthy

Menstruation —

Pulse 76 regular good Temp. —

Height 5 ft 9½ Weight 10 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, Henry Blake or Sheedy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29th July						A case of acute mania. He is very noisy and shouting both by night and day. Has many grandiose ideas is to be married to the Queen of the Netherlands. Is major Blake &c. Uses very obscene language. Eats well. Is sweating profusely.
Augt 2nd						Still very noisy and excited. He is shouting and singing all day. Fights when restrained in any way. Strips off his clothing &c. Sleeps badly.
Augt 7th						Still in acute mania. Shouting and singing. He has many grandiose ideas Is Wellington and many other army notables - Has been in every fight since Waterloo - He has been given Sulfonal grs xx each night since 5th without effect. The bowels are acting freely and he is eating well. Still noisy each night.
Augt 11th						The sulfonal has been discontinued as it had no effect whatever. He is as noisy as ever, tearing at clothes and furniture and in every way noisy & troublesome. He is however cleanly - Shouts for an hour or two each night.
Augt 14th						Put on Mixed Bromide. Grs xxx to in die. This has so far (2 days) produced no effect - Still as noisy and shouting: very rambling & incoherent. At night he often takes a religious trend and prays for all & sundry. Eats well.
Augt 19th						Iodide grs x & Bromide grs xx to in die are now being given on the strength of the Poorias in being specific. It has produced no amelioration very noisy & shouting. Sings all night. He now lies quiet about & spits "all round"

NAME, Henry S Blake or Sheedy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 15th						All drugs have been again stopped. He continues very noisy and shouting. Is hardly so incoherent and is paying more attention to his surroundings. Shouts the whole time he is out, ordering & drilling his battalion.
Oct 3rd						Still very noisy and shouting: The following is an example of his "conversation" with the swears left out "and I said men of the K.O.S.B. – Charge – and we charged their flank & drove them out – & the General said Blake you're a fine fellow I give you a Commission – and at the next battle we had to take the fort and when I had taken it we killed them all and the general sent for me & made me Major in charge" & so on generally ending up with the remark that he became Commander in Chief of the whole damned lot — Sleeps well some nights & poorly others.
Oct 15th						Rather quieter at times but still very noisy. He watches everything going on and is off for a fight if the attendants eye is engaged for half a minute. He is constantly on the outlook for mischief. Still has very noisy and restless nights. Has been on Bromides again since Oct 6th Gr xxv ter in die.
Nov 14th						If anything gradually settling. He is still very noisy however. Throws anything he can get a hold of about the room. Swears elegantly. Sleeps rather better. Eats well.
January 9th 1900						Still noisy and troublesome & when quiet is up to some mischief. Is more easily managed however & to sleeping more steadily. Many delusions of grandeur. In good health.

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NAME, James Berry No

Admitted, 27 July 1899 Pr. Ad.

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

Education, – Religion, ?

Private or Pauper, James Ballantyne Where from? Staffordshire.

Insp of Poor: Kirkpatrick Juxta.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental was up working in Stirlingshire & started to walk to staffordshire, with a comrade.

Bodily On reaching Lockerbie they had been without food for some 48 hours.

Recent.

Mental & had only a hazy recollection of what followed. They got it & had a Class of Beer each. This made Berry get very excited and he broke a window

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack a few days.

Other Facts or Remarks

from hallucinations of sight – Charged at Dp. The mental condition was enquired into. One of the Drs stated it was due to starvation but the J.P. here refused to take up the case & sent it to workhouse so it was certified & came here.

Facts of Medical Certificates 29th July

Dr. A.D. Macdonald Has an excitable appearance Has allusions regarding seeing pictures at Auchen Castle which was appeared as you looked at them ‡ Incoherent & breaking windows

Dr Kerr: Restless & excited in manner Delusion of sight & hearing. Saw giants in the wood & heard women calling him

NAME, James Berry

STATE ON admission

Exaltation /

Depression /

Excitement marked, restless talkative & excited.

Enfeeblement very marked, does not know where he is the date or the district

Memory very poor, cannot tell anything of last 3 days

Coherence slight, rambling Can answer questions? some

Delusions /

Other Abnormalities Many illusions of sight & hearing present also but scarcely so marked –

Appearance A poorly nourished man

Skin clean Hair Gray

Eyes Blue Pupils large equal sluggish

Muscularity Good Fatness Fair.

Nervous System—*Motor* /

Sensory /

Reflex Action K. j. absent Special Senses /

Retina /

Lungs The chest has a projection of sternum – breathing is shallow at both apices.

Heart sounds faint & rapid; no murmurs

Tongue fine white fur Bowels /

Other Organs, Abnormalities, Bruises, &c. There is oedema round both ankles.

Appetite

Urine 1024 acid deposit of urates.

Menstruation /

Pulse 102 rapid regular Temp. 98.8

Height 5 ft 8 3/4 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.

NAME, James Berry

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 28th.						was given a hot bath and his tea immediately fell asleep sleeping 12 hours. He wakened confused and muddled but much clearer than formerly. Has been quiet all day. Has little recollection of any thing of previous 10 days.
July 30th.						Is now almost sane. He gave a very coherent account of his troubles and the insanition seems to be the chief cause of the hallucinations. He now remembers every thing about his escapade. The hallucinations were very marked. Horses coming & going. Growing larger & contracting & vanishing. He took the beer as he could not wait for food. The pulse is down to 76 regular good beat 98°. The oedema of ankles is lessening but the feet are still sore.
Augt 8th.						Has written & got a reply from Staffordshire. They are anxious to have him home. His 'maid' has arrived. He has been quite sane since 3 days after coming
Augt 11th.						His friends fare are paid home & he was today discharged

RECOVERED

NAME. James Berry.

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

377 Brother - Rev. H. de V. Hunt, The Rectory Ahascragh. Co. Galway.

NAME, Charles Adair Hunt No

Admitted, 2nd August 1899 Pr. Ad.

Sex, Male Age, 31 Marriage, Single Occupation, Teller

Education, Good Religion, Episcopalian

Private or Pauper, Mrs M.S. Hunt Where from?

8 Randolph Cliff: Edinburgh

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. at 23. Kind - [Winterburn nr Bristol County Asylum Wotton Gloucester.

Duration Where treated

Hered History—Insanity Younger sister suffers from attacks of

Other Diseases [nervous hysteria

Predisposing

Exciting Gun accident & over work for exam.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 5 or 6 years.

Other Facts or Remarks

Facts of Medical Certificates

Dr Thomson: Enfeebled mentally: Has delusions about being killed & about his spiritual condition talks incoherently about these

Dr Kerr: Appearance & manner Believes himself to be ridiculously stiff during the night as if dead. Sorry he cannot follow the religious services &c

NAME, Charles Adair Hunt.

Crichton Royal Institution,
Dumfries.

2nd July 1909.

I hereby certify on soul and conscience that Mr. Charles Adair Hunt, formerly Bank Teller of 8 Randolph Cliff, Edinburgh, has been under care and treatment at this Institution since the 2nd August 1899, and under my personal care during the past seventeen months, and that I have seen and examined him today. I hereby certify that he suffers from recurrent attacks of mania, when he is morbidly excited and confused, and incoherent, and that between the attacks he is weakminded, and suffers from delusions of suspicion and persecution.

CHARLES CROMHALL EASTERBROOK.
M.D., F.R.C.P. Ed.
Physician Superintendent,
Crichton Royal Institution, Dumfries.

Appetite Good
Urine 1019 Acid healthy
Menstruation –
Pulse 80 regular Temp. –
Height 5/8 11 Weight 9 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 Enfeeblement.
									1

377

Brother. Rev. H. de V. Hunt, The Rectory Ahascragh. Co. Galway.

NAME, Charles Adair Hunt

Admitted, 2nd August 1899

Sex,

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Causation.

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Symptoms. First.

Men

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Recent.

Men

Bodi

Insane I

Suicidal

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Duratio

Other F

Facts of Medical Certificates

Dr Thomson: Enfeebled mentally: Has delusions about being killed & about his spiritual condition. Talks incoherently about these.

Dr Kerr: Appearance & manner. Believes himself to be ridiculously stiff during the night as if dead. Sorry he cannot follow the religious services &c

NAME, Charles Adair Hunt.

STATE ON admission

Exaltation slight

Depression –

Excitement –

Enfeeblement marked, has no energy, takes little interest in his surroundings

Memory Fair:

Coherence Fair Can answer questions? Yes

Delusions Says he has been dead some time.

Other Abnormalities –

Appearance A fresh looking man

Skin Clean Hair Fair

Eyes Blue Pupils Small equal react

Muscularity Good Fatness Good

Nervous System—*Motor* –

Sensory –

Reflex Action R.J. present Special Senses –

Retina –

Lungs Chest well formed, percussion fair. There is slight prolongation of expn. at left apex

Heart Clear & good sounds

Tongue clean Bowels regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine 1019 Acid healthy

Menstruation –

Pulse 80 regular Temp. –

Height 5/8 11 Weight 9 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 Enfeeblement.
									1

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NAME, Charles Adair Hunt

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
August 4th 1899						A case of some years standing. He is neat and tidy in personal appearance. Smiles pleasantly & somewhat vacantly. Seldom ventures a remark unless he is spoken to. When he converses he rapidly becomes rambling in his remarks saying that he is in great doubt about certain things and passing on to say he is dead &c. He has slept well.
Augt 18th						As above, quiet, unobtrusive pleasant man. Keeps much to himself. always pleased.
Sept 8th						He smokes a good deal sleeps well eats well. Mentally he is confused and becomes incoherent when spoken to at once branching off into his delusions in a silly rambling way without excitement. He is always very neat in his clothing has a good muscular 'set'.
Sept 27th						Absolutely no change. Reads a good deal & spends his time thus. Mentally easy pleased & no trouble in any way.
Oct 19th						Has continued as on admission. He is pleasant always and polite. Easily managed. Has been out in a special squad daily & does fairly.
Nov 21st						Sleeping & eating well. He is no trouble in any way. Cleanly & tidy. Still thinks he is dead.
Dec 9th 1899:-						To day sent to 1ST HOUSE.

NAME. Charles Adair Hunt.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE. 1st House.
1907	November 1st					Mr. Hunt is at present occupying himself as assistant in the pathological laboratory. He interests himself in anything novel with a child like delight. He is certainly very neat & clever with his fingers & his suggestions are often good but more often somewhat "impossible". He keeps everything very clean & tidy & does not merely mechanically obey orders but acts on his own initiative in keeping the place in order. Physically he appears to be in a chronic dyspeptic condition & often looks very bleary eyed. Has a pale puffy pasty countenance & a breath like a whiff of sewer gas. He smokes all day long & is with difficulty made to go to his meals punctually - his present interest absorbing him for the time being without regard to his bodily wants. Tho tidy & neat in a fashion in what he is employed at, he cannot be said to be particularly careful about his personal appearance; with his tously brown beard, dirty paraffin smelling apron & a dirty pair of gloves on, he goes about everywhere. J.A.L.W.
1907.	February 1st					This patient is still employed in the pathological lab'y. makes himself very useful there & in sundry other ways - running errands etc. He is very jealous of any other patient being allowed down there (to the lab'y) and accuses everyone - engineers & other tradesmen or whoever have been in the place, repairing it of anything disagreeable that his fertile imagination can suggest. He has a great dislike to Dr. Dooley a 1st Ho voluntary patient who uses the Dark room for developing photos and Mr. Hunt takes every opportunity of slanging him in the most opprobious terms. As he has been surely of late & obstinate, his liberty as regards working as assistant in the lab'y has been curtailed. J.A.L.W.
	Ap. 1908.					Mr. Hunt remains unchanged. He is very demented but is quite useful for doing "odd jobs". Full of strange ideas & possessed of a very fertile imagination. At present his great craze is painting. He spends most of his time in the lab, painting all sorts of pictures - ranging from 'religious occurrences' & battlefields, to types of 'feminine bity' rather scantily attired -
	7 Dec 1908.					If anything is not quite so stupid at present, but there is no essential change. He was today sent to oakfield, and acts there as messenger. B. H. Good.

to P. 984

NAME, James Navan No

Admitted, 4th August 1899 Pr. Ad.

Sex, Male Age, 49 Marriage, Single Occupation, Bricklayer

Education, Religion, Protestant

Private or Pauper, John Young J.P. Sanguhar Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. not known Kind

Duration / Where treated

Hered History—Insanity /

Other Diseases

Predisposing See also progress notes—

Exciting

Symptoms. First.

Mental Few facts are known regarding patient beyond what he himself gives: was passing thro' sanguhar & became excited smashing windows etc. was arrested found unfit to plead and sent in here. Has been a hawker recently &c.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous ?

Duration of Existing Attack ?

Other Facts or Remarks

Facts of Medical Certificates

Dr Kerr: Insane appearance & manner. Confused mentally. Restless & excited looking. Whistles & sings to himself.

Dr A.D. Macdonald: Excitable appearance & at times incoherent. in a maze generally. ¶ In Dp prison moves about cell all night singing & creating a noise.

NAME, James Navan.

STATE ON admission

Exaltation Marked: is highly pleased with himself, sings &c

Depression –

Excitement Considerable, talkative restless

Enfeeblement slight

Memory Cannot be tested.

Coherence Fair Can answer questions? some

Delusions –

Other Abnormalities Is very cute & evidently misunderstands certain questions –

Appearance A fairly nourished man

Skin Clean Hair Dark inclined to gray.

Eyes Dark Pupils small equal react

Muscularity Good Fatness Good

Nervous System—*Motor* –

Sensory –

Reflex Action K.J. increased Special Senses –

Retina –

Lungs Flattening of right apex the breathing is bronchial with fine crepitations at end of insp.

Heart 1st – very booming 2nd – sharp:

Tongue Furred Bowels –

Other Organs, Abnormalities, Bruises, &c. There is an increased area of dulness above heart's area

Appetite Good

Urine 1022 acid no albumen (3 occasions tested)

Menstruation –

Pulse 79 regular large vol Temp. –

Height 5/7 8 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.

NAME, James Navan

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
August 4th						Evidently a regular "tramp character". He is at present excited and exalted. Talks incessantly. Will not answer questions in any way correctly. Is very cute and makes humourous remarks whenever he can get in a word. He gives no history of himself but said that this "wasn't so good as his last place". He has probably been in an asylum before.
Augt 6th						Has slept fairly but is noisy & talkative when he wakens. Eats well. He is very evasive in any answers he gives and is evidently trying to make the most of his illness — Where are you born? Ans:— "I was too young to remember" — Did your mother never tell you? — "Don't think she was there! — these are the replies he gives —
Augt 8th						Still talkative and restless: he has been sleeping well and eating well: mentally a cute exalted mildly maniacal person.
Augt 16th						In the ~~three~~ fourteen day return to the G.B.L. he was returned as "an eccentric and talkative man, a showman by profession, possibly malingering and not insane under the act:".
Augt 30th						Has been sent out to work. He is telling more about himself now. Was in Morpeth Asylum & are in Yorkshire & they would not keep him. Has tried his hand at harking; with a travelling circus; & general labouring. Comes from near Newcastle & was going back there when he was confined for smashing a bloody window "I was drunk".

NAME. James Navan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 11th						Has been working fairly, but any one passing makes him stop to give them a piece of his mind Appears to be away now & much more reasonable.
Sept 24th						Doing all right: said manager Still evasive but not nearly so noisy: Still eccentric in many ways.
Oct 19th						The Y.P.L has written two letters regarding him & on Oct 17th a third. As he has been much more settled and is anxious to be away he was today discharged: He was given 5/- & promised to spend it walking home to Newcastle.

DISCHARGED

within 10 days we noticed in a local paper that he had been taken to Gateside Asylum. Remarkable he had been here and the 5/- & sundry remarks were made regarding sending pauper's home in that way.

NAME, Robert Morrison No

Admitted, 6th August 1899 Pr. Ad.

Sex, Male Age, 71 Marriage, Married Occupation, Ship.

Education, — Religion, Protestant

Private or Pauper, G.P. Philip chairman Stoneykirk Where from? Cavingarroch

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity an uncle went same way.

Other Diseases

Predisposing H.P.

Exciting Probably slight apoplexy

was a ships carpenter till the work became too heavy he

Symptoms. First.

Mental Was for years a lighthouse man in Clyde trust.

Came to cavingarroch a few weeks ago.

Bodily He became sleepless, then restless and had hallucinations of sight. then

Recent.

Mental violent towards his wife:—

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 10 days.

Other Facts or Remarks

Facts of Medical Certificates

Dr. Smellie: Paroxysms of excitement, loses all control & makes sudden attacks on his wife, suspects her of harbouring men.

" as above

Dr. Monro: incoherent: appearance & manner excited delusions as above

&c

NAME, Robert Morrison.

STATE ON admission –

Exaltation –

Depression slight

Excitement considerable, very talkative and restless –

Enfeeblement marked: has little idea where he is, or what date it is &c

Memory Poor

Coherence Yes Can answer questions? Yes

Delusions wife unfaithful to him.

Other Abnormalities very emotional:

Appearance A frail old man

Skin clean Hair Gray

Eyes – Pupils large equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* Speech is slurred + tongue projects slightly to left side.

Sensory –

Reflex Action K.J. present = Special Senses –

Retina –

Lungs Chest well formed, note hyperresonant: there are fine crepitations from chronic bronchitis.

Heart action very irregular + weak no murmurs.

Tongue furred Bowels –

Other Organs, Abnormalities, Bruises, &c. –

Appetite Good

Urine healthy 1026 Acid.

Menstruation –

Pulse 90 irregular in force & time Temp. 97.6

Height 5ft 2 Weight 78 lb 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, Robert Morrison

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Augt 6th						Mentally he is depressed, emotional and very delusional: He is convinced he saw the people who visited his wife: Southern leave her & go out by the window. He has very irregular hearts action and chronic bronchitis.
Augt 8th						Very enfeebled: Has no idea where he is, or when he came here. He begins to weep whenever he is spoken to: Sleeps fairly for an old man: Has been put on a quinine & strychnine tonic. Eats fairly.
Augt 14th						No change: Eats fairly Sleeps fairly. Has been slightly irritable recently cross and declaring the others are meddling with him. Weeps readily when spoken to. He has been sent out to work in one of the squads.
Augt 30th						Pulse is steadier and the heart sounds clearer. He is quieter & more settled Says he is going to "trust in the Lord" - Emotional. Still has the delusion about his wife.
Sept 3rd						Told us that he had a stricture & would like an instrument passed for it, he was in the habit of getting it done each 3 weeks he stated. A no 12 was sterilised and he passed it himself standing to do so. He gently passed the point towards the inferior surface of urethra till a first stricture was passed. then rotated it gently till the point passed to left side at the B ligament. then musical & slowly into bladder. He did it with all the ease of long practice. He let us withdraw the instrument & the 3rd constrictions were easily felt.
Sept 5th						None the worse of passing it only slightly more emotional

NAME. Robert Morrison.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 11th						He is still working outside: ~~Active~~ Quiet and mildly depressed but slowly becoming more active: He is easily managed & has been sent to third division. Sleeps & eats fairly.
Sept 24th						Still as delusional as ever but anxious to be back to his wife: We have kept him in recently from his work as he had slight bronchitis. The pulse became very irregular and oedema of ankles threatened. His son in law in Belfast is very anxious to have him out and the Parish authorities have been notified.
Oct 9th						Still emotional and easily upset. He is quieter and says that with God's will he will be more settled in future &c. Sleeping well.
Oct 30th						Slowly running down in bodily health — Has had an increase in speech symptoms and also in walking & has been put off to bed evidently a mild congestive attack round the old lesion —
Nov 15th						Again able to be up & about: more enfeebled both mental & bodily: Still believes his wife has been unfaithful "He saw her at it" he states & also that he is going in future to trust no one but the Lord" — so that he has changed little since admission as regards the delusion.
Dec 18th						Was today discharged. His parish refused to give a minute of the Board as he was dangerous when admitted. It was pointed out that we were willing to state he was no longer dangerous but they would not accede. His friends therefore went before the Sheriff who liberated him by an order.

DISCHARGED.

NAME, Peter Aitken No

Admitted, 8th August 1899 Pr. Ad.

Sex, Male Age, 29? Marriage, Single Occupation, Draper

Education, Religion,

Private or Pauper, Wm Miller Where from? Princes Street Stranraer

Insp of Inch Parish

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind similar

Duration a few days Where treated at home

Hered History—Insanity –

Other Diseases

Predisposing P.A.

Exciting Worry

Symptoms. First.

Mental Had a previous attack a few years ago & recovered at home being kept in bed a week. His mother died a short time ago and Aitken has been alone since. He became sleepless & then very excited

Bodily

Recent.

Mental running about town after people telling them of his adventures: evidently all acute hallucinations of sight: He is a draper having a small shop of his own earning about £1 wkly.

Bodily

Insane Habits and Propensities

Suicidal Not sure

Dangerous No

Duration of Existing Attack Four or five days.

Other Facts or Remarks

Facts of Medical Certificates

Dr Mouro: appearance excited at times at others melancholic: talks of doing wonders to escape imaginary evils. Ran up a telegraph pole to escape from mad bull &c.

Dr Cluckie. Cannot understand questions Pains in head &c &c.

NAME, Peter Aitken

STATE ON admission

Mental.

Exaltation /

Depression marked in look and aspect

Excitement /

Enfeeblement marked, pays no attention to his surroundings

Memory Cannot be tested

Coherence Yes Can answer questions? Some

Delusions

Other Abnormalities Answers questions in a low voice as if apart is practically in mel: attention at present.

Bodily.

Appearance Athin anaemic man

Skin / Hair Dark

Eyes Dark Pupils right smaller than left react

Muscularity Fair Fatness Poor

Nervous System—*Motor* /

Sensory /

Reflex Action R.J. present Special Senses /

Retina /

Lungs Chest flattened at apices: breathing natural no moist sounds

Heart action regular no murmurs

Tongue clean Bowels /

Other Organs, Abnormalities, Bruises, &c. /

Appetite Good

Urine healthy 1016 Acid

Menstruation /

Pulse 80 regular good Temp. /

Height 5ft 6 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.

NAME, Peter Aitken

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
August 9th						In fair physical health. He is dazed dull & depressed - He is evidently in the reactionary dementia following an attack of acute excitement. Sits sil. & gazing before him. Is biddable and quiet easily managed.
" 11th						Quiet and reserved: looking less strained and anxious and sleeping & eating well. Still answers almost automatically. He is on a quinine & iron tonic.
" 13th						His people saw him today (from Glasgow) and say he is practically as on last occasion - they have transferred him to the Private list. He was dazed stupid & confused as speaking to them, but cleared somewhat after a time and was sensible & pleasant: Solingwell.
Augt 18th						Is up in Special & sitting up till 10. Has wakened up considerably is easily confused still but shows rationally and well, is looking much clearer & thinks he will soon be back to his usual. He joins in conversation etc.
Augt 22nd						Is improving excellently: active and well No depression: dazed look: pale lost and he is bright & pleasant looking & sleeping & eating well.
Sept 2nd						Was today discharged: He goes to Glasgow permanently.

RECOVERED.

NAME. Peter Aitken.

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

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NAME, Frederick Charles Blunt No

Admitted, 9th August 1899. Pr. Ad.

Sex, Male Age, Marriage, Single 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

Voluntary patient

Facts of Medical Certificates

Sanction 3rd August 1899.

NAME, Frederick Charles Blunt

STATE ON admission

Mental.

Exaltation –

Depression –

Excitement –

Enfeeblement marked, probably a case of arrested development

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions None –

Other Abnormalities

Bodily.

Appearance A well nourished young man

Skin Clean Hair Dark: no beard

Eyes – Pupils Moderate equal reach

Muscularity Fair Fatness Poor

Nervous System—*Motor* –

Sensory –

Reflex Action R. J. present Special Senses –

Retina –

Lungs The chest is well formed & lungs appear healthy

Heart sounds are both clear & good

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine 1018 Acid healthy

Menstruation –

Pulse 76 regular good Temp. –

Height 5 ft 8½ 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 Enfeeblement.

NAME, Frederick Charles Blunt

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Augt 12th						A youth in good bodily health. Mentally dull and stupid. He is easily guided and biddable — The memory is good but he is very slow in answering questions —
22nd						Has been sent out to work in the garden Squad. Is idle useless. will suddenly stop and gaze half an hour at a worm on the ground in a childish stupid way —
Sept 16th						Mucha above very childish. He speaks little, sits at table to but generally slinking or dozing He is easily chaffed by the others. He stated. "I am going to get married I'll get a house & furnish it & get in coals & things for it & work the garden" — He was asked "did you ever see an apple growing?" Yes often — Don't they grow on gooseberry bushes? — "do you think I'm a fool" His illustrate his mental power.
Oct 9th						Is becoming thrawn & obstinate outside: refusing to work & more idle & listless. Stupid & dull.
Nov 20						Is now in from work and is becoming a nuisance in the house: persists in washing his hands 50 times a day to annoy the attendant: does everything he is told not to do & complains when he is "run" out of the day room &c. Stupid & quite unfit to look after himself.
January 11th 1900.						Still not working! Stupid dull vacant and wayward: Still annoying & persistent in small trifles & very slow in all his movements: Requires to be helped along & dressed &c. &c.

NAME. Frederick Charles Blunt.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 31st 1900:-						In good bodily health: sunburnt & healthy looking: He has been tried in everyward in the house & has always been quarrelling with the attendants. He is now in 3rd Div: He is very weak-minded — His memory is good but his judgment very poor. He is very obstinate, headstrong and annoying always wanting what he cannot get. He readily becomes very noisy & abusive. Lately also on one or two occasions he has been dirty during the day time. He is a high type of imbecile — & is probably a masturbator —
January 7th 1901:-						In fair health: careless of his appearance; not able to work outside as he is soon exhausted & tired: He is very idle indoors reads a little in a childish way. Asks home occasionally & writes his notice on a piece of paper about 1" square — He is very difficult to guide, stubborn & mulish at times: He is now in 3rd Div but wants to the centre to live there & often fights to get there: He had a very confused attack some weeks ago exceedingly like a post epileptic condition: This passed off in a few hours: He eats & sleeps well. He is mentally very enfeebled.
May 26th 1901						At present he is spitting constantly. The saliva is very profuse in amount and he spits all round him in a most disgusting way — He is looking thinner than before & more flushed but no active disease in the lungs or elsewhere can be made out. There is no change otherwise. He was certified 9th March —

→ 839.

NAME, John Aitken No

Admitted, 16th August 1899 Pr. Ad.

Sex, Male Age, 52 Marriage, Married Occupation, Tailor

Education, Religion, Protestant

Private or Pauper, John Maxwell Jr. Where from? 21 Church Street Maxwelltown

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases

Predisposing

Exciting Apoplexy.

Symptoms. First.

Mental About 15 weeks ago while walking in street dropped down was unconscious for some days & was then noticed

Bodily to be completely aphasic & to have weakness down the right side: He became mentally

Recent.

Mental peculiar and restless, would not stay in bed, became noisy & rambling at nights

Bodily Speech returned & also power in side about 10 days after the onset: He became very ⊕

Insane Habits and Propensities

Suicidal No

Dangerous Not as yet

Duration of Existing Attack about 15 weeks.

Other Facts or Remarks

※ Emotional & impulsive & had to be sent in here. He is a good workman and a fairly sober man.

Facts of Medical Certificates

Dr Murray: Sitting in bed, refuses to speak & will not take any food or medicine.

ii broke pictures &c

Dr Robson. Listless Loss of memory does not recognise friends.

ii Fits of mania during which he is threatening noisy at night.

NAME. John Aitken.

STATE ON admission

Mental.

Exaltation –

Depression slight

Excitement slight

Enfeeblement Marked: has no memory: weakened initiative requires attention in every way

Memory Poor

Coherence At times Can answer questions? Some

Delusions –

Other Abnormalities –

Bodily.

Appearance He is a stout middle aged man

Skin Clean Hair Brown

Eyes – Pupils Small Equal react –

Muscularity Good Fatness Excessive over abdomen.

Nervous System—*Motor* slight hailing of the leg: Tongue tremulous: straight

Sensory –

Reflex Action K.J. active L.J. absent Special Senses –

Retina –

Lungs Chest large well formed

Heart 1st sound booming 2nd ridistinct

Tongue fair fur Bowels regular.

Other Organs, Abnormalities, Bruises, &c. There is an increased dulness above hearts area: Small birth mark in forehead

Appetite Good

Urine 1016 Acid Trace of albumen

Menstruation –

Pulse 80 regular large volume Temp. –

Height 5ft 11 Weight 13 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 Aitken –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16th August :–						This is probably a case following an embolic or haemorrhagic softening. The heart & urinary condition points to an arterio-sclerosis. There may be also a dilatation of the aorta. The haemorrhage has been place low down on left side probably in the basal nuclei. Mentally he is mildly depressed very confused & stupid. He is very emotional weeps copiously whenever he is spoken to: Repeats such expressions as "I've done nothing" or "I didn't do it". Has little memory & is wet & dirty.
Augt 17th						Had a very restless night. He occasionally starts up in an excited and alarmed way & resists anyone endeavouring to keep him in bed: Eats well.
Augt 18th						As on admission: He makes signs with his hand as if doing the dumb alphabet and then holds up his thumb & is not pacified till you do likewise. Has been put on R Potassii Iodidi gr X Potassii Bromid gr X Aqua d 3ß – Ter in die. Still restless at nights.
Augt 20						Had a very restless night. He jumped up out of cubicle & pulled down the old gas fitting which was still up & threatened the night-watch with it: Gradually settled: He is excitable during the day: Is quiet when out but weeps whenever you speak to him. Talks occasionally and there is no special syllable which he has difficulty in pronouncing.
Augt 31st						More settled and sensible: Can now with a little care be kept dry during the day & is occasionally still wet at nights. Iodide intermitted for 10 days.

NAME. John Aitken

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 16th						Sleeping better at nights: Still very readily excited & rapidly becomes almost oblivious to his surroundings. Still emotional and with speech difficulty in finding the correct words.
Oct 2nd						Little change: Speaks well to his friends when they visit him: more active and clearer looking: He is walking almost free from the trailing of leg: Sleeps well Eats well. Still emotional and signing & with loss of memory.
Oct 31st						Little change, gradually becoming more sensible & less irritable. but still very emotional & signing. and silly in trifles. He is occasionally wet at nights but manages through the day: The iodide is now stopped.
Nov 15th						He has been sent through to tailors shop and is at present engaged in patching: He does fairly well & can thread his own needles so that there is no incoordination of upper extrs. Still emotional and readily excited: not so irritable and speaking more sensibly.
Nov. 26th						Was today weeping saying. "I must be daft or I wouldna be sewing moleskin". Sleeping fairly & eating well: pulse good & regular:
January 11th 1900						Still in tailors shop: Does well & is a good sewer: Is still signing the dumb alphabet and holding up his thumb to you: He is weak in memory. Not so readily excited: but still requiring attention at nights.
July 31st 1900						In fair health: Quiet working well He is easily managed; rarely speaks. Has had no excited turn recently Still weeps & is very emotional

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NAME, Joseph Laurie No

Admitted, 17th August 1899 Pr. Ad.

Sex, Male Age, 64 Marriage, Single Occupation, Labourer

Education, – Religion, Protestant

Private or Pauper, A.R. Sewell I.P. Where from? Lochfoot

Lochrutton by Dp Mrs Johnstone, " Sister.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind mania

Duration – 23 Dec 1891 – Sept 92 – Where treated C.R.I

Hered History—Insanity –

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Became excited 5 days ago: was mildly depressed for previous week.

Bodily passed rapidly into his present conditions.

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 5 days.

Other Facts or Remarks

Facts of Medical Certificates

Dr G.R. Livingstone: Insane appearance, lay on back kicking at imaginary beings & says the Holy Ghost told him to do so.

" restless & abusive

Dr J.R.G. Acute mania, singing & shouting angels speaking to him.

NAME, Joseph Laurie.

STATE ON re admission—

Mental.

Exaltation: Marked: Smiling and delights to meet old friends

Depression: —

Excitement: Marked restless singing &c.

Enfeeblement: Considerable

Memory: Good

Coherence: Incoherent Can answer questions? Some

Delusions: Angels are speaking to him &c.

Other Abnormalities: Hallucinations of sight & hearing.

Bodily.

Appearance: A fable old man

Skin: — Hair: Fair - thin

Eyes: — Pupils: Moderate equal react

Muscularity: Fair Fatness: Poor

Nervous System—*Motor*: —

Sensory: —

Reflex Action: — Special Senses: —

Retina: —

Lungs: There is flattening below clavicles Chronic bronchitis + slight oedema at bases

Heart: Sounds irregular in time & force

Tongue: Furred Bowels: —

Other Organs, Abnormalities, Bruises, &c.: Numerous small bruises on arms & shins —

Appetite: Good

Urine: healthy no Albumin deposit quant

Menstruation: —

Pulse: 92 Small irregular Temp.: —

Height: 5 ft 7 Weight: 7 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, Joseph Lawrie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Augt 18th						Lawrie is in feeble bodily health. Mentally he is in acute mania and very restless and excited: Sees many objects passing before him Speaks to angels who reply to him Happy, smiling, singing & talking all day & night. Has been put to bed in sick room.
Augt 19th						Has been put on a Strophanthus mixture with Vin Ipecac & Spt Chloroform: Still in acute mania as above
Augt 21st						Little change: is sweating however He is still noisy and talkative Sleeps by snatches: Pulse 96 small & markedly irregular: the lung base condition is improving.
Augt 31st						Gradually settling but still in bed pulse 89 irregular in force He is still exalted and talkative singing and incoherent but the hallucinations have passed off.
Sept 7th						Is now much more settled Sleeping quietly & well at nights but elated and very pleased with himself all day, constantly laughing & grimacing. Physical condition poor pulse 92 but more regular: The bruising on the legs is only now passing off.
Sept 27th						Has been got up today and sent to 1st Div: Still mildly elated and rambling in conversation. with restless look & slightly flushed.
Oct 19th						Much quieter and more settled. Is now reading a little & almost back to his usual: His friends are pleased with him: Still on Strph on X.
Oct 30th						Pulse 78. wave large & regular The Strophanthus has been stopped as it is causing stomach symptoms Sleeping well

NAME. Joseph Laurie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
November 26th						Has been sent to 3rd Div: He is sleeping & eating well and is now an enfeebled old man with little energy and content to read & sit idle: Pulse good 78.
January 11th 1900:—						Has continued well for some weeks an easily managed 'silly' old man with little energy and activity: His memory is fair. His friends shews little anxiety to have him out: Sleeps & eats well.
			20th			discharged today

RECOVERED

NAME, James Grant Davidson No

Admitted, 22nd August 1899 Pr. Ad.

Sex, Male Age, 36 Marriage, Single Occupation, Div. St.

Education, Good Religion, Protestant

Private or Pauper, Wm Davidson father Where from? Gartnavel.
1 Huntly Terrace Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity No

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Has been transferred from Gartnavel at the request of Dr Yellowlees who thinks that a change may benefit his delusions which have latterly taken a strong personal bias against him.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Not now

Dangerous Might be

Duration of Existing Attack about 12 years.

Other Facts or Remarks

admitted to Gartnavel 13 Nov 1894

Facts of Medical Certificates

Labours under mania with delusions of persecution. Especially that his brain has been burst by the malignity of the father & wife. Bodily health good: neither epileptic nor suicidal delusion might make him dangerous to their objects.

NAME. James Grant Davidson.

STATE ON transfer:—

Mental.

Exaltation mild

Depression —

Excitement very slight

Enfeeblement considerable

Memory Good

Coherence Yes Can answer questions? Yes

Delusions Thinks that his brain is semi fluid + that congeals + is also burst

Other Abnormalities Expresses a strong animosity to his wife. + Dr. Yellowlees as the cause of it.

Bodily.

Appearance A fairly nourished man

Skin Clear Hair Brown

Eyes — Pupils Moderate equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* —

Sensory —

Reflex Action K.J. present Special Senses —

Retina —

Lungs The chest is flattened at the apices and the percussion note is impaired: No moist sounds

Heart Sounds are clear + good

Tongue Clear Bowels regular

Other Organs, Abnormalities, Bruises, &c. —

Appetite Good

Urine Healthy 1022 Acid no albumen

Menstruation —

Pulse 80 regular soft Temp. —

Height 5ft 9 Weight 9st 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, James Grant Davidson –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Augt 24th						A case of chronic delusional mania. In good health: He expresses his delusions very freely and is "oh so thankful to be away from gartnavel" & "the morbid influence of Dr. Y." Gives an account of his illness. He also has delusions regarding his sister who must be similar – Sleeps well. Eats well.
– 29th						Has been quiet and easily managed. Has deeply lined & furrowed face with expression of chronic delusional mania.
Sept 7th						Have had a prolonged talk with him. He is very well read and pleasant when off his delusions but these are constantly obtruding themselves: States that "his brain expands & contracts & feels like to burst from squeezing applied at sides". Sleeps well –
Sept 27th						Has been sent out to do squad work. This he feels irksome as he cannot handle a spade but on the whole he enjoys it. About once in a week he becomes more depressed and expresses his delusions freely but they do not obtrude themselves so much. He is out daily and at nights sits up till 10. Is an omnivorous reader getting through books marvellously.
Oct 19th						Is anxious to have his head & arms X rayed so as to shew the change taking place in them when they expand & contract.
Oct 30th						Feels better than he has done for long he states & feels rid of the influence of Dr. Yellowlee: He still is anxious about the X rays: he have endeavoured to point out to him the improbability of any change being found but he is anxious regarding it.

NAME. Ja[illegible] Davidson —

DATE.	Temperat. Morn.	Temperat. Even.	Morn	Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 26th						Very pleasant when free from delusions. He is gradually saying less about them: he reads incessantly when in and is easily managed. Outside he works cheerfully & well. Is occasionally bothered to know how he is "going ever again to pick up the threads of his past life" —
January 11th 1900: —						Pleasant, chatty, & friendly. At times expresses himself as having the old burst brain feeling and also the expansion of the arm bones but not so frequently. Still working outside & doing well. Sleeps well and eats well.
June 6th 1900: —						He had an x-ray examination of his arms &c to convince him if possible that they were in a normal state — This he now construes into a partial vindication of his impression that since he had come here they had crystallized and that had the examination been made earlier it would have ended as a triumph for his statements. He sleeps well reads a great deal & has undoubtedly improved in his physical health.
June 30th 1900: —						The "examination" produced a crop of letters in each of which he has written to his old friends saying that he has been proved to be correct in his view that he can through his burst brain influence his sister — States that living down to the purgatory of asylum life is to him most difficult and that he often wishes it were ended: He reads a great deal & sleeps a good deal during the day — works out actively during working hours.

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NAME, James Scott No

Admitted, 22nd August 1899 Pr. Ad.

Sex, Male Age, 47 Marriage, Married Occupation, Ag. Lab

Education, – Religion, Protestant

Private or Pauper, Jas Christison J.P. Where from? Barnhammy.
Kirkinner parish.

HISTORY.

Causation.

Disposition Quiet, reserved.

Habits Active hardworking

Previous Attacks—No. – Kind –

Duration – Where treated –

Hered History—Insanity –

Other Diseases

Predisposing

Exciting –

Symptoms. First.

Mental Was well up to a year ago when he became affected with a "fit". This passed off in a day or two leaving him dull & stupid

Bodily He has gradually been becoming more enfeebled, mentally and more paretic in physical condition.

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack One year & a half

Other Facts or Remarks

Has had a fit:–

Facts of Medical Certificates

Dr MacBride: Downcast look, Restless & evasive in conversation. Incoherent. Complains of pain in the heal. Thinks his wife is immoral
ii attempted to throttle one of the young children
Beats her.

Dr Hunter: Very stupid. as above
ii as above.

NAME. James Scott.

STATE ON admission.

Mental.

Exaltation –

Depression Considerable, head hung down, dull looking

Excitement None

Enfeeblement marked. takes no notice of his surroundings.

Memory Fair

Coherence Yes-fairly Can answer questions? Yes

Delusions His wife has not been near

Other Abnormalities Complains of pain in his head

Bodily.

Appearance A middle aged man

Skin moist Hair dark

Eyes Pupils Moderate equal sluggish

Muscularity Good Fatness Fair

Nervous System—*Motor* There is some twitching of the face & tongue muscles and tongue points to left

Sensory –

Reflex Action knee jerks brisk Special Senses –

Retina –

Lungs Chest well formed, auscultation healthy

Heart Sounds pure & good

Tongue clean Bowels –

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine Acid 1021 healthy

Menstruation –

Pulse 78 regular Temp. –

Height 5ft 9½ 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.

NAME, James Scott

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Augt 23rd						This case is interesting from point of causation: He is undoubtedly paretic in speech & face generally. There are no localising symptoms. Mentally he is markedly enfeebled has the delusions about his wife being unfaithful and that she wants to be rid of him. Slept fairly & was quiet.
Augt 25th						Memory is very poor cannot tell when he came here. Rambles in an incoherent way when talking.
Augt 28th						Poor eater, sleeps fairly. Enfeeblement is the chief feature. No initiative content to do as he is told and to sit idly & placidly. No impress
Augt 31st						Has been put on a Syr Hyphophosphate tonic. He has recently been more restless. moving about uneasily. He looks older than 47.
Sept 10th						Has forgotten his delusion regarding his wife and wonders how he came here, cannot make out where he is. Easily guided. He is very uneasy & restless at times and wonders why his wife is not here.
Sept 14th						Is more cheerful than on admission. The face twitches as he smiles and the expression is vacant & foolish looking. His habits are fairly clearly but he requires attention. Has shewn no impulsiveness.
Sept 26th						Still unfit for any employment. He is idle and useless. Sits smiling before him all day. The gait is paretic and slightly spastic. His general expression is that of a melancholic G.P. but there is not the same facileness. He is fairly easily looked after. Sent to 3rd Div.

NAME. James Scott.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, Res.	PROGRESS OF CASE.
Oct 18th						Daily settled down. His delusion cannot now be got and he is easily managed. No judgement, no memory. Friends come to see him & he greets them in a vacant silly way. He fat have been slightly swelled and the pulse has been irregular in time & force.
Oct 31st						As above. His bodily health is gradually failing but the mental weakness is more marked. Lips & face are blue & very amosed at times & there is slight tremor.
Nov 16th						Much as above. The paresis of face & tongue very marked and he looks as if he was becoming more silly & vacant daily. Still cleanly.
Nov 30th						As above: State in 3rd Div. No change either physical or mental. Was to day discharged by minute of Board relieved: Has shown no impulse: He may have cancer but more likely is a case of progressive softening of the basal nuclei from tissue degeneration. His physical health is failing rapidly.
Dec 30th 1891.						

RELIEVED.

NAME, Thomas Reid No

Admitted, 24th August 1899 Pr. Ad.

Sex, Male Age, 56 Marriage, Married Occupation,

Education, — Religion, Protestant

Private or ~~Pauper~~, Prison Governor. obligant Where from? Maxwelton Prison

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity A daughter was confined in C.R.I.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous Supposed to be

Duration of Existing Attack unknown

Other Facts or Remarks

ATTEMPTED WIFE MURDER AT STRANRAER.—Considerable sensation was created in Stranraer on Saturday when it became known that Mr Thomas Reid, shoemaker, had made an attempt to cut his wife's throat. Mr Reid, who is about fifty-six years, and his wife reside along with one of their daughters in Agnew Crescent, his place of business being in George Street. For several months past Mr Reid has been suffering from melancholia, and has been labouring under delusions, and no doubt the act was done in a fit of temporary insanity. It appears that the attack upon Mrs Reid was made at seven o'clock in the morning, when she was sleeping. She was lying in bed alongside her husband, and on being awakened she screamed for help. It was fortunate that there were some friends staying in the house, and along with the daughter they rushed into the room and succeeded in overpowering Mr Reid, who in the struggle to keep possession of the knife was somewhat seriously cut. In the meantime Mrs Reid, with the blood flowing freely from her neck, rushed in a state of terror to the back door and jumped over a dyke into a neighbouring garden. Later on she was taken back into the house. The police were sent for, and Drs Moir and Anderson were summoned. The medical men found that Mrs Reid was cut across the back of the neck, nearly from ear to ear. The police had Mr Reid dressed and taken to the police office. The knife is one of the ordinary kind used by shoemakers, and was very sharp, being in every-day use in the shop in George Street. It has been ascertained that it was removed from the premises on Saturday evening. On Sunday Mrs Reid became much worse, and the authorities deemed it necessary to take her deposition. On Monday, however, she was much better, and her recovery is now regarded as more hopeful. Mr Reid was detained in the Police Office till Monday afternoon, when he was taken before Hon. Sheriff-Substitute Cameron on a charge of assault with intent to murder. In consideration of the state of his mind no declaration was taken, and he was formally committed to prison. Later in the afternoon he was conveyed to Maxwelltown.

Facts of Medical Certificates

Dr Macdonald: Has fixed delusions that he has no stomach, which was taken away by God in April last: Takes food with reluctance

" attempted murder

Dr Kerr: as above.

NAME. Thomas Reid.

STATE ON admission.

Mental.

Exaltation —

Depression marked in look and bearing.

Excitement slight restless and uneasy

Enfeeblement marked has no memory for recent events
no initiative, unable to look after himself

Memory Poor

Coherence Yes Can answer questions? Yes

Delusions Many nihilistic: Has no stomach no liver
God has spoken to him &c.

Other Abnormalities Has no appreciation of what he has done
never asks after his wife

Bodily.

Appearance A poorly nourished man

Skin clean Hair Scanty Grey

Eyes Grey Pupils small equal react

Muscularity Poor Fatness Poor

Nervous System—*Motor* Gait feeble & shaking.

Sensory —

Reflex Action K.J. active Special Senses —

Retina —

Lungs percussion dull below both clavicles & resonance is increased, breathing is roughened.

Heart no murmurs, irregularity in time

Tongue furred Bowels —

Other Organs, Abnormalities, Bruises, &c. Recent cut on back of left hand with two stitches, also a cut on palmar surface of little finger left hand

Appetite Poor refuses food

Urine 1021 Acid Albumen

Menstruation —

Pulse 84 slight irregularity Temp. 98.8°

Height 5'-6" Weight 7 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 Hypochondriasis.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, Thomas Reid

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Augt 24th 1899.						A very feeble old man with advanced phthisis: Marked delusion that God commanded him to do the deed. He is not sorry for it as his wife has wanted him out of the way for some time. He made a will about 9 months ago & left all to his wife & ever since then she has attempted to poison him to get the money. He has no stomach, no bowels. Has passed his liver by the bowel in small pieces and has been unable to take food as a result.
Augt 25th						Very weak on his legs and he cannot walk rapidly. Eats when made to take it but does not know where it is going as he has no stomach to put it in. Slept poorly.
Augt 26th						Has never asked for his wife. His men wounds are slowly uniting with a mild degree of suppuration. He is very anxious about them. Still very delusional: would talk by the hour to you if permitted to do so.
Augt 29th	98		98			Anxious to be off to bed as he feels very weak. Pulse runs up to 98 in the evenings: no temp: Taking his food fairly & looking fresher. Sleeps fairly.
Augt 31st						No change: Not improving physically. Mentally very anxious about the food he is taking as his stomach is gone: Is on a mixture R. Acid Nitro Mur Dil ℥ij Qin Sulph ℥i Glycerini ℥i Inf Quassiae ad ℥iii : ℥ß t.i.d.
Sept 3rd						Has been to shaver & was not allowed to plead. Sent back on harvest. Delusional as ever. Has paid no attention to his wife condition merely repeating that she wishes him dead.

NAME. Thomas Reid.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 7th			-	102		very anxious to be off to bed as his weakness is great. He takes his food well but looks hectic at times. Lungs has never been found raised mentally still very hypochondriacal & depressed. The wounds on hand are now healed.
- 17th						Died from oedema of lungs & syncope today. About 3 days ago was put to bed and the heart irregularity became at once more marked, the lung condition gradually got worse & he died this morning. Temperature never rose until a few hours before death. He was unconscious for last 3 hours & breathing approached the Cheyne stokes in type.

DIED.

NAME, Thomas Johnston No

Admitted, 25th August 1899 Pr. Ad.

Sex, Male Age, ? Marriage, Single Occupation, Traveller

Education, Good Religion, Protestant

Private or Pauper, Wm M. Johnstone (Rev) Where from? Stranraer

Shenchan Manse Stranraer

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity —

Other Diseases

Predisposing

Exciting Probably alcohol?

Symptoms. First.

Mental Johnston has been eccentric for years & has latterly been living with his brother a minister. The same to have becomes gradually worse & to have fallen into the hands of the Police last night for wandering &c.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack since last night.

Other Facts or Remarks

Always considered eccentric & excitable & impulsive at least since he grew up.

Facts of Medical Certificates

Dr McDonald: Rambling statements when asked definite questions. Contents of letter.

" 2 or 3 years ago had hallucinations

Dr Munro: appearance excited. Had written a letter to another manuscript, very erratic.

" 'peculiar' cross. Wandering.

NAME. Thomas Johnstone

STATE ON admission

Mental.

Exaltation: slight, is pleased with himself & smiles affably all round.

Depression: /

Excitement: slight

Enfeeblement: Marked: wants to go: is rambling in his remarks

Memory: Poor

Coherence: Fair — Can answer questions: Some simple

Delusions:

Other Abnormalities:

Bodily.

Appearance: Spare nourished man

Skin: Clean — Hair: Inclined to curl

Eyes: — Pupils: Small & Equal react

Muscularity: Fair — Fatness: Poor

Nervous System—*Motor*: /

Sensory: /

Reflex Action: K.J. present — Special Senses: slightly deaf.

Retina: /

Lungs: Chest fairly formed. Percussion good. There is slight bronchitis.

Heart: Pulse good

Tongue: Tremulous — Bowels: regular

Other Organs, Abnormalities, Bruises, &c.: Abrasion on nose.

Appetite: Good

Urine: Trace of albumen 1026 Hed. (27/-)

Menstruation: /

Pulse: 78 regular & good — Temp.: —

Height: 5ft 7½ins — Weight: Get.

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 Johnston

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Augt 26th						A weak minded man. His symptoms strongly point to alcoholism though this is denied by his friends. He is badly wanting in energy, pleased with himself smiles at every one and wants go badly. His memory is very poor
Augt 28th						Has slept fairly since coming in: Is very easily managed and "wants nothing" he says — He is a silly weak minded man, easily satisfied and pleasant in manner with little anxiety regarding his future here &c. Eats well.
Augt 31st						Has quite settled down & is giving no trouble. Amuses himself with dominoes & draughts. Is idle and reads little — Always with an insane silly smile.
Sept 15th						His friends today removed him. The history was vague and in all probability he was sent in here merely to prevent the police interference and a local scandal, and is now being again taken home. He looks a chronic soaker.

RELIEVED.

NAME. Thomas Johnston.

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

NAME, John Lewis No

Admitted, 4 September 1899 (widower) Pr. Ad.

Sex, Male Age, 48 Marriage, Single? Occupation, Watchmaker

Education, Religion, Protestant

Private or Pauper, John Lewis (Father) Where from? 45 Castle Street Dundee.
Kingholm Dfs

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity :- Cousins on father's side.

Other Diseases

Predisposing H.P.

Exciting Alcohol

Symptoms. First. Mental Bodily

Recent. Mental Bodily

Was in good business in Dundee: became Careless from drinking and ran through it: Then lost his own business & became a workman again. Gradually lost money &c. Still continued drinking sent 4 years ago to Dundee Royal asylum Discharged on probation. His father heard he was again drinking and loafing & ※

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack four years

Other Facts or Remarks

Has been in Dundee Royal since 1895 -

※ the head attendant who was sent for him found him with some difficulty in a low class lodging house

Facts of Medical Certificates

Dr F. J. R. Cade: morbidly suspicious & he thinks people are persecuting him memory impaired.

Dr Thomson: Talks in an unconnected manner about being persecuted. memory defective. Confused account of what has happened recently.

NAME, John Lewis.

STATE ON admission.

Mental.

Exaltation quite pleased with himself:

Depression /

Excitement slight

Enfeeblement very marked

Memory very poor

Coherence Yes Can answer questions? Yes

Delusions Has been persecuted "by that old villain his father for years"

Other Abnormalities

Bodily.

Appearance A florid healthy looking man

Skin clean Hair Brown

Eyes Gray Pupils Moderate equal react

Muscularity Good Fatness Good.

Nervous System—*Motor* /

Sensory /

Reflex Action R.J. present Special Senses /

Retina /

Lungs Breath sounds healthy

Heart both clear & pure

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. The left leg is deformed. contracted from old disease of knee joint

Appetite Good

Urine normal 1024 Acid healthy

Menstruation /

Pulse 72 regular good Temp. /

Height 5 ft 9 Weight 10 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.

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NAME, John Lewis –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 6th – 1899.						A case of chronic alcoholic insanity with delusions and marked enfeeblement. He is in good bodily health. He has the delusion that he has been done out of the business &c. Is very enfeebled, easily put off with vague replies – Sleeps well – Has practically no memory of recent events. Thinks he has been here a fortnight and wants paper to write home to his father to get him out. Eats well.
Sept 8th –						
Sept 12th –						Says Good morning to you several times: wants paper to write but forgets minutes after it is given him & wants it again. &c &c. He absolutely refuses to work but at his trade, and says he'll wring his father's neck for all the trouble he has brought upon him. Is pleasant however and affable in conversation – Eats well.
Sept 20th –						His memory continues very poor. Can give no connected history of how long he was at work &c &c. Plays dominoes well & amuses himself in this way. Sleeping & eating well.
Oct 6th –						Still as above: when his father calls to see him. He rages at him and swears at him blaming him for his troubles but forgets about it as soon as he is away. Does a little ward work but refuses to "look at a clock" –
Oct 16th –						A chronic alcoholic with the alcoholic good & bad points. Affable and easily guided – with no memory. Still with a delusion / persecution in all his conversation. Eats & sleeps well.

NAME. John Lewis —

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 14th —						Is quite at home here now and easily managed: Still very poor memory: constantly declares he will write his father a "scorcher of a letter" & forgets as soon as he has the paper — Sleeping & eating well.
Dec 11th —						No change — Anxious to write to a daughter to get something out of her for the New Year — Still angry & noisy when he meets his father —
January 9th — 1900						— No change, an easy going alcoholic — Memory slightly improved — physical health good — Sleeps & eats well.
April 8th — 1900 :—						No change: easily managed but swearing profusely at being kept here — he does not mean half he says and can generally be bantered into a good humour Sleeps & eats well — Each time he sees his father bursts into a torrent of abuse & threatening.
July 31st — 1900 :—						Quiet & contented as a rule with an alcoholic's memory — he forgets in 2 minutes what he asked them. He sleeps & eats well — He sometimes swears at the food — "Get better food in a brothel — wouldn't feed a dog on it &c". He generally pushes in before another patient who is sheaking & begins his trade winking the whole time to signify he is putting it on to annoy the other man — He is very quick at discovering the weak points of his neighbours & tries often annoys them by referring to them
January 7th — 1901						In good health robust & cheery — He is as a rule easily managed & does a good deal of housework He has a typical alcoholic memory forgetting when he last wrote &c

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NAME, William Linton No

Admitted, 7th September 1899 Pr. Ad.

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

Education, — Religion, Protestant

Private or Pauper, Andrew Linton Where from?

Farmer Bowness on Solway.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered History—Insanity —

Other Diseases

Predisposing

Exciting Influenza & convulsions.

Symptoms. First.

Mental No very accurate history could be obtained as to causation etc. Has recently been interviewing the Duke of Buccleuch & others regarding farms &c: Got into trouble at Carlisle recently about "buying a horse & not paying for it"

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Amoutte.

Other Facts or Remarks

Facts of Medical Certificates

Dr G. B. Anderson. Patient restless, easily excited. & continually talking nonsense.

ii Threatened violence on several occasions. Wanders about the house at night

Dr Mason: i restless & talks incessantly. rambling from one subject to another. Father & uncle concealed in my house.

ii &c &c

NAME. William Linton.

STATE ON admission.

Mental.

Exaltation slight

Depression –

Excitement restless, excited and talkative

Enfeeblement considerable, is silly in manner & conversation

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions none expressed –

Other Abnormalities

Bodily.

Appearance A thin poorly developed man

Skin clean Hair Fair.

Eyes Blue Pupils large equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* Fine twitching of face muscles

Sensory –

Reflex Action K. J. present Special Senses –

Retina –

Lungs Chest is flattened below clavicles and the expiration is prolonged –

Heart Sounds are clear & good

Tongue Firm moist Bowels slight diarrhoea.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine Healthy 1015 Acid

Menstruation –

Pulse 78 regular good Temp. –

Height 5 ft 8½ Weight 9 ot 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.

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NAME, William Linton —

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 7th		1899:—				In fair bodily health: Mentally the most marked feature is unstableness. He is a silly looking man, who rambles off into an almost incoherent account of his dealings lately: Regarding the "horse". He states he bought it & went to the Stable and then that the man came after him for the money took away the beast &c. He complains of a slight diarrhoea. Subsequently he says —
Sept 9th						There is little change. He is restless talkative and uneasy: angry with his father at bringing him: Stubs well. Eats poorly.
Sept 11th						He is still rambling in his statements but we cannot test their truth. He says his stomach & head are bad — He has a silly vacant expression & manner but there is nothing very definite about him.
Sept 16th						In Special and sitting up at nights He has learned draughts since coming & is now keen at game. He has still the same unfixed manner and his statements are very rambling. There is little change in any way. He has written one or two letters to his housekeeper at Brownes which are fairly sensible and reasonable.
Oct 1st	98·8	99·4	82	96		Has been put off to bed for an attack of Colitis: mucus & shreds of tissue passed with diarrhoea & pain across transverse colon. Rectum empty & healthy to exam. Put on Bismuth, Morphia & Soda mixture: & diet restricted to milk.
Oct 2nd	99.			84		Still with tenderness & diarrhoea. pulse stronger & feeling easier.
3rd	98·:			76		The motions still show shreds & there is considerable tenderness. Pulse & temp. normal.

NAME.

DATE.	Temperat. Morn.	Even.
Oct 8th		
Oct 27		
Nov 14th		
Nov 27th		
Dec 10th		
Dec 26th		
Jany 3		

NAME, William Linton —

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Oct 8th						Allowed up again & diet is being increased: Mentally no change writes long screeds of letters which though rambling do not express any delusions —
Oct 22						Little change: Brighter and fresher looking in bodily health. Bowel condition well. Eating better.
Nov 14th						Anxious to be away as his father has begun to sell off the farm goods at Bowness — Talks sensibly enough but ramblingly — Is weak in judgement — and has little energy of purpose — Sleeps & eats well
Nov 27th						Ran off recently but was picked up at Annan by attendant and brought back next day. He was going to Bowness —
Dec 10th						Has been anatomic and doing fairly well lately, very anxious to be away home — Mentally little change still vaguely rambling & expressing no delusions —
Dec 26th						A friend has written from Doncaster saying that the father is not a very responsible agent & that he is willing to look after William and that he will do so & the father has been communicated with to that effect —
Jany 3rd 1900						Today discharged to go to his friend at Doncaster.

DISCHARGED

NAME, Alexander Andrew Thomson No.

Admitted, 16 September 1899 Pr. Ad.

Sex, Male Age, 37 Marriage, Single Occupation, Draughts—

Education, — Religion, Protestant

Private or Pauper, Mary T. (sister) Where from?

36 Albert Drive, 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

was in a draughtsman's office for years & was doing very well: His increasing deafness caused him to become suspicious of his fellow workers and he left it about 5 years ago — He had a habit of staying out 'thinking'. He could make up his mind about nothing: If he made a 5 on a page it took him a couple of hours to decide it was a "5" etc — Became excited a few weeks ago.

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack Several years

Other Facts or Remarks

Dr Carswell: restless, emotional, excitable & somewhat stupid in manner & appearance: & he labours under the influence of delusions of suspicion & persecution. Is surrounded by his enemies: ii Has not worked for 5 years noisy & polishing conduct.

Facts of Medical Certificates

Dr Muller: People in office conspiring against him would stand for hours at one part of road.

NAME. Alexander Andrew Thomson.

STATE ON admission

Mental.

Exaltation –

Depression slight –

Excitement slight –

Enfeeblement marked –

Memory Good

Coherence Yes Can answer questions? Yes

Delusions Many of doubt and uncertainty: does not know how he is to do certain things

Other Abnormalities always thinking to make things clear.

Bodily.

Appearance An anaemic middle aged man

Skin Clear Hair dark

Eyes Dark Pupils moderate equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* –

Sensory –

Reflex Action – Special Senses –

Retina –

Lungs The chest is poorly formed: the expansion is limited the breathing is fairly but no moist sounds are present

Heart sounds but closed & clear

Tongue clear Bowels –

Other Organs, Abnormalities, Bruises, &c. Has deaf in left ear and hearing is much impaired in right from scarlatina 30 years ago

Appetite Good

Urine 1018 Acid no albumen

Menstruation –

Pulse 92 regular apt Temp. –

Height 5ft 9 Weight 8 st 6 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, Alexander Andrew Thomson –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19th Sept: –						In fair physical health. Mentally mildly depressed states he is constantly "thinking – just thinking." He is very uncertain he says about doing anything and feels unfit for his work. He slept well & has a fair appetite.
22nd Sept: –						Is now quite settled into the ways of the house and is quiet reserved and reticent. He is generally in the corridor & will not mix much with the others: he is pleasant when spoken to, Sleeps fairly generally about 5 hours and eats well
30th Sept: –						Much as on admission Has shewn no excitement and his condition is one ... He gazes about him dubiously for an hour at a time. Reads a little. He "thinks things are coming clearer" – Still undecided in his actions.
30 Oct: –						Has had a slight touch of bronchitis: He blames the open air for this he has been so seldom out before coming here. He looks fresh and more robust: Has been put on quinine tonic: He is still idle and listless always star gazing & dreaming and rarely in the ward, reserved & making no friends.
6 Oct.						Is again free from cough and the wheezy rhonchi are gone from chest.
19 Oct						Much as above is gradually becoming more social. He is now reading more. & the attendant has persuaded him, to ~~get~~ print the clothing tags for him. This he does very neatly. He is sleeping better and eating well.
Nov 8th						This friends recently called was Thomson had been pleasant he was asked to see them: This he refused at first to do.

NAME. Alexander Andrew Thomson –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						and when persuaded he would scarcely talk to them, evidently having some delusion regarding them: He is in much improved health and is looking well.
Nov 30th						No change: In good health mentally as at last note.
January 9th 1900						Has become much more social and pleasant and has begun to work again with his pencil designing a monogram for a patient etc. He reads a good deal and is pleasant & feels he is gradually improving. Still suspicious at times however, and uncertain about himself. Sleeps well eats well and is in much improved physical health: lung condition good.
Feby 26th 1900:–						There has been a gradual improvement in physical health but little change mentally: He is brighter more alert, more sociable and pleasant & more active: but he still refuses to write home.
April 16th 1900:–						Quiet, very reticent & reserved but not much improved mentally. He still has suspicions of his friends.
July 21st 1900:–						He was asked by D.R. to write to sister & he refused being evidently still very delusional but this gave him no restlessness. He sleeps well eats well is in fair health but will not concentrate to do any work Reads a great deal.
July 30th						~~Taken home today by friends~~

~~RELIEVED~~.

→ 829

NAME, Johnston Hunter No

Admitted, 14th October 1899 Pr. Ad.

Sex, Male Age, 29 Marriage, Single Occupation, Farm L

Education, Religion, Protestant

Private or Parlor, C. D. Hunter – (Mother) Where from?

Fraserford, Dunscore.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind similar

Duration a few weeks Where treated at home

Hered History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Had an attack similar to present a few years ago but recovered at home; 6 weeks ago became

Bodily sleepless heard voices speaking to him and rapidly became impulsive, threatening his

Recent.

Mental brothers and attempting to strike them &c. Has not worked for about 4 weeks –

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack 6 weeks.

Other Facts or Remarks

Facts of Medical Certificates

Dr Morton: Takes fits of crying. fits of laughing has imaginary voices speaking to him

ii Threatens suicide, to kill one brother

Dr H Cunningham Facial expression. Hears voices imagines brother and plotting his ruin.

ii " " "

NAME. Johnston Hunter.

STATE ON admission –

Mental.

Exaltation /

Depression Marked in manner & bearing: refuses to answer questions

Excitement slight: had a mild scuffle on admission.

Enfeeblement slight

Memory Fair so far as can be tested

Coherence very incoherent – Can answer questions? /

Delusions /

Other Abnormalities /

Bodily.

Appearance Well developed man

Skin clean Hair Fair.

Eyes / Pupils Small & not sluggish

Muscularity Good Fatness Fair

Nervous System—*Motor* /

Sensory /

Reflex Action K.J. active Special Senses /

Retina /

Lungs Percussion note good: breathing healthy

Heart Sounds both clear

Tongue / Bowels /

Other Organs, Abnormalities, Bruises, &c. /

Appetite Good

Urine 1024 Acid healthy

Menstruation /

Pulse 74 regular good Temp. —

Height 5ft 8 Weight 11 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 Hypochondrias.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

NAME, Johnston Hunter.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Oct 16th.						In good physical condition Mentally very confused dull and listless: He answers in monosyllable is depressed and stupid. He has not expressed any delusions — Sleeps fairly: Eats well.
Oct 20th						Little to report: He is still dull and listless: dour & sullen looking. He speaks little and will not engage in conversation. There is a degree of enfeablement —
Nov 3rd						was called to see him the morning he had taken an attack of what looked like marked cardiac syncope. The face was pale. The breathing very shallow & the pulse intermittent and irregular. This had come on suddenly and the head attendant thought at first he was dying so bad did he look. He gradually recovered: has kept in bed all day
Nov 4th						Heart sounds have regained old tone and no abnormality is revealed by careful percussion or auscultation. He feels well today. Is talking freely but expresses no delusions:
Nov 7th						Is again up and in ward Has had no return. His brother have been warned of the condition. Mentally depressed and listless again but no delusion hand been mentioned.
Nov 12th						Is doing a little polishing in ward: His condition varies much from day to day and he is generally apathetic quiet and reserved: seldom occupying his time. Sleeps fairly Eats well
Nov 22nd						Has had another milder attack

NAME. Johnston Hunter.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						of the syncope the same as previously. no murmurs are detected but the first sound becomes very weak recovered in the course of half an hour
Dec 15th						Mentally as before: Has shewn no impulsiveness since coming and has been quiet & easily managed: mildly depressed.
January 9th 1900						— Much as before: The yesterday asked if "the man was coming for him from Dumfries" on being asked what man he said. "the man I heard them all talking about coming for me." In the evening at the dance when he had been sitting for about 1 hour he got up & went out reeling badly evidently in mild attack of the old syncopal condition. There are no twitchings or other signs which would point to Epilepsy. He is not so depressed & is more frank and open in conversation.
17th April 1900:						Sent today to
						FARM ANNEXE.
15th August.						After his accident he was immediately removed to the second house where his injuries were disinfected and dressed. There is great swelling round the ankle joint and symptoms of fracture of both fibulae. To night he is pleasant and his mental condition is good. There seems to have been no grave internal injury. Both feet have been put up in box splints.
17th Augt:						He has been examined by Dr Kerr who has diagnosed fracture of one ankle and severe bruising in the joint. The splint have been removed and there is now pressing cotton wool c̄ bandage. The general condition is good and he lies quiet and restfully.

→ 827

437

NAME, William Rankin No

Admitted, 18th October 1899 Pr. Ad.

Sex, Male Age, - Marriage, - Occupation, -

Education, Religion,

Private or Pauper, on Proc: Fiscalis Where from? Stranraer
warrant.

Pages 357

HISTORY.

Disposition

Habits

Causation.

Previous Attacks—No. Many Kind Mania

Duration a few weeks Where treated G.R.I.

Hered History—*Insanity* -

Other Diseases

Predisposing D.a.

Exciting Alcohol

Symptoms. First.

Mental

Bodily Committed a breach of peace and was arrested.

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal -

Dangerous -

Duration of Existing Attack a few days.

Other Facts or Remarks

Sent in here pending inquiry into his sanity on 2nd Nov: next.

Facts of Medical Certificates

NAME, William Raikin.

STATE ON admission

Mental.

Exaltation –

Depression slight

Excitement slight

Enfeeblement Considerable

Memory Good

Coherence Yes Can answer questions? Yes .

Delusions

Other Abnormalities When arrested asked to accompany here as he felt ill &c.

Bodily.

Appearance Physical health as on last admission page 3544

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight 9st 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, William Rankin

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 2nd 1899						On his admission he was in a lachrymose silly condition said it was all his wife's fault that he was in no way to blame. Complained of his rheumatism &c and stated that he could remember nothing about his arrest &c. He was silly weakminded & enfeebled. Slept a good deal and was readily made tearful when sympathised with. He was taken back to Shawrae today and evidence was led by local people to the effect that he was the "sanest man in Shawraer." He was therefore sent to Dissifield and discharged by the Sheriff's order.

DISCHARGED.

NAME. William Rankin.

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

NAME, James Smith No

Admitted, 21 October 1899 Pr. Ad.

Sex, Male Age, 32 Marriage, Single Occupation, Nil

Education, – Religion, Protestant.

Private or Pauper, Kirkmaiden Where from? W.C. Poorhouse.

Pat. M: Rodie. Insp

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind Mania.

Duration 1889 - 2.8 — 9.12. Where treated C.R.I.

Hered History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Has been ill mentally since 16 years of age. He was irritable and restless on his last admission and gradually settled being then sent to Wigtown Poorhouse.

Bodily

Recent.

Mental There he became irritable and struck the others a few days ago

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack two days

Other Facts or Remarks

Facts of Medical Certificates

Dr. J. A. Anderson. violent in behaviour & dangerous to others. (b) subject to delusions believing himself possessed of property. (c) Epileptic.

ii Ormiston Gorn P.H. same as above

Dr. Hasper i violent suffers from delusions.

ii refuses food.

NAME. James Smith.

STATE ON admission

Mental.

Exaltation slight, nothing the matter with him. &c

Depression /

Excitement slight, restless furtive manner.

Enfeeblement considerable;

Memory Good

Coherence Yes. Can answer questions? Yes.

Delusions -

Other Abnormalities Epileptic.

Bodily.

Appearance A delicate looking man

Skin Clean Hair dark

Eyes Pupils moderate equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* -

Sensory /

Reflex Action Kj. present on R. Special Senses -

Retina /

Lungs Chest badly formed. note dull & percussion at apices: auscultation markedly bronchial both apices

Heart sounds feeble & murmurs

Tongue clean Bowels -

Other Organs, Abnormalities, Bruises, &c. Has hemiplegia + lateral curvature of spine from old brain disease

Appetite Fair

Urine 1024 dark healthy.

Menstruation

Pulse 90 regular fair amount Temp. -

Height 5ft 1 Weight 7 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, James Smith

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Oct 24th						An epileptic, in reduced health. He has been cross and irritable since coming in. His fits are severe and the mental symptoms are probably before the fit comes on.
Oct 28th						Much as above strikes out at anyone coming near him.
Nov 8th						Is very easily made cross & strikes anyone who upsets him. Sleeps fairly well.
Nov 16th						There is little change in Smith. He is still an ill tempered nasty patient who is easily upset and strike out at any old or feeble person near him.
Dec 8th						Little change quiet at times and always plausible when spoken to. He is readily put up however and strikes out. Eats well.
January 5th 1900.						A nasty ill tempered beggar. He is very vicious and malicious when irritated. His fits are at times severe. occurring every few days. The ill temper is either about ex days after the fits, or about a day or two before them. He generally manages to select his man before striking out and has the usual epileptic excuses to offer afterwards. He is in the 3rd Div. His physical health is fair. Sleeps well Eats well
March 16th						No change: In fair health but not improving mentally – weak minded suspicious & irritable. He occasionally has a hit out all round at the others or smashes glass. He is very impulsive noisy & requires much tact to make him settle. The fits are still present.

NAME, James Smith.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 31st 1900:-						Generally quiet but subject to periods of excitement during which he is very noisy talkative and impulsive - There is no change from the date of admission - Sleeps well as a rule - Eats well
January 7th 1901:-						In 3rd Div: He is in good health. He is still irritable & impulsive & striking after his fits: There is no change in any way: Idle & useless.
Feby 2nd 1901:-						Was found dead in bed this morning. The night watch said he had passed urine at 3 o'clock visit & was getting into bed when he went that round: He seemed all right at 5 when he passed him: at 6 was found dead: lying in bed with the head on the edge of the pillow & the mouth about 2" below it. He was on right side curled up. The mouth pee. saliva on sheet below & also a small cone of blood about 1¼ inches high showing that the angle of the mouth was always the distance from sheet: The mouth pee tongue forward to teeth but with space above it. Slight cyanosis of the face rigor mortis slightly marked & coming on. He must have been dead about 3 hours.

DIED.

NAME, James Walsh No

Admitted, 25th October 1899 Pr. Ad.

Sex, Male Age, 38 Marriage, Married Occupation, -

Education, Protestant Religion, -

Private or Pauper, Fred. Finlayson Where from? (Portobello)

Twynholm(?) Parish of Kirkcudbright Mrs McKie, Millburn Street. K.

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

Is an insurance tout. He was himself insured a year ago: so that the lung condition mentioned opposite is probably a recent thing. He has been in poor health for some months & he came through to Kirkcudbright to see if he could get rid of a feeling of uneasiness. Could not sleep & became afraid of doing injury to himself.

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack 6 days.

Other Facts or Remarks

Facts of Medical Certificates

Dr Johnstone. Cannot sleep for thinking about religious matters. constantly talk about them
Afraid of doing anyway to himself.
ii constant watching.

Dr W. S. Reid. abnormal religious state. Body destroyed but soul saved. Prays one to watch him closely. Write in an irrational way.

NAME. James Walsh

STATE ON admission

Mental.

Exaltation –

Depression marked, complains miserable.

Excitement slight wringing & rubbing hands

Enfeeblement considerable. has lost all energy and all confidence in himself.

Memory Good

Coherence Yes Can answer questions? Yes

Delusions has "religious" idea that his soul is hopelessly lost.

Other Abnormalities Is willing to remain under observation as he has no confidence in himself.

Bodily.

Appearance A delicate looking neurotic man

Skin Clean Hair Fair

Eyes Blue Pupils large equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* –

Sensory –

Reflex Action D.T. active Special Senses –

Retina –

Lungs Chest flattened at apices: percussion is relatively dull & bronchial breathing at apices

Heart sounds are pure

Tongue clean Bowels –

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine 1021 Acid healthy

Menstruation –

Pulse 88 regular Temp. 98°

Height 5ft 5 Weight 7 st 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 Hypochondriasis.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
		1							

NAME. James Welsh

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Oct 25th						In all probability a case in which the depression has come on since his Phthisis began. He is very reserved about himself. His voice is tremulous and rapid. He states that God shewed him that his body must be lost to save his soul and that the body must die. He is very depressed at times. To sleep under observation & the attendants have been warned about the morning exacerbation.
Oct 27th						He varies much from hour to hour. He will sit moodily for a short time looking much depressed and will refuse to answer question. The next hour he will be excited & talkative rambling on in a religious strain. He generally is more hopeful and bright in the early evening. Has been sleeping fairly. Put on a tonic.
Oct 31st						Still as at last note. Very depressed sometimes and delusional at others. He is pleasant and chatty in the afternoons as a rule. Has been polishing or working about ward in the mornings when he felt "well enough to do so". Sleeps fairly.
Nov 4th						More depressed again and not working. States his soul is lost and that he must die. Eats fairly.
Nov 10th						Brighter again. Still depressed at times and requires to be kept under observation, after a few minutes talk he becomes uneasy and fidgetty in manner. Is sleeping better and eating fairly.
Nov 26th						No changes have not been noticeable since last note. He has been quiet reserved and reticent regarding his delusions.

NAME. James Welsh

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He occasionally works a little pulse 96 small wave & readily excited.
Dec 9th 1899.						Little change. Still subdued and weak looking. Wants energy and readily tires. Is still depressed and occasionally in mornings is very bad and apathetic.
January 4th 1900						Physical health is below par Pulse 88 regular but weak movement He sleeps fairly, but will not admit he is improving. The depressed periods are however not so marked. Still with a religious vein of talk running through his conversation. He is more stupid tonight he went off to bed in sickroom though he has lately been sleeping in cubicle, in a forgetful stupid way.
January 16th						Has begun to polish & work about in the ward: looks more pleasant and bright & is sharper in his replies.
" 20th						Today surprised everyone by singing to the violin accompaniment of another patient: The stupor is now almost completely passed off.
February 5th						Sang at the dance tonight & has been very pleasant and active & has now almost recovered.
20th						Doing excellently a pleasant active and easily managed little man. Has out of observation last night for the first time.
March 8th						Continues well – Eats & sleeps well polishes the pipes in lavatory & other house work, is still very enfeebled & stupid but improving.
March 22nd						In good health and very anxious to be out – Quiet a great draughts player. He is easily managed and a good singer. He works well.

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NAME, Michael James O'Brien No

Admitted, 25th October 1899 Pr. Ad.

Sex, Male Age, 18 Marriage, Single Occupation, Mill Worker

Education, - Religion, Roman Catholic.

Private or Pauper, Miles McInnes - Dfs - Where from? Jas O'Brien. Tanner 55 Burns Street.

HISTORY.

Causation.

Disposition

Habits ?

Previous Attacks—No. - Kind -

Duration - Where treated -

Hered History—Insanity -

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Has been doing no work for some time and recently after each series of fits he has taken to wandering over the country. His relatives lever knowing where he would turn up.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Might be

Duration of Existing Attack Some years

Other Facts or Remarks

Facts of Medical Certificates

Dr Kerr: Insane appearance and manner. Stupid & dull. Unable to answer reasonable questions. Wandersaway aimlessly.

Dr Ferguson Imbecile appearance. untidy & dirty

NAME. Michael James O'Brien.

STATE ON admission

Mental.

Exaltation /

Depression /

Excitement slight: Is restless, and uneasy

Enfeeblement marked: cannot give any information more than his name &c.

Memory Very Poor

Coherence At times Can answer questions? Simple.

Delusions /

Other Abnormalities Epileptic

Bodily.

Appearance An epileptic imbecile - hydrocephalic

Skin acne general over body Hair dark

Eyes dark Pupils large equal react

Muscularity Good Fatness Fair

Nervous System—*Motor* Speech drawling. gait shuffling

Sensory /

Reflex Action K.j. active Special Senses /

Retina /

Lungs Dull on percussion at right apex and breathing & bronchi

Heart Sounds are clear

Tongue clean Bowels /

Other Organs, Abnormalities, Bruises, &c. /

Appetite Good

Urine 1024 Acid No albumen

Menstruation /

Pulse 78 Regular large volume Temp. /

Height 5ft 8 Weight 9st.

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. Michael James O'Brien

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26 October						In fair bodily health. He is an epileptic and he is at present dull stupid and unstable. He is cleanly in his habits. His speech is slurring and drawling. Slept fairly. Eat well.
28th Oct.						The acne condition of the skin is being treated by a mixed mercurial ointment. He is very quiet sullen and obstinate.
31st Oct.						In 1st Div. Unstable. He is very obstinate. Refuses to do as he is told and becomes irritable when interfered with. He has had one or two fits daily since coming here.
Nov 9th						Has been more irritable and strikes out at any one who in any way interfere with him. He is dull and stupid after each fit.
Nov 16th						Bromides have little effect either in reducing the numbers of fits or in changing the character of same. He challenges any one in ward to fight + takes off his coat dancing about wood in an aimless stumbling way. Cross and cursing at times also.
Nov 22nd						Has recently been kept partially in hot baths with his irritability and restlessness. Eating + sleeping well.
Dec 16th						He is still very dull stupid and resents any one speaking to him. Flies up in an instant. He thinks often that a patient at the other side of ward who may be muttering + looking at him and would go straight across + strike him if allowed to do so.
Dec 26th						Much as above occasionally noisy + restless at nights during the last 10 days

NAME. Michael James O'Brien.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
January 5th 1900.						Much as at last note. Dull stupid and idle always irritable and readily accepting any excuse for a fight.
February 17th 1900:—						Has been very dull confused & stupid since last note & difficult to arouse into any degree of activity: fits still at intervals.
March 16th 1900						Has been put in bed on account of weakness — Face is suffused — hands purple & swollen — pulse weak & thready. The lung condition shews crepitations at both bases but these are probably due to oedema. The apical mischief not active. Mentally dull very enfeebled listless & apathetic. Is spoonfed — Fits still occurring at intervals of a few days.
May 20th 1900:—						Improved much in bed and he is now comparatively well again & able to be up: Dull stupid & very confused: never talks but always on the outlook for a fight.
July 31st 1900						He is dull stupid & enfeebled wet & dirty if not attended to. Very easily made irritable & confused. He never speaks even to his friends in more than monosyllables &c. Lung condition not active. Physical health fair — Raised electrolyte.
January 7th 1901:—						Has been able to be out of bed all winter so far: much demented & enfeebled: generally lies half asleep on the sofa paying no heed to any one near him: after his fits he occasionally brightens up & is more active & alert for a short period. Physical health fair: Phthisis subacute.
April 15th 1901						He is in fair bodily health & mentally unchanged.

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NAME, Harold Jackson No.

Admitted, 9 November 1899 Pr. Ad.

Sex, Male Age, - Marriage, Single Occupation, -

Education, None Religion, Protestant

Private or Parker, Mrs Margt: Dickson Where from? Royal Albert Asylum Lancaster

Mother, 2 Bentinck Terrace. Newcastle on Tyne.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. - Kind -

Duration - Where treated -

Hered History—Insanity -

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental A congenital epileptic imbecile. Physically fairly developed with very degraded habits.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

Dr Douglas: appearance & manner idiotic Does not understand what is said to him unable to speak or do anything for himself ii destructive to clothing & bulent.

Dr Thomson Jr. Quite incapable of carrying on conversation. or of understanding what is said to him: is in short an idiot.

NAME, Harold Jackson.

STATE ON admission.

Mental.

Exaltation –

Depression –

Excitement Slight

Enfeeblement very great

Memory Cannot be tested

Coherence Cannot speak Can answer questions? –

Delusions –

Other Abnormalities Gives shrill "neighing" cry occasionally.

Bodily.

Appearance A fairly developed imbecile.

Skin clean Hair Dark: Good head.

Eyes Dark Pupils moderate equal react

Muscularity Good Fatness Good

Nervous System—*Motor* –

Sensory –

Reflex Action K.J. present Special Senses –

Retina –

Lungs Slight flattening at right apex: breath sounds are prolonged

Heart sounds are clear & good

Tongue clean Bowels –

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine 1020 Acid healthy: deposit of urate.

Menstruation –

Pulse 74 regular. Temp. –

Height 5ft 6 Weight 8 st 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, Harold Jackson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
November 14th 1899						An imbecile of an exceedingly troublesome kind. Cannot speak. He pays no attention to his surrounding. Is disgusting in his habits. Pays no attention to calls of nature. Passes urine & faeces and plasters himself all over. Has to be washed several times daily. Sleeps fairly but is very dirty at night also.
Nov: 26th						Masturbates continuously. The penis is very well developed. He sits cross legged like a tailor folds his arms across chest and excites erection by swaying back & forwards. Cannot be kept clean at nights but during the day continual observation generally keeps him respectable. He at times hits those next him and gives his shrill neighing cry. He also squalls the whole time he is being bathed in an automatic way without reason.
Dec 14th						Continues as above. He sits with his tongue out between his teeth blowing past it. Spits sometimes when you go towards him. Habits as above.
						1st HOUSE
January 5th 1899.						Was sent to 1st Ho. but did not good: during a paroxysm of excitement he pushed his hand through window & was returned here. Destructive of clothing and filthy in habits. Still freely & openly masturbates. At present has a superficial willow on middle finger of left hand and howls whenever you approach him.
January 10th						Cuts now healed mentally no change

NAME. Harold Jackson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
February 17th 1900:–						The most degraded case in the house at present: Impulsively jumps about & is agile & monkey like in many of his movements. He is still dirty has to be changed 4 or 5 times daily &c. Howls & cries out, laughs, shits &c. Has been in bed for a day & tried for drawbacks but is again up.
July 31st 1900:–						As above: dirty destructive and disgusting in all his ways. He pushes his fingers into his rectum & plasters himself all over with faeces if left for a minute. Jumps about in a curious & very quick way: He is washed several times daily: demented & howling. Noisy at night – lets well.
January 7th 1901:–						No change: very dirty repulsive & degraded in all his habits. Very quick & animal like in many of his movements: He knocks over a piece of furniture when passing it in an instant without any warning: Constantly laughing, giggling & masturbating at night.
May 26th 1901						No change: very filthy in all his ways at present.
January 4th 1902.						He is in good bodily health. He is at present of anything more easily managed than formerly. He is not quite so impulsive and though he still requires to be changed about 3 times daily his habits are not so obtrusive: Whenever he gets the slightest chance he still pushes his fingers into his rectum & proceeds to plaster the faeces over his face and clothes – He still knocks about the furniture and jumps about in bed at night.

To Parochial List
1st May 1916 - Sanquhar Parish.

NAME, John Lee No

Admitted, 9th November - 1899 Pr. Ad.

Sex, Male Age, 31 Marriage, Single Occupation, Joiner

Education, - Religion, Protestant.

~~Private or Pay, John Lee father~~ Where from?

~~Dalpeddar College Sanquhar~~

HISTORY.

Causation.

Disposition Quiet reserved

Habits Hardworking, temperate.

Previous Attacks—No. - Kind -

Duration - Where treated -

Hered History—Insanity -

Other Diseases

Predisposing

Exciting

Symptoms. First. Mental / Bodily

Recent. Mental / Bodily

Was a good workman, active and steady up to 4 months ago, when he became restless, and took holidays from his work. Gradually became suspicious and sullen. Would go off to Glasgow and not return for a day or two saying he had to go on business. Delusions he was being watched. Latterly has

Insane Habits and Propensities

Suicidal No

Dangerous Not so far as shewn

Duration of Existing Attack four months

Other Facts or Remarks

resented any interference and has threatened to do for any one interfering with him.

Facts of Medical Certificates

Dr Jackson: dull & morose & wile hardly answer any questions. is being watched. Takes notions to go from home on sudden business. it has threatened to do for all his friends.

Dr Thomson - Dp. Talks in an incoherent manner about his friends. &c &c

NAME. John Lee.

STATE ON admission.

Mental.

Exaltation slight

Depression –

Excitement Considerable. Struggled violently on admission to

Enfeeblement slight-

Memory Good

Coherence Yes Can answer questions? Yes.

Delusions Stated he was going to Glasgow & that people had no right to prevent him &c. would not state his reasons

Other Abnormalities forgoing.

Bodily.

Appearance A well developed Young man

Skin clean Hair Fair

Eyes light grey Pupils small equal reach.

Muscularity Good Fatness Good

Nervous System—*Motor* –

Sensory –

Reflex Action K.j. active Special Senses –

Retina –

Lungs Chest well formed lungs sounds healthy

Heart both sounds clear & good

Tongue clean Bowels regular.

Other Organs, Abnormalities, Bruises, &c. –

Appetite Good

Urine 1018 Acid no abnormality.

Menstruation –

Pulse 94 regular Temp. 97.8°

Height 5ft 8 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.

NAME, John Lee

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 10th						In fair physical health. He gives a long twisted account of how he came here, & how we have no right to detain him as the friends who brought him are insane and not he. Will not state his delusions and becomes very guarded and suspicious. Slept poorly.
Nov 11th						Dr. Thomson in certifying him found delusions difficult to get but immediately he had left Lee told me he would write down his statement. This was a long rambling account of his being brought here. He signed it John Lee Highest Craftsman of the Highest degree &c. Eats well.
Nov 15th						Has been dour sullen & suspicious. Has many delusions regarding people watching him being jealous of his success. He demands to be allowed to go to Glasgow. So as to do his business &c.
Nov 23rd						Has been quieter and more settled. He is not so restless and his delusions cannot be got. He refuses to speak about them. He is quiet at night.
Dec 6th						Wanders up & down gallery. Speaking to no one and restlessly watching what goes on. Demands away. He is suspicious of us. States we stole his gold watch & money when he came in and soon. Is sleeping fairly well.
" 17th						Has broken out on one or two occasions in the early mornings. Shouting and talking to the voices he hears. States that he is the King of the Craftsmen and God made him so. So sullen & dour after this refusing to speak. Idle & restless

NAME. John Lee.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
January 5th 1900.						As a rule he is dull and sullen and will refuse to talk. Every few mornings now he has an outburst of talking expressing the delusions freely and vowing vengeance. Sometimes collects scrapsout of illustrated papers and states they have to do with his case. Writes very incoherent notes about his King craftsmanship &c. Eats well. There are motor twitchings in face tongue & lips when excited. Pupils equal.
February 8th 1900:-						Today swore almost one long string of oaths during the visit saying that we had "no right to keep the highest craftsman in there & to make no mistake about it" He is dour sullen idle & nursing his wrath.
April 11th 1900:-						Today on visit was very restless & stalking up & down swearing cursing usall in a loud voice for not knowing John Lee the best workman in the world and a man who ought to be out &c. Sleeps as a rule well Eats well
July 31st 1900:-						No change: He is generally sleeping on a sofa, scouling as he sleeps. He is easily made irritable & any reference to his delusion brings down a torrent of abuse. He often begins to speak also very loudly and irritably after he hears the voices speaking to him.
Oct 10th 1900:-						He has been working well outside lately but has had a nasty gathering between the fingers of the right hand. The slough has now separated and he is more quiet. The pain gone & the wound is healing: He is still very delusional -

NAME, Peter Cochrane No

Admitted, 14 November 1899 Pr. Ad.

Sex, Male Age, 67 Marriage, Widower Occupation, Farm L.

Education, – Religion, Protestant

Private or Pauper, P.M. Rodie W. Where from? John C. (son)

Kirkmaiden Cairngarvock Drummore.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. – Kind –

Duration – Where treated –

Hered History—Insanity –

Other Diseases

Predisposing

Exciting Wife's death

Symptoms. First.

Mental Mild depression constantly present.

Bodily Sleeplessness

Recent.

Mental Suicidal impulses, during which he was afraid to be left alone.

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack Some weeks

Other Facts or Remarks

Has been living with son recently: for the last 3 years he has had at times to pass the catheter. This has lately been becoming more painful and constant.

Facts of Medical Certificates

Dr. Forrest: life is unbearable & would rather die than live: would like to take his own life as it would be better for his family.

" refuses food.

Dr Mellie: Threatens to cut throat, & states that he has a strong impulse towards suicide.

NAME, Peter Cochrane.

STATE ON admission

Mental.

Exaltation –

Depression Marked. States he wants to die &c.

Excitement slight

Enfeeblement Considerable. He has little energy and no idea of helping himself

Memory very poor: Cannot tell where he is, or the date &c

Coherence No Can answer questions? Some

Delusions wants to die as his family is anxious to be rid of him

Other Abnormalities He has bad takings at times.

Bodily.

Appearance A frail old man

Skin clean Hair Brown

Eyes – Pupils Rt > left both small react

Muscularity Good Fatness Good

Nervous System—*Motor* –

Sensory –

Reflex Action – Special Senses –

Retina –

Lungs Chest well formed, percussion note is good. There are crepitations at bases posteriorly.

Heart sounds irregular & distant no (?) murmurs.

Tongue Tremulous Bowels constipated.

Other Organs, Abnormalities, Bruises, &c. Enlarged prostate with occasional retention of urine.

Appetite Good

Urine 1026 Faintly albumin in ours

Menstruation –

Pulse 94 intermittent Temp. 98.6

Height 5 ft 9 Weight 8 st 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, Peter Cochrane

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 15th						He is in poor bodily health. Mentally very depressed and enfabled: He wants to die and wants to be left alone. Does not know where he is. Wonders why the children have not come in. Thinks the sea is stormy tonight.
Nov 16th						The urine had to be drawn off tonight with no 12 red rubber instrument, no stricture. Phosphates and albumen present. Slept fairly after it. Has been put on Quinine and acid tonic.
" 17th						Urine was drawn off this morning at 10 A.M. by red rubber after a little difficulty 21 ozs were got. After this he did not pass any till 10 P.M. & was in great pain. The prostate was exceedingly crystal and the bicoudée used caused blood & as he was very restless chloroform was given and the aspirator used. Thereafter a no 4 gum elastic passed & drew off 24 ounces.
" 18	.	.	100	.		34 ounces urine 12 gum bicoudée. Blood.
" 19	.	.	.	.		65 " " " " "
" 20	.	99.2°	.	108		83 " " " " "
" 21	.	.	.	104		57 " " " " Old blood.
" 22	.	.	.	.		43 " " " " "
" 23	.	.	96	.		52 " " " " "
" 24	.	.	.	.		49 " " " Clear
" 25	.	.	.	82		51 " " " "
Nov 28th						After this he passed urine voluntarily each morning getting the excess drawn off each evening. The urine remained acid and aseptic throughout. Mentally he has been very depressed and stupid, begging not to be sent home and praying us to look after him as he was afraid.

NAME, Peter Cochrane

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
December 6th						Mentally very dull and confused. Memory very poor. Cannot tell how long he has been here. Has the idea his inside is all wrong. He takes his food well & generally sleeps well.
" 16th						Has been gradually improving in physical health. Urine is still passed voluntarily 1026 Acid. healthy. no albumen. No pain on passing it. Bowels inclined to be constipated. Is on a cascara mixture to check this.
" 26th						Still in bed and disinclined to get up he is still mildly depressed but has not had the bad feeling of impulse for some time. Memory much impaired. Pulse 96 and slightly irregular.
January 5th 1900.						Much as at last note. Never asks for relatives: is depressed and unfulled. He is if anything brighter now & can be got to smile but nothing more. Urine still passed freely and without discomfort.
February 20th 1900:-						No change: Has been up & walking about ward lately miserable & depressed looking. The confusion is however lessened: The memory continues poor. Urine gives little trouble.
May 2nd 1900:-						Is back to bed - miserable depressed feeble in body & very thin & worn out looking. The sleep is badly.
July 31st 1900:-						In bed: Feeble heart action - the slightest extra chill or cold gives difficulty with the water but this has not required catheterisation. He is very depressed always ready to weep always moaning and restless and sleeping badly has a poor appetite.

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NAME, Robert Baxter No

Admitted, 18th November 1899 Pr. Ad.

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

Education, — Religion, Protestant

Private or Pauper, James Morrison Drygfesdale Where from? Lowland, Manchline Ayrshire

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered History—Insanity

Other Diseases

Predisposing

Exciting Little is known about this patient's previous history. He left Manchline and intended going to Carlisle it is stated. He was found wandering about Lockerbie Station in a maniacal state. Noisy talkative and excited and was immediately brought on here.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Dr. George Irving: States that he is Jesus Christ whom we crucified: Has a kingdom of his own acts in a wild disorderly way.
2 Behaved eccentrically at Railway Station.

Facts of Medical Certificates

Dr F.T. Bell. Is Cain. Has slain his brother. that he is flaring to Perth. The city of the Lord to escape the wrath to come &c &c.

NAME, Robert Baxter.

STATE ON admission

Mental.

Exaltation marked: talkative and elated.

Depression –

Excitement restless, singing shouting &c.

Enfeeblement considerable

Memory Fair so far as can be tested

Coherence At times Can answer questions? Some

Delusions Many of grandeur, & going to save the world &c.

Other Abnormalities

Bodily.

Appearance A fairly nourished man

Skin clean Hair Brown (Richard)

Eyes – Pupils large equal sluggish.

Muscularity Good Fatness Good.

Nervous System—*Motor* –

Sensory –

Reflex Action K.j. active Special Senses –

Retina –

Lungs Flattened slightly below apices. Note on percussion is good. Breathing roughened.

Heart sounds clear no murmurs

Tongue Furred Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine 1017 Acid deposit of urate.

Menstruation –

Pulse 82 regular good Temp. 98.6°

Height 5ft 10 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.
	1								

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NAME, Robert Baxter

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19th November 1899:-						In good bodily health. He is in a condition of acute mania of the joyous type. He is delighted with everything. He passed a very noisy night. He was in cubicle, and sang nearly every one of Burns love songs during the night. He is taking his food well.
21st Nov:						Much as on admission. Sleeps by snatches. He is very noisy and talkative: Cannot at present give a correct answer to the simplest question. He changes greatly at one moment is the Robert Baxter King of Scotland, the next he is crying because he is Cain who has killed Abel.
25 Nov:						So easily enough managed though very trying. He is not as a rule excitedly impulsive and is not easily irritated. He is quite happy Still talks as incoherently stating his delusions in a loud rambling way and varying them with a verse or song. Has been given Calomel gr X Still sleeping poorly.
30th Nov.						Still acutely excited & excalled. Stated today he was Napoleon Bonaparte and challenging every one in the gallery to a fight. So masturbating. He is thin but not run down at all. He is eating well. He has been put on Bromides Ammon gr X Potass gr X Sodii gr V. Der in die.
3rd Dec:						Rather quieter & sleeping better as a result of the Sedative. He is eating well. Still noisy and rambles in his conversation. Jumps about gallery, never keeps still a moment. Picks at furniture at the clothes he is wearing &c.

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

1st Dec.

6th Dec

22nd Dec.

5th Jan

January

Jany 20th

to January

NAME. Robert Baxter.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6th Dec.						Still noisy and troublesome. Happy talkative and excited
6th Dec						He is to be sent out to work soon he is rather quieter now and more rational. He is still very noisy at nights and will not give any sensible replies to any questions.
22nd Dec.						Did fairly well at the Clerk of Works Squad today: was quiet when out but a little idle and inconstant. He was quieter at night also.
5th January 1900						More settled and sensible. Still has a very noisy hour or two at nights especially just before getting up. His delusions are not so freely expressed and the exaltation is passing off. He is improving in look and bearing.
January 10th						Ran off today & the attendant Ed McConnell called him back. He came back & ran round a corner where he waited for attendant with a stick smashed out at him & nearly felled him — There was a prolonged struggle before he was subdued: He is bruised a little over sacrum — The attendant head is knobbly all over & arm bruised —
Jany 20th						Is kept in now & has been fairly quiet and talkative — all day idle & useless
February 17th 1900						Today Transferred to Woodilee Asylum in the above condition

TRANSFER.

NAME, Joseph Crosbie No

Admitted, 8th January 1900 Pr. Ad. –

Sex, Male Age, 30 Marriage, Married Occupation, Painter

Education, – Religion, Protestant

Private or Pauper, Miles McInnes Jr. Dumfries Where from? 149 St Michael Street (Wife) – Dp –

HISTORY.

Causation.

Disposition Very pleasant, Cheerful.

Habits Hardworking, active, a good tradesman

Previous Attacks—No. – Kind –

Duration – Where treated –

Hered History—Insanity –

Other Diseases

Predisposing

Exciting About a year ago began to be peculiar and to hear voices. He refused to go to work first about 6 months ago since when he has lived on money he had saved before becoming ill: He then became restless & excited at nights and heard the voice constantly speaking to him.

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

Dr Kerr: Restless and Excited: He hears a special voice speaking to him from ~~stomach~~ below the floor & has threatened to tear this up to find out about it: Has when going off to sleep been struck allow on pit of stomach &c

Dr. Smithton. He has hallucinations of hearing &c

NAME, Joseph Crosbie

STATE ON admission.

Mental.

Exaltation Slight in manner etc:

Depression none

Excitement slight, here restless + uneasy

Enfeeblement slight.

Memory Good

Coherence Coherent Can answer questions? Yes

Delusions None expressed.

Other Abnormalities

Bodily.

Appearance A fairly nourished man

Skin Clean moist Hair Brown

Eyes — Pupils large equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* —

Sensory —

Reflex Action K. ± present Special Senses —

Retina —

Lungs Fairly well formed: breath sounds are normal.

Heart Both sounds clear + good

Tongue — Bowels —

Other Organs, Abnormalities, Bruises, &c. —

Appetite Fair

Urine 1018 Acid healthy

Menstruation —

Pulse 84 regular + good Temp. —

Height 5ft 8½ Weight 9 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 Enfeeblement.

NAME, Joseph Crosbie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9 January 1900:—						Slept fairly last night & has taken a fair breakfast this morning. He has been quiet & easily managed. He is very guarded in talk and has expressed no delusions, stating that there must be some mistake about his being brought here.
10th Jany:—						Has been put on a Syr Hypophos Co tonic in ʒp doses ter in die. Eats fairly: Slept 4 hours. Still strange & enigmatic in his remarks.
11th Jany:—						He has not owned to hearing any special voice but has stated such remarks as "You did not come for me at 12 o'clock I heard I was going to Dumfries then" In reply to the question who told this to him he says "never mind".
12th Jany:						Refuses the tonic. Says he has to go to London at 8 P.M. &c. Has twice tried to get out of corridor past the head attendant:
13th Jany:						He hears voices telling him that he is to leave at certain hours & go to certain places. Also he hears the Doctor saying he will be round the wards to see him & reproaches him for not keeping the promise.
19th Jany:—						Has been offered work to do here. He states I was taken from my work & refuse to work here: He will not say what work he was removed from beyond special work.
25th Jany.						No change, quiet pleasant and easily managed as a rule but strange & distant looking at times.
2nd February:—						Had a prolonged conversation with Dr R. today and told him that he heard him speaking of me when he was not present. & also that he had a mission to do as his work what this was he would not state.

NAME, Joseph Crosbie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4th Feby:						The hands are swollen & painful at present from the frost -
9th Feby						Hands again well: Mentally no change The voices continue to speak to him & many of his enigmatic sayings are thus explained. This makes him unable to work unless at "his own work" &c
20th Feby:-						Slups still under observation. Mentally no change in any way.
March 19th -						No change, quiet easily guided but very anxious to be out at his business. He hears voices talking to him & telling him what he must do when outside etc.
April 9th - 1900:-						Not much improved - He slups now in 1st Div: Eats well but refuses to do any work here.
May 16th - 1900:-						Quiet, reserved; He speaks little regarding his delusions except to ask away & that he had heard the voices saying we had a key to let him out.
July 31st - 1900:-						He is in fair health: Phthisis shows no appearance as yet though his chest appearance is like it - He still hears the voices telling him that he is very soon to be out - He still has also a great mission to do on Earth - He refuses to do any work here as he has this great work before him: He is slightly more enfeebled than formerly. Slups well except that he occasionally hears the voices as he is falling asleep. He eats well & is very manageable
Sept 8th -						Has been sent to 3rd Div: Hears voices constantly talking to him & asks us for presents letters & so on which they have told him were coming to him - Idle & refusing to work reads a little.

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NAME, Alexander Gardiner No

Admitted, 20th January 1900 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, £25 Where from? 27 Bridge Street Mother - Lockerbie

HISTORY.

Causation.

Disposition Quiet reserved

Habits Hardworking

Previous Attacks—No. - Kind -

Duration - Where treated -

Hered History—Insanity Father committed suicide - Cousin insane -

Other Diseases

Predisposing H.P.

Exciting Love affair & anxiety in business

Symptoms. First.

Mental About a year ago started business for himself and worked very hard to get into a good way of doing. He was up late and early. He was engaged to a woman whom few weeks ago married someone else. This with the hard work made him sleepless. He then became excited at nights & had a cutt hallucinations of sight & hearing Etc.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 14 days

Other Facts or Remarks

Facts of Medical Certificates

Dr Macdashlan :- Mentally confused & lost; answers questions incoherently & is very restless.

ii Sleeps little : takes little food

Dr Bell: His sweetheart is dead (delusion) Kruger sent him back as he deserted from Boers &c.

ii Says several relatives are dead

NAME. Alexander Gardiner

STATE ON admission.

Mental.

Exaltation mild.

Depression /

Excitement marked, restless and moving all limbs about in an aimless choreic way

Enfeeblement marked.

Memory Cannot be tested

Coherence no Can answer questions? No

Delusions Many. That relatives have died. He has been fighting the boers &c

Other Abnormalities He has very acute hallucinations of sight & hearing. Sees flags waving & hears drums beating.

Bodily.

Appearance A thin poorly nourished man

Skin Sweating profusely Hair thin fair.

Eyes Grey Pupils Small equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* General excitability.

Sensory /

Reflex Action Knee jerk active Special Senses /

Retina /

Lungs Chest poorly formed: apices flattened, Percussion dull on left side: Voice is prolonged with moist crepts at both apices.

Heart action rapid: no murmurs

Tongue Thin, fine fur. Bowels constipated

Other Organs, Abnormalities, Bruises, &c. /

Appetite very poor

Urine 1018 Acid no albumen

Menstruation /

Pulse 130 small movement Temp. not increased

Height not ascertained Weight not ascertained

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

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NAME, Alexander Gardiner

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21st January:—						In acute delirious mania: Has slept
	8	97.8	122	120		not well was very restless all night.
						He was dazed and confused in look
						that no knowledge of his surroundings.
						Refused food. He talked in a very
						rambling incoherent way. Gazed
						about him as if he saw objects in the
						air: Plucked at bedclothes &c. The
						sweating has ceased. Pulse improved.
22nd Jany:-			114	120		He has been quieter all day but
						is still dazed & confused restless &
						plucking & pulling about the bedclothes.
						Slept little: Refused food again &
						was fed by tube: Bowels constipated
						there not yet been opened.
						Calomel gr v was given
23d "			110			Bowels have moved the last a little
						at each meal today but requires to
						be spoon fed. Is more sensible.
						Still has very acute hallucinations
						sits upon bed grimacing & watching
						"the flags waving". He complains a
						great deal of pain in abdomen
						Has been thoroughly examined no
						local condition is present. - He is
						still dazed confused incoherent rambling
						in talk: The question of fecal colic was considered
						excluded — Slept [illegible].
24th "			106			Gradually improving: Is sleeping &
						eating better and is more settled &
						quiet: he still complains of pain over
						the abdomen & there is slight tenderness
						over transverse colon. Bowels move each day.
25th						He is sleeping now nearly all night &
						by snatches during the day. There is no
						excitement at present & there is dull
						confused temperament. Looks as if he
						constant kept his eyes open. Lethargic
						He is eating well Pulse 96 to day
						& good movement

NAME. Alexander Gardiner

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26th January:–						He was kick up out of bed today & felt very weak and giddy & returned to bed in a few minute. Mentally enfeebled but the excitement has passed off.
28th Jany	102.8	100.	92			Complaining of headache. Pain in back & limbs &c evidently a true influenza.
29th	100.2	98.6				Improved after quinine. Temp lower. The pain in back continues. He is mentally dull & wants energy but otherwise is fairly well.
31st Jany:	98.		84			In good trim again. Quiet & reserved but not so dull – Steadily improving
4 Feby						was got up for 3 hours this afternoon was strange & 'raised' looking for a short time but this soon passed off. Does not speak much as yet but cannot be got to own to any hallucinations &c.
10 Feb						Up each day & steadily becoming more active & pleasant.
19 Feb:						Friends called today to see him & he was pleasant & talkative. Mentally still mildly enfeebled & lacking in energy but doing well
24 Feb 1900						Discharged today

RECOVERED.

July 16th						Heard today he is doing well.

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NAME, Joseph Laurie No

Admitted, 22nd February 1900 Pr. Ad.

Sex, Male Age, 64 Marriage, Single Occupation, Labourer

Education, Religion, Protestant

Parish or Pauper, Lochrutton Where from? Lochfoot

H.R. Sewell S.P.

See page 1401

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind Similar

Duration 7th Augt 1899 Where treated C.R.D.

Hered History—*Insanity* Sister

Other Diseases

Predisposing H.P. & P.A.

Exciting

Symptoms. First.

Mental He was well upto 10 days ago when he again was depressed for a few days then rapidly became maniacal.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal – Yes

Dangerous – No

Duration of Existing Attack 5 days

Other Facts or Remarks

Facts of Medical Certificates

D. Smith:- His excited insane appearance, remarkable incoherent speech & delusions. Declares that he has been in Hell

Dr. Fraser Laughs, sings, in an excited insane manner does not answer questions rationally—

NAME. Joseph Lawrie.

STATE ON re-admission.

Mental

Exaltation : Marked - grandiose ideas etc —

Depression —

Excitement singing, talking, shouting, swearing.

Enfeeblement marked - no memory etc

Memory none

Coherence very incoherent Can answer questions? Some -

Delusions Sees angels etc

Other Abnormalities

Bodily.

Appearance An old man in feable health.

Skin clean moist Hair Fair grey

Eyes Blue Pupils large equal react.

Muscularity Fair. Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K.J. present Special Senses ✓

Retina ✓

Lungs There is chronic bronchitis.

Heart 's action is irregular & the sounds are distant & feable.

Tongue ✓ Bowels -

Other Organs, Abnormalities, Bruises, &c. Numerous small bruises on limbs: Complains of pain on left side of lower jaw no fracture can be detected.

Appetite Poor.

Urine 1026 Acid: deposit of urates

Menstruation

Pulse 90 small & weak Temp. ✓

Height 5ft 7 Weight 7st 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, Joseph Lawrie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24th February 1900:						Very excited and restless today. In bed singing shouting and pulling the clothes about: The jaw is much swelled and he resents thorough exam. There is considerable pain & breath & mouth are foetid: He slept badly
25th Feby:	99.4		92			Very talkative rambling and incoherent. Is exalted and pleased with himself & is with difficulty kept in bed. Constantly on the move: The swelling is hard & brawny & feels as if deep suppuration were present.
26th Feby:	99.		94			Still sleepless takes fluids in good quantity by the jaw prevents his taking solid food: He sits up in bed nearly all night talking swearing and singing.
28th Feby.						No change: Pulse more irregular and feeble. The breathing somewhat bronchitic. He is still very noisy and excited. Pupils now small.
3rd March	98.2		90			The swelling on jaw is now slightly softer but he strikes out at any one going near him making exam. almost impossible: exalted and quite delighted with himself, spits all round him. Sleeps fairly.
10th March						Has been since last note on a tonic of Acid Nitro Mur dil m ii In Gent Co ad Ep. ter i di. He is sleeping rather better & has been got up out of bed. He sits chattering in corner of day room nursing his jaw. He sings shouts swears by turns & will not allow any examination to be made of it. The swelling appears to be 'pointing' behind the angle of jaw. Pulse rather better 86 per min: Taking abundance of nourishment.
22 March						Quieter and more settled but still restless in looks &c. He is now talking so much: about 2 3 of pus foetid of soul swelling came out of the swelling at angle of jaw today.

NAME. Joseph Laurie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8th April						Is now much improved again. The jaw continues to discharge in small quantity and then heal again. He eats well and is sleeping well: Still in 2nd Div:
6th Ap:			78			The small abscess now forms a depressed cicatrix. He is sleeping & eating well He is quiet pleasant chatty but enfeebled: His memory is poor and he has little energy. Pulse 78 regular
May 14th						Practically back to his usual quiet mildly enfeebled mental state He is however not so robust looking physically as formerly and always has a mildly cyanosed look. The bronchitis is fairly well at present.
June 20th 1900:						In 3rd division, quiet docile and easily managed: he sleeps well & eats well & reads a great deal.
July 31st 1900:-						Is now practically as when last discharged inoffensive quiet and in every way easily managed —
Sept 26th 1900						Quiet active pleasant old man Reads, in 3rd Division & does a little house work.
January 7th 1901:-						In fair health: The jaw is adherent to the skin covering it from the old periostitic condition. He is easily guided a quiet pleasant inoffensive old man who is mildly enfeebled: He is now again in a condition for discharge but he would probably just relapse if he were sent out.
March 6th 1901						A quiet easy going old man. He is past any active work but is never in any mis way. Pleasant when spoke to.
June 16th						Plays bowls when out and does fairly well. Mildly complaining at present of a chronic bronchitic cough. He is easily managed & quiet at nights

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Sp. 637.

NAME, James Crawley No.

Admitted, 28th February 1900 Pr. Ad. ✓

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

Education, ✓ Religion, Protestant

Private or Pauper, Mochrum Parish Where from? Rellantiae Croft.

J. J. Dunlop Insp.

HISTORY.

Causation.

Disposition Quiet, mildly melancholy, reserved.

Habits Correct, hard working

Previous Attacks—No. – Kind –

Duration – Where treated –

Hered History—Insanity –

Other Diseases

Predisposing Unknown

Exciting Said to be masturbation.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

He has been peculiar for some months avoiding his neighbours but working hard at home: He then began to wander and about 6 weeks ago set off to Liverpool to avoid the people following him: The people say he has committed some crime & he therefore avoids them: Lay out all night on the moor 3 weeks ago: Then threatened suicide to be rid of the people.

Insane Habits and Propensities

Suicidal Has threatened

Dangerous No

Duration of Existing Attack Six weeks

Other Facts or Remarks

Facts of Medical Certificates

Dr Selby: hears people crying to him & annoying him – both at home & outside – on his way to Chairman 3 weeks ago left the road & fled across country to avoid people & lay on moor all night – unsettled for a year past. Has gone to Liverpool Glasgow & Chairman to escape people

Dr Smith: – Silent dull & dejected attributes his dulness to voices he hears: accusing him of crime

" as above

NAME. James Crawley

STATE ON admission.

Mental.

Exaltation ✓

Depression marked at present

Excitement slight; restless confused in manner.

Enfeeblement slight

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions None expressed

Other Abnormalities ✓

Bodily.

Appearance A well nourished young man

Skin clear Hair Dark

Eyes Pupils small equal react

Muscularity Good Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K.j. increased Special Senses ✓

Retina ✓

Lungs There is slight flattening below right apex & the breathing is there bronchial.

Heart sounds are clear & Good

Tongue ✓ Bowels regular

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Good

Urine 1022 Acid healthy

Menstruation ✓

Pulse 80 regular good wave Temp. ✓

Height 5 ft 8 Weight 10 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.
		1							

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NAME, James Crawley

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
1 March 1900 :-						There is no physical disease. He is easily managed, quiet active looking man alert and pleasant today. Slept well
2nd Mar:						Active pleasant – His manner is somewhat slow but the depression has to a large extent passed off and he is cheery.
4th March :-						Sleeping well feeding well. He has been set at work and is very active & constant at it: He has been pressed on this subject of his delusions refuses to be drawn in any way answering all questions fairly & as far as can be seen frankly: He says he has not heard the voices for some time.
8th March						No change: Pleasant quiet not dull & active at work.
16th March 1900 :-						Again had a long talk with him and he refused to be drawn on his delusions. He spoke freely but gave no clue: He has been working very well indeed & shown no inclination to lead me to suspect he heard voices either when in the house or outside.
17th March 1900 :-						Sent to FARM ANNEXE. Discharged as Recovered on 4th: 3rd RECOVERED About two weeks later we heard, without any warning he again left home. He had been quiet active & reserved whilst there.

See note in Farm. Annexe. p 162.

NAME. James Crawley

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov. 22. 1910.						Last evening patient was removed from the Farm annexe to the Hospital on account of "Coming over Faint". Nothing could be got out of him though she did not look well. Was kept warm & given a stimulant & this morning seems to be himself. F. H.
May 12. 1911.						Has been all right lately.
Jan: 4th. 1913.						Had a faint attack this morning & fell. Broke out into a profuse perspiration & was all right again in a few minutes. Is now in bed, looking fairly well. Pulse weak but regular.
June 4th. 1913.						Had a similar attack to the last, but rather more severe. Vomited some blood-stained matter. Pulse very weak & rapid.
Nov: 17. 1913.						Is in better health now, but has to take things easy.
June 24. 1914.						Has been again confined to bed, with a large hydrocele. Now almost well again.
9-8-16.						Mentally enfeebled and mutters to himself. Unpleasant in his habits. Works fairly well on the Farm. BH fair.
2. 5. 17						The same.
4-7-18.						Demented: works on Farm. B.H. fair. Would wet himself constantly without attention being given to him.
8-11-18.						He has had an attack of Influenza.

V. Chr. C.B. p. 397.

NAME, Thomas Davidson No

Admitted, 8th March 1900 Pr. Ad.

Sex, Male Age, 39 Marriage, Married Occupation, Gardener

Education, Good Religion, Protestant

Private or Proper, Sarah Davidson — Where from? Troqueer

Dalskairth Gardens Troqueer

HISTORY.

Causation.

Disposition Melancholy very exacting &c

Habits Hardworking, sober,

Previous Attacks—No. Second Kind similar

Duration Some months Where treated at home

Hered History—Insanity ?

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental About 2 years ago he became depressed & sleepless and very hard working having the idea that he had to do all the work of the garden etc himself & not allowing anyone to assist him: Mr Coats his employer with whom he has been for 16 years gave him a long holiday and he gradually recovered almost to his usual: he soon relapsed and became

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ~~No~~ Yes

Dangerous Yes

Duration of Existing Attack Some months

Other Facts or Remarks

depressed; again working almost constantly and he gradually became more hypochondriacal heard voices & the delusions became marked He has been threatening those about him.

No history of syphilis — they have no children

Facts of Medical Certificates

Dr Clarke:- depressed - sudden fancies on which he must act come into his head - sleepless ⸗ runs from garden into house saying men are pursuing him

Dr Thomson:- depressed & distressed appearance - says he has sinned against God - all has gone wrong with him &c &c

NAME. Thomas Davidson

STATE ON admission.

Mental.

Exaltation ✓

Depression very marked,

Excitement restless talkative excited.

Enfeeblement marked

Memory Cannot be tested.

Coherence Incoherent Can answer questions? Yes

Delusions Many: has sinned against God &c.

Other Abnormalities ✓

Bodily.

Appearance A middle aged sallow unhealthy looking man

Skin moist clean Hair Dark

Eyes slightly bloodshot Pupils mod: equal: reat sluggishly

Muscularity Good Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action k.j. present Special Senses ✓

Retina ✓

Lungs Chest well formed: breathing shallow: the resonance + vocal fremitus are increased at right apex: no moist sounds

Heart slightly irregular in Time: no murmurs.

Tongue clean fine furriate Bowels ✓

Other Organs, Abnormalities, Bruises, &c. Small bruises on arms — circinate patch of eczema on right-thigh + another on left lumbar region.

Appetite Fair: variable

Urine 1018 Acid: no albumen

Menstruation ✓

Pulse 94 small wave T+ Temp. ✓

Height 5 ft 10 Weight 9 st 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, Thomas Davidson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
March 9th				94		A case of excitement with melancholia. He is poorly nourished and the pulse is small and rapid. He is very rambling and incoherent in talk continually noisy: He picks at and tears his clothing etc: Does not know where he is his memory cannot be tested.
" 10th	98.6		96			He is now up and in 1st Div: he is constantly on the move and is very restless: Takes his food well at times but may refuse a meal. He is picking fighting and excited on the slightest attention being paid to him. Sulfonal grs. XX has been given.
" 11th	98.		92			Scarcely so excited. The breath still has a very foul smell and the tongue is furred: bowels have been cleared out thoroughly and he is easily managed to-day. He has been sleeping badly: 3 hours on an average from his admission.
12th			87			This morning during a period of excitement struck his head against back of sofa: There is a slight scalp wound on vertex. There is no great depth and the wound has been washed in corrosive and Boracic Acid dusted in. He is taking his food fairly well but capriciously: Sleep still poor. (3 hrs). alternating with very noisy intervals.
14th	98.9		104			Refusing food and the pulse is again running up and he looks cachectic and the excitement continues but off to bed of edly tube. He sleeps badly very incoherent talking in almost unintelligible jargon. pulls about & tears clothes &c. Slept 2 hours only.
18th						He has taken food but as he looks like a toxaemic case Salol grs X ter in die has been begun. He is complaining today of pain in the left hypochondrium. probably due to a stomach condition.

NAME, Thomas Davidson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						he has been too excited to give any clue to any pain &c and only today when less excited will he own to this pain. He is difficult to examine talks constantly and the abdominal muscles are always tense and fixed. He keeps on attempting to "get at you" the whole time you are near him biting "at" your lass when you sound his chest etc: He has lost ground lately.
March 21st			90			Still in bed and taking his food better. The breath had a distinct salol & dowl and the tongue is cleaner. The bowels are kept open by Castor oil or Magnes Sulph.
	23		86.			Rather improved. Salol being continued in gr 5 doses as urine is somewhat darker than usual. Eats fairly chewed and sleeps on an average about 4 hrs. being very noisy talking singing, swearing spitting tearing his clothes &c when awake and very difficult to keep in bed: Will occasionally speak quietly and sensibly for some time when talked to but soon rambles off.
	26th 97.8		84			No change from last note: Still very excited by turns but more inclined to keep his bed: He is improving in look and is at fresher in every way.
April 8th						More quiet during the day but still very noisy at nights: He is very observant noting any change in dress &c. He makes a running comment on any passing person or event mixing it up with a long incoherent ramble about "Dalskairth" &c. At nights is sometimes difficult to manage as he wishes to be out of bed sleeping however average 5 hrs
"	12th					Still silly and excited: incoherent. When his wife visited him lately nearly tore her dress off her before she could get away from him, tears at bed clothes or books or papers if near him.

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NAME, Thomas Fleming. No

Admitted, 19 March 1900 Pr. Ad.

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

Education, ✓ Religion, Protestant

Private or Pauper, Leswalt Parish Where from? Shenchan Bldgs

Alex Meikle Insp:

HISTORY.

Causation.

Disposition Reserved, quiet,

Habits Hardworking, sober.

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity Brother (page 348) Grandfather died in asylum

Other Diseases ✓

Predisposing

Exciting

Symptoms. First.

Mental Peculiar for 2 years but able to work + an active man up to about 4 weeks ago when he became very silly in speech + conduct. Heard voices + when spoken to became irritable + struck those about him. Said to be addicted to self abuse.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack Two years.

Other Facts or Remarks

Facts of Medical Certificates

Dr Anderson: He is in bad health owing to influence of a liniment rubbed in in prison 2 laughs immoderately – (3) silly in speech 4 self abuse 5 dirty + untidy.

" Struck his stepmother, avoids others wanders

Dr Munro: as above

as above

NAME, Thomas Fleming

STATE ON admission

Mental.

Exaltation ✓

Depression slight in appearance

Excitement considerable, very talkative, restless messy playing about him

Enfeeblement marked

Memory Fair

Coherence at times incoherent Can answer questions? Yes

Delusions A liniment rubbed in (evidently poison) was the cause of his condition.

Other Abnormalities He takes turns of a few minutes duration during which he repeats speak.

Bodily.

Appearance Well nourished

Skin clean Hair Dark

Eyes Dark Pupils large equal react L & R.

Muscularity Good Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K. J. present Special Senses ✓

Retina ✓

Lungs Chest well formed – breath sounds normal.

Heart 1st sound systolic murmur 2nd clear

Tongue clean Bowels ✓

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Good

Urine is healthy

Menstruation ~

Pulse 84 good ~~Ware~~ Temp. ✓

Height 5ft 9 Weight 9 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 Enfeeblement.

NAME, Thomas Fleming

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21st March :-						He has been sleeping well & taking his food well. Working a little in the house: He hears voices and when he hears them he refuses to speak listens intently and with a set anxious expression. The delusion regarding the poisoning is still also present.
24th March						Quiet and easily guided - very delusional and the hallucination marked - no impulsiveness - Generally sleeps well - Talks freely only at intervals & is generally very reticent & reserved.
26th March						Today on the round absolutely refused to speak gazing straight in front of him as if he saw a vision.
27th Mar:						Pleasant talkative & is now out working - He is a very active and alert man outside working on his own initiative -
29th March						He has shewn no change since coming. He talks freely at times & then will do nothing & say nothing for a few minutes: He sleeps & eats well. The depression is mild & transitory.
April 6th						Working out and does not shirk doing a large amount of work He is generally very absorbed and probably under the influence of his hallucination as he never hears you speaking to him when outside.
Ap 14th						As above: quiet: active: has been very easily managed since coming. He pays no attention to his brother who is also a patient here
Ap 17th						Sent today to

FARM. ANNEXE

NAME. Thomas Fleming –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1902 Sept. 6						Has not seemed well of late & been given to lying about Farm Annexe – Has become perceptibly thinner & symptoms point to rapid phthisis pulmonalis with involvement of larynx. Was sent down to 2nd House a few days ago.
14						Has been gradually growing worse & disease has advanced rapidly he died rather suddenly this morning –

Died

14th September 1902.

NAME, James McKie No

Admitted, 22nd March 1900 Pr. Ad.

Sex, Male Age, 45 Marriage, Married Occupation, Stone cutter

Education, ✓ Religion, Protestant

Prim or Pauper, Newabbey Where from? Gate end Newabbey.

Wm McDonald Insp:

HISTORY.

Causation.

Disposition Cheery, pleasant, sociable –

Habits Alcoholic – Hard worker when sober –

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity /

Other Diseases

Predisposing ✓

Exciting

Symptoms. First.

Mental Was always mildly eccentric and talkative –

Bodily He was a good workman & did well for many years – some years ago was left some money & drank most of it (about £1000) & also

Recent.

Mental was extravagant spending it in a few years. He evidently had the D.T.s on several occasions

Bodily or stopped just short of them. He was well up to about 6 weeks ago when he

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 3 weeks.

Other Facts or Remarks

became delusional and used to talk largely of disinfection & took to soaking everything in paraffin & burning it. became excited grandiose restless &c &c

Facts of Medical Certificates

Dr Gillies :– Is possessed of enormous wealth Yachts &c

2 a desire to burn everything by setting fire to it.

3 wonderful inventive power he thinks he has

II as above

Dr J.R.G. : Loss of memory – weak minded – confused incoherent

NAME, James McKie

STATE ON admission.

Mental.

Exaltation, considerable - has much money &c

Depression ✓

Excitement restless, weary, talkative etc

Enfeeblement marked - Has little idea of the fitness of things. confused judgment + memory

Memory Poor

Coherence Yes Can answer questions? Yes

Delusions - Has some idea that he showed disrespect every thing.

Other Abnormalities He has some of the inconsequence, manner &c so common in G.P.

Bodily.

Appearance A stout well nourished man

Skin clear Hair gray

Eyes Blue Pupils Unequal react

Muscularity Good Fatness Fair

Nervous System—*Motor* Tongue, face, + hand muscles are all very tremulous.

Sensory There is tenderness in the calfs pectoral muscles from slight neuritis.

Reflex Action K.J. increased Special Senses ✓

Retina ✓

Lungs Chest well formed - crepitations at the bases

Heart Sounds clear no murmurs

Tongue fair fur Bowels regular

Other Organs, Abnormalities, Bruises, &c. There is an area of increase of dulness above the heart

Appetite Fair

Urine is healthy

Menstruation ✓

Pulse 80 regular good Temp. ✓

Height 5ft 7 Weight 11 st 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, James McKie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28th March 1900:-						A case of delusional Insanity: He is in excellent health at present: Mentally somewhat confused and restless and with delusions. He states that he had to disinfect clothing bedding etc and did it by burning paraffin etc. Memory somewhat deficient and erroneous. He slept well Eat well.
24th Mar:						He is more restless and uneasy very anxious to get away and stating he wants rid of his papers and be out. He is somewhat vacant and silly in expression.
26th Mar:						Does a little polishing work in the morning. He is fairly cute and has a keen sense of humour says his coming here is all a mistake. The enfeeblement is practically the only marked feature with the exception of memory at present.
31st Mar:						In fair health and working very actively and well in wards
6th April:						He is now working outside and doing well: He would be very different to certify at present. He is silly and infantile in some ways but a very cute and observant man with a keen sense of humour. He "chaffs" the Nurses unmercifully in every clever way: His delusions are also difficult to draw: He sleeps and eats well
16th Apl:						Sent to-day to FARM ANNEXE. (page 142)
July 17th						Discharged today RECOVERED.

NAME. James McKie.

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

NAME, John Cossar No

Admitted, 23rd March 1900 Pr. Ad.

Sex, Male Age, 26 Marriage, Married Occupation, Postman

Education, ✓ Religion, Protestant

Private or Pauper, Thos Cossar (Bro) Where from? 4 Murray Place.
1 Langholm Pl - Dp

HISTORY.

Causation.

Disposition Offhand - quiet -

Habits Correct;

Previous Attacks—No. one Kind similar

Duration in 1893 Where treated C.R.I.

Hered History—Insanity ✓

Other Diseases ✓

Predisposing P.a.

Exciting

Symptoms. First.

Mental Had an attack similar to present in 1893 when he recovered in 6 months -

Bodily He has been mildly depressed for about 10 days & sleepless - He then rapidly

Recent.

Mental became confused restless talkative heard voices & became delusional.

Bodily His brother at once got him certified to save a scene in the office.

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 3 days

Other Facts or Remarks

Facts of Medical Certificates

Dr Kerr: Manner & appearance - delusions of sight & hearing - has Divine Power which shrink in one night came as a while cloud from the South -

Dr Ferguson - Insane appearance - Has invented a new quick firing gun.

NAME. John bossar

STATE ON readmission.

Mental.

Exaltation slight in manner talk; never felt better

Depression ✓

Excitement slight restless uneasy moves up & down the room touching wood

Enfeeblement marked -

Memory Fair

Coherence at times incoherent Can answer questions? Yes

Delusions — Saw a cloud out which a voice spoke to him.

Other Abnormalities

Bodily.

Appearance A tall well nourished man

Skin clean moist Hair Fair thin

Eyes slightly blood shot Pupils small equal react.

Muscularity Good Fatness Good

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K. J. present Special Senses -

Retina ✓

Lungs Chest well formed Breath sound normal

Heart Both sounds clear & good

Tongue clear Bowels constipated.

Other Organs, Abnormalities, Bruises, &c. No recent marks

Appetite Fair

Urine 1022 Acid healthy

Menstruation ✓

Pulse 80 regular sept Temp. 98.4

Height 5ft 10 Weight 12 st 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, John Cossar.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24th March 1900:–						In good health. Mentally he is restless and uneasy: mildly depressed quiet and absorbed one minute and the next excited, gazing about him and talkative: Grimaces + makes signs with his hands: Eats well
25th Mar:						Evidently endeavouring to control himself: moves rapidly up + down gallery: takes up a paper but cannot settle to read it. Jerks out a remark and then stalks off. Speaks to himself in a short staccato manner.
26th Mar:						Undoubtedly hears voices speaking to him and answers them. Electricity probably works on him or at least an 'influence' to use his word.
28th Mar:						Has been eating well + sleeping well + has not as yet become markedly obtrusive with his ideas as he controls them well.
31st Mar:						More silly and excited today waving arms about his head + swinging round in the corridor Gazes up at ceiling or out of window Speaks to himself + also answers the voices and pays no attention to any remark addressed to him.
8 April:						Much quieter and more settled again: Pleasant when spoken to and playing draughts &c.
16 April:						Still under the influence and waving arms about and behaving foolishly tearing paper &c. scribbling on it: Hears + sees the spirits.
22 Ap						Quiet at present: Sleeps fairly and is eating well.
May 2nd						Was very excited and noisy last night, and had to be put under observation in Sick Room

NAME. John Cossar.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He does not express many delusions when directly questioned regarding them but the influences affect his whole conduct: He pulls at your coat: claps you on the back: grimaces & dances before you and talks very loudly in an unintelligible way.
3 May 1900:						No marked change, still restless and always on the move.
May 16th						In good health: Quiet settled and talking well: he sleeps well at present. He is pleasant & free from delusion at present.
June 1st						Two days ago again had a restless and excited turn & he has been silly and vacant in expression & talk since then. Moving up & down ward with his stockings outside the feet of his trousers grimacing very talkative - answering voices again.
June 4th						Has been sleepless & uneasy but on a simple laxative powder - He is more settled & not so uneasy as at last note but still very talkative & far from well.
June 12th						Quiet again - pleasant chatty feels all right & anxious to be back to his work. He is easily managed reads a great deal & is sleeping well.
June 20th						Still has an occasional slight grimace but is comparatively well talks sensibly & does not seem to have any hallucinations at present.
June 30th						Has now become very well & anxious to be at work: he talks well & pleasantly free from delusions &c.
July 25th						Was today discharged as recovered: he has been told to take a fortnight's holiday & then resume work

RECOVERED

NAME, Thomas Balmer No.

Admitted, 6th April 1900 Pr. Ad.

Sex, Male Age, 61 Marriage, Single Occupation, Carter

Education, ✓ Religion, Protestant

Private or Pauper, A.H. Burns Insp. Where from? Canonbie

Robt B – Whinbush – (bro)

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 Possibly

Dangerous Possibly

Duration of Existing Attack Warrant 29th March 1900

Other Facts or Remarks

Nothing is known of his previous history: He had a severe accident from being dragged by a horse some years ago: This has practically made him bald and the whole scalp is replaced by fine scalp tissue. —

Facts of Medical Certificates

A. Johnston: Labours under mania & is very restless & noisy talks in a rambling way & expresses absurd ideas is going to marry his cousin tonight

Is stated to have threatened suicide in the Hawick Poorhouse

NAME, Thomas Balmer

STATE ON transfer.

Mental.

Exaltation Considerable - is a better man than no se

Depression ✓

Excitement very talkative singing restless & excited.

Enfeeblement considerable

Memory Cannot be tested

Coherence Incoherent Can answer questions? only very direct ones

Delusions

Other Abnormalities In acute mania.

Bodily.

Appearance Fairly nourished man

Skin clean sallow Hair Gray.

Eyes Blue Pupils large equal react.

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K. J. present Special Senses ✓

Retina ✓

Lungs Chest well formed - lungnote good & the auscultation healthy

Heart sounds are both reduplicated & are short & feeble

Tongue ✓ Bowels regular

Other Organs, Abnormalities, Bruises, &c. The scab is almost replaced by scar tissue the result of an accidat year ago

Appetite Fair

Urine healthy

Menstruation ✓

Pulse 84 regular good wave Temp. ✓

Height 5 ft 3 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.

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NAME, Thomas Palmer

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8th April 1900:—						At present Palmer is a case of subacute mania. He is in good bodily health. Mentally very talkative, restless and wanders uneasily up & down the ward: He is readily excited says he is in "sound mind and intellect". He sings psalms and scots songs in aloud voice and readily becomes excited and threatening: He sleeps & eats well.
10 April:						Much as above: somewhat irksome to nurses as he resents any interference: works in a silly way in the hard knocking the furniture about, and abusing any one in his way &c. Says his stomach & lungs are bad and wants to be examined: Eats well.
12th Apl:						More settled but still subacutely excited at times: not so noisy.
16th Apl:						Has been more settled during the past two days: His memory is good and he talks well but readily becomes excited when his injunctions run counter with him. Still excited.
23rd Apl:						He has today been sent out with the garden squad. He has a profound disrespect for the other patients as workers & works hard himself. He has been quieter: Sleeping well and eating well.
28th Apl:						Has done well outside and is steady and active: Still has an idea that he has been put here because of his superior intelligence He sleeps quietly & has been sent to the FARM ANNEXE — page 158
July 10th						returned to 11th House

NAME. DATE. Temperat. Morn. Even. July 31st Sept 9th March 18th January

NAME. Thomas Balmer.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 31st						The heart anginous turns have not been so marked recently but the irregular & tumultuous action of the heart continues lasting about 10 minutes on each occasion & accompanied by pallor &c. - depression feeling of impending death &c. This does not pass completely off for some hours after a bad attack. Sleeps fairly & eats moderately well.
Sept 26th 1900						Has been subject to the heart turns lately on one or two occasions. Has an eczema of the scalp at present with furunculi affecting the scalp & neck: These are being treated by weak mercurial.
January 7th 1901:						In rather better health: Turns not so frequent & not so severe. The head is also comparatively well at present: He is mildly depressed more or less inactive & past working: listless & apathetic. He spends the day reading & talking to the others: Sleeps fairly.
March 18th						Balmer varies much from week to week. Mentally he is a quiet and easily managed man who has no delusions and is comparatively speaking sane. He is however past work now. Physically he is inactive and any exertion brings on the anginous pain in the chest. This is associated with a small and rapid somewhat irregular pulse with increased tension. The becomes very pale and ghastly looking and the paroxysm which is never acutely severe lasts a few hours & then passes off leaving him enfulled & ill looking. He is on small doses Spt Ether Nitrosi or Sodii Nitritis with expectorants

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NAME, William Robinson No

Admitted, 17th April 1900 Pr. Ad.

Sex, Male Age, 31 Marriage, Married Occupation, Draper

Education, ✓ Religion, Protestant

Private or Pauper, Haddon Where from? Ecclefechan

R Park Insp.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity Has an aunt in asylum - Father's sister.

Other Diseases ✓

Predisposing H.P.

Exciting Influenza?

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Two weeks

Other Facts or Remarks

He was brought home to ecclefechan from Manchester where he had been serving as a draper only about 3 weeks ago when he had become unmanageable there -

Facts of Medical Certificates

Dr Mackay: cannot answer intelligibly - slaves stupid
Lips of face twitch. &c &c
tt wanders about naked for hours. refuses to get to bed.

Dr Bell: incoherent in speech muttering "poisons" &c

NAME. William Robinson

STATE ON admission.

Mental.

Exaltation : Marked : Sensory powerful strong and in excellent health he states.

Depression —

Excitement slight restlessness, picking of clothes &c

Enfeeblement marked: memory poor, judgment very poor

Memory Poor

Coherence Yes Can answer questions? Yes

Delusions Many of grandeur.

Other Abnormalities Dem G.P.

Bodily.

Appearance A spare dusky complexioned man

Skin moist Hair Fair

Eyes Grey Pupils L=R: Both react to L+A.

Muscularity Fair Fatness Fair.

Nervous System—*Motor* twitchings of face hand tongue calf muscles. Gait is paretic.

Sensory There is probably some paraesthesia as he rubs his hands &c as if nervous cleaning them &c

Reflex Action K.J. absent Special Senses —

Retina —

Lungs The chest is poorly shaped: The percussion note slightly dull at both apices and exp: is prolonged & rough.

Heart Both sounds clear

Tongue Fine white fur Bowels —

Other Organs, Abnormalities, Bruises, &c. Nil and no bruises.

Appetite Fair

Urine 1015 Acid : no albumen

Menstruation —

Pulse 96 regular Tension +1 Temp. —

Height 5ft 6 Weight 8st 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, William Robinson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18th April 1900:—						A general paralytic in advanced second stage. He is very enfeebled. Pays little or no attention to his surroundings and he is restless picking at clothes etc. Grandiose. His friends have been told of the nature of his illness. He sleeps well.
20th April:						Requires attention as regards cleanliness clothing etc. His movements are all incoordinate and he fastens his buttons with difficulty. He feeds himself.
22nd April:						He is very exalted and happy. He thinks himself strong and wealthy. The memory is very poor and he shews no signs of recognition on seeing his relatives. His ideas of grandeur vary as you talk to him. He is eating well.
30th April:						He has become more enfeebled since coming in. His complexion is very muddy and grey. The pupils occasionally vary. They are today almost equal but left contracts most for accommodation. The gait is now very paretic. He walks with a wide base & turns slowly. He is occasionally restless rarely sitting down and moving about uneasily and unfastening his clothes etc. He still feeds himself and sleeps fairly. Requires constant attention to keep him clean.
8th May.						Continues as at last note. Running down gradually. Will not talk at present except in a tremulous way and then only in a silly semi grandiose manner of his wealth being worth £ 1000.
16th May:						Very restless and uneasy today and constantly on the move

NAME, William Robinson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 31st 1900:-						In much reduced bodily vigour and almost ready for his bed: The gait is very paretic all the muscles of the body twitch as he walks - The face especially so - The hands are very tremulous and they coordinate very badly: The pupils are unequal L < R The left is small occasionally pinpoint The R medium They react to light but accommodation cannot be tested: He is wet & dirty: smiles fatuously when spoken to or answers unintelligibly. Wet & dirty and requires constant attention to keep him cleanly - masturbates occasionally.
Sept 26th 1900:						Running down: Teeth constantly grinding: smiles vacantly: seldom speaks & very incoherent & tremulous when he does so: very incoordinate & ataxic in gait: Wet & dirty.
January 7th 1900						He has been in bed for the past few weeks with increasing physical & mental weakness. Smiling & fatuous - cannot use a spoon &c & requires to be fed cannot speak: very feeble in muscular tone: Idle & somnolent by day: Face lips tongue & hands all exceedingly tremulous: He has not had a congestive attack lately: though he has had periods of a few hours dulness & refusal of food.
March 26th						Still in bed: There has been some talk of his removal home but the friends have been dissuaded from this course. The physical weakness is progressing. He lies in bed paying no attention to his surroundings and lying curled up. He eats fairly and his cleanly when raised - He is grinding his teeth constantly. The paretic tremor is markedly increasing

→ 892

NAME, Daniel Houstan Walker No

Admitted, 20th April 1900. Pr. Ad.

Sex, Male Age, 53 Marriage, Married Occupation, Iron Merchant

Education, Religion, Protestant

Private or Parish, R.H. Walker (brother) Where from? Govan

147 West Regent Sts Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

N.B. This case must not be discharged unrecovered without sanction from the Proc: Fiscal:

Symptoms. First.

Mental

Bodily

Nothing is known about his family history at present but his personal history seems to be that he became very restless and excited about 6 months previous to his being taken to Gartnavel (1892). He had delusions about his wife fidelity and wanted to raise an action of divorce: He seems then to have wandered up & down Glasgow and in this condition bought a revolver and cartridges and returned home threatening his wife — The next day he also did so when he was in the Stock Exchange & he was arrested by Police & sent to Gartnavel.

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Not

Dangerous Not (see note below)

Duration of Existing Attack

Other Facts or Remarks

He blames a German & an intimate friend of the family for this infidelity. He states he once saw him at night come out of the bathroom after having been in his wife's bedroom. This was evidently due to the delusions of suspicion. Was sent to Govan Parochial Asylum 4 months ago — the reason why is doubtful)

Facts of Medical Certificates

Dr W.R. Watson: He was transferred to me from Gartnavel at the instance of P.F. (sent in 1892) when he had delusions about his wife's infidelity. Has written a number of erotic letters & made to [illegible] self [illegible]

Warrant 29 Oct 1892 —

NB. Committed as a Dangerous Lunatic S15 of 25 & 26 Vc 54 not to be discharged unrecovered without P.F. [illegible]

NAME, Daniel Houston Walker

STATE ON transfer

Mental.

Exaltation slight: pleased with himself &c

Depression ✓

Excitement ✓

Enfeeblement marked, increased lower,

Memory Fair

Coherence Yes — Can answer questions? Yes —

Delusions His wife is unfaithful etc as before —

Other Abnormalities erotic

Bodily.

Appearance well nourished, middle aged man

Skin clear Hair Dark to gray

Eyes Blue Pupils moderate equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K.J. diminished Special Senses ✓

Retina ✓

Lungs Chest well formed: breath sounds normal

Heart sounds clear

Tongue clear Bowels —

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Fair

Urine healthy 1026 Acid

Menstruation —

Pulse 80 regular good tone Temp. ✓

Height 5 ft 7 Weight 140 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, Daniel Houston Walker

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21st April 1900:—						A case of delusions of suspicion with mental exaltation. He is in good bodily health. Mentally he is very pleased with himself, says he is a clever, far seeing man and tells you episodes of a silly trifling character to support this idea. He is very enfabled pleased to be here, not anxious to be away. He thinks his wife has been unfaithful to him and writes to a gentleman patient (Miss Julia Caine) sending her amorous and somewhat erotic verses embellished with sketches in insane colourings &c of herself in checked blue & red skirts etc. He eats well & sleeps well and has shewn no impulse.
24th Ap:						Is very enfeebled and will readily give a full account of his life and states his delusions during this fruit. He believes his wife was unfaithful but denies having threatened her with the revolver. He also explains that with regard to Miss Caine that she is an inmate at Gartnavel but if he gets a divorce from his wife he will easily get her out & marry her. He is silly and weak minded. Works none but reads & plays dominoes.
8th May						No change: Quiet: Sleeping well and eating well.
June 9th						In good health: Enfabled content with the company of dements, easily managed silly in talk about his own ability to manage affairs. Firmly convinced that he will have no difficulty in getting a divorce and in getting Miss C. as his wife &c Eats well sleeps quietly
July 31st 1900:—						No change, quiet and thoroughly settled down here: He writes frequently to Miss C on scraps of paper

NAME, Daniel Houston Walker.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						quoting silly pieces of love & hymns which he also alters to suit his special circumstances – erotic and very easily drawn on his suspicions and ideas – The grandiose enfeeblement has probably made the impulsiveness quite passed off and he is very easily guided.
January 7th 1901:-						No change: A quiet lazy dement erotic and idle: He still writes & also transcribes poetry to his lady in Gartnavel – This is as a rule most sexual in its import & he always advises her to cheer up & he will divorce the other one & marry her: He is easily managed little energy & no ambitions of any sort: sleeps & eats well & is generally contented & pleasant. Note ——— The Parish Council recently had a Court of Session action against his marriage trustees for recovery of certain outlay on behalf of Mr Walker: His wife has been drawing a sum of money from his estate for her maintainance of out £200 it was stated: the court decided that under the marriage settlements this could not be touched by the Parish authorities not used for his maintenance in any way –
March 20th 1901						No change: in good bodily health He is very easily managed and sleeps & eats excellently. He is still delusional and vows vengeance on all & sundry about the placing of himself in an asylum. He writes most erotic poems at times.
July 18th						No change: In first class health. Mentally he is inactive & lazy and reads most of the days.

→ 833

NAME, John Arthur No

Admitted, 23rd April 1900 Pr. Ad.

Sex, Male Age, 69 Marriage, Single Occupation, Joiner

Education, ✓ Religion, Protestant

Private or Pauper, H. M. Blair SSS. Where from? Smithston

Curator bonis — Greenock.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered History—Insanity Brother also.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Not

Dangerous Not

Duration of Existing Attack Date of Warrant — 16th Jany 1899.

Other Facts or Remarks

No history has been obtained about this patient: he has lately come into a small sum of money and it is this which is now being expended for his benefit and the cause of his coming here —

Facts of Medical Certificates

Dr Wallace — dull & taciturn & indisposed to move off his seat.

Has cardiac disease.

NAME, John Arthur

STATE ON transfer:

Mental.

Exaltation —

Depression Slight in look and manner

Excitement —

Enfeeblement very marked: takes no interest in surroundings will not talk re

Memory Cannot be tested

Coherence ✓ Can answer questions? Some simple

Delusions —

Other Abnormalities Is said to be requiring attention for cleanliness.

Bodily.

Appearance A feeble old man

Skin moist clean Hair Gray

Eyes - Pupils small equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory -

Reflex Action K.J. absent Special Senses ✓

Retina ✓

Lungs Chest well formed: Breath sounds healthy on percussion & auscultation.

Heart irregular in action in time and force – systolic ~~murmur~~ in all districts

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. There is a diffuse bruise on the left hip

Appetite Fair

Urine ✓

Menstruation ✓

Pulse 90 irregular, low tension Temp. ✓

Height 5ft 6 Weight 105 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.

515

NAME, John Arthur

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24th April 1900:-						A quiet very demented old patient: He has a slight look + expression of depression. He is very slow in movements and requires assistance to dress & attend to himself &c He pays no attention to his appearance or to cleanliness. May answer a question in monosyllables. He never moves from seat. He requires attention at nights and & he sleeps only moderately: Eats fairly.
27th Apr:						No change: He is kept in the 2nd Div: and takes no interest in any of his surroundings.
May 4th 1900:-						He occasionally wet at nights in spite of training &c. He sleeps badly as a rule.
May 12th						No change in any way mentally. He is improving in appearance, more alert and easily kept cleanly. He is constantly being looked after and as a result is now cleanly: He sleeps fairly + eats also well.
May 28th						He has been quiet, very docile and easily managed, has given no trouble never annoys himself nor occupies his time in any way: taciturn but always answers correctly in monosyllables.
June 16th						Constant attention has kept him cleanly and he is brighter and more sensible in every way: He has been easily guided + given no trouble a very quiet and unobtrusive old man.
July 31st 1900:						More alert - may now venture abroad - easily managed - cleanly - The look of depression has also passed off. He has been also in good health + out to sit outside each day.

NAME. John Arthur.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 16th						He is again more feeble looking and the breathing is more shallow & obstructed than formerly. There is always now a degree chronic bronchitis present
Oct 17th 1900						Arthur died today somewhat suddenly at last

DIED.

517

NAME, John McGregor No

Admitted, 24th April 1900 Pr. Ad.

Sex, Male Age, 19 Marriage, Single Occupation, F. S.

Education, ✓ Religion, Protestant

Private or Pauper, Hutton Roorie Where from? burnstone Cottage.

HISTORY.

Causation.

Disposition Excitable, active, cheery

Habits Good worker

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity Mother insane -

Other Diseases

Predisposing N.P.

Exciting His mother had an attack of puerperal insanity when he was born and was treated in the C.A.I.: McG. has been working at a farm at Annan and was quiet & contented there up to about 10 days ago when he came home saying that he had "a fine clear skin but the others had given him some disease &c" This was accompanied by much restlessness sleeplessness and noise at nights and he gradually became very threatening and obscene.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 2 or 3 weeks

Other Facts or Remarks

Some weeks ago was treated at Carlisle for pleurisy & tapped - This may have been a contributing cause.

Facts of Medical Certificates

Dr Irving: excited & nervous - always talking about disease & troubles he has got from other people & what he will do to them &c

it unmanageable at home

Dr Clarke. Restless - unable sleep for 2 nights -

NAME, John McGregor

STATE ON admission

Mental.

Exaltation: Marked: Do so strong as to kill any one at a blow a grand worker &c.

Depression: -

Excitement: Restless. Spitting, shouting singing talking.

Enfeeblement: Considerable

Memory: Fair

Coherence: at times incoh: Can answer questions? Yes

Delusions: He thinks he has got a clear conscience from some of the other farm servants &c

Other Abnormalities:

Bodily.

Appearance: Fairly nourished fresh looking boy.

Skin: clean moist natural Hair: Fair

Eyes: Blue Pupils: large equal react

Muscularity: Fair Fatness: Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action: R.j. brisk Special Senses ✓

Retina ✓

Lungs: Chest well formed — expn is prolonged at right apex there is dulness on percussion + diminished breath sounds at [left base posteriorly - thickened pleura

Heart: sounds clear

Tongue: clean Bowels: regular.

Other Organs, Abnormalities, Bruises, &c.: The hearing is fine + downy.

Appetite: Fair

Urine: is healthy

Menstruation: -

Pulse: 84 regular good vol Temp. -

Height: 5ft 1½ Weight: 8st 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.

519

NAME, John McGregor

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25th April 1900:—						A young adolescent in fair state of bodily health. He is in a fairly acute mania. He is very talkative whistling, singing, threatening to fight and never quiet. He is grandiose and exalted in talk. Says that the other servants called him "Dolly" while he was "working round them". He slept fairly but refuses to take his food among "a queer daft folk".
26th Apl:						Slept well and is eating well. He is much as on admission: Says he got a stiff turtle at Carlisle & that you can see it coming out on him (a delusion). Still very pleased with himself and unable to settle. Bowels regular.
27th Apl:						More settled; but still noisy and chattering and inclined to set up the others. Sleeps well. eats well.
28th Apl:						To be sent out to work: He has been very talkative but has shown no irritability or impulse & has been doing a little bowling. He is quiet at nights &c.
30th Apl:						Still excited and somewhat restless, talkative and excited. He does not obtrude the old delusions regarding his skin &c. Has been sent to Farm Annexe to work on Farm.
						FARM ANNEXE. (page 180)
July 14th						Discharged to day RECOVERED.

NAME. John McGregor

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

NAME, Thomas M. McCrae No

Admitted, 1st May 1900 Pr. Ad.

Sex, Male Age, 47 Marriage, Single Occupation, Lawyer

Education, ✓ Religion, Protestant

Private or Pauper, Bro-in-law Where from? Lauriston Edin.

R.D. Ballantine - Whitehorn

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing ✓

Exciting Alcohol.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 4 months.

Other Facts or Remarks

Facts of Medical Certificates

Dr Proudfoot: States he is accused of murdering two children one of which came down the chimney. He is under arrest & watched.

" is about to be hanged.

Dr Thomson - people conspiring against him - accused of murder - confined.

NAME. Thomas M. McCrae

STATE ON admission.

Mental.

Exaltation —

Depression Considerable. said he might better be dead than here

Excitement Slight-

Enfeeblement Marked: emotional: no loss of memory as

Memory Poor for recent events especially

Coherence Sometimes. Can answer questions? Some simple.

Delusions Thinks that people conspire against him charging him with murder &c

Other Abnormalities Hears voices.

Bodily.

Appearance Flushed, flabby looking man

Skin Clear Hair Hair gray

Eyes suffused Pupils large equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* He gait is paretic and ataxic

Sensory He has peripheral neuritis.

Reflex Action K. J. absent Special Senses —

Retina —

Lungs The chest is well formed and the auscultation and percussion is healthy

Heart Sounds are clear 1st sharp: There is slight irregularity.

Tongue Furred Bowels —

Other Organs, Abnormalities, Bruises, &c. There are no bruises

Appetite Fair

Urine 1010 Acid - Faint trace of albumen

Menstruation —

Pulse 84 irregular in time Temp. —

Height 5 ft 9 Weight 9 st 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, Thomas M. McCrae

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
May 2nd 1900						A case of alcoholic Insanity. He is depressed and thinks that he has been ruined by being brought here, weeps in an aimless way without cause. He is somewhat irritable and is apt to be suspicious. Asked today how he spelt his name he said Macrae then McRae then McCrae. It was difficult to say why he did so His memory is undoubtedly bad but he probably was suspicious & refusing to give any information
May 3rd						Today he has been more restless. He thinks he is being accused of murder. Hears voices constantly calling to him and threatening him and goes to the different doors to find out where they are. He is more irritable also under restraint
May 4th						Today on making a second physical exam he became very excited & would not allow it until he had argued about "authority" and about the legal results of this &c. He is very restless and the voices are constantly talking to him. He has been sleeping fairly well: he has also a fair appetite: No treatment.
May 8th						Constantly walking over to look out at the door at the people whose voices he hears - irritable & impulsive when prevented doing so - Still convinced he is accused of murder &c.
May 12th						More settled but every now & again jumps up to see the people who are calling to him & very excited when they do so: He sleeps fairly & takes his food well - He is easily managed as a rule & a little tact keeps him quiet -

NAME. Thomas M. McCrae

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
May 20th						The gait has not improved but the pain has passed away to a large extent from calf muscles — He eats well & sleeps well. He still has the delusion that he is accused of murder & hears the voices telling him so and upbraiding him.
June 12th						More quiet and settled and now able to read his papers — sensible in talk & pleasant in conversation. Memory enfeebled does not know where he is & is easily guided.
July 3rd						No change physically; the gait is still paretic: He sleeps fairly. He is easily managed but still has turns during which he is very restless and excited owing to the voices.
July 31st 1900:—						Very enfeebled — memory poor for recent events especially — sometimes irritable and breathing out revenge & damages against — us for detention. He still hears the voices and becomes excited & restless moving uneasily up & down to discover their source. He sleeps fairly and he is quiet when outside — Eats well.
Sept 26th 1900						More quiet and enfeebled: He is easily managed now: Still has very marked hallucinations of sight & also hearing. Each night he talks for some time before going off to sleep to these voices: Eats well.
January 7th 1901						In fair health: more active & steady on his legs: memory very poor: Has little energy. walks out each day with squad: Has little idea where he is: Speaks pleasantly. Says he has now no delusions. He still hears the voices in the evening especially & replies to them

→ 845

NAME, James Cain No

Admitted, 5th May 1900 Pr. Ad.

Sex, Male Age, 26 Marriage, Single Occupation, F. S.

Education, ✓ Religion, Protestant

Private or Pauper, Kirkcolm Parish Where from? Cairnbrock Mrs C (mother

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental No personal family history could be got. About a week ago became strange confused restless and excited – stated he had been given charge of a horse & would need to look after it & so on – was irritable when he was corrected & threatened his mother.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 3 days.

Other Facts or Remarks

Facts of Medical Certificates

Dr Harper Dull & depressed – excited at times – has been instructed with the care of an entire horse –

ii dull for a month

Dr. Anderson – dull & vacant & charge of an entire horse.

& impatient of rebuke

NAME, James Cain

STATE ON admission

Mental.

Exaltation — I overywell and strong - fit to look after any horse + so on

Depression ✓

Excitement resisted and was very excited and fought.

Enfeeblement marked

Memory Fair

Coherence Somewhat incoherent Can answer questions? Yes

Delusions — Has been given charge of an entire horse —

Other Abnormalities

Bodily.

Appearance Fairly nourished.

Skin clean moist Hair Fair.

Eyes ✓ Pupils large equal react.

Muscularity Good Fatness Fair.

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K.J. increased Special Senses ✓

Retina ✓

Lungs The chest is flattened, below clavicles. The percussion note is good. There is interruption of breathing of prolongation at apices

Heart Both sounds clear

Tongue ✓ Bowels ✓

Other Organs, Abnormalities, Bruises, &c. No bruises.

Appetite Fair

Urine 1021 Acid no albumin

Menstruation ✓

Pulse 80 regular good Temp. ✓

Height 5ft 9½ Weight 9 st 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, James Cain.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6th May:-						Quiet, silly, vacant looking country lad. The grandiose ideas are affecting his manner and he is exalted and pleased in his conversation &c. Slept well.
7th May:-						Has been given a purge and this has improved him - He eats well. Still has the delusion - will not work, is offhand careless in manner &c.
9th May						Today has hypochondriacal notions regarding his head, he has pains indefinite and passing. These are due probably to self abuse - Quiet and mildly depressed today -
11th May						Has other hypochondriacal ideas - His water is not right, his legs are sore his stomach pained & so on - He is very silly confused vacant and mildly depressed - He sleeps fairly.
16th May						Has been sent out to work and has been doing well. Eats well.
21st May						Has had a very restless & excited night owing to his stomach being out of order as he has been poisoned by the food here - He was very talkative silly incoherent & inconsequent when seen in the morning.
31st May						His ideas are very changeable and are now all devoted to hypochondriacal subjects - His stomach is the chief one & though he has been given purgatives and alterations &c these do no good - He sleeps well.
11th June						Again working outside: silly and childish in his ideas. every day or two has some notion about his stomach being out of order - Generally reasif man raged a foolish vacant looking gauky man.
8th July:						No change: not improving & still markedly delusional.

NAME, James Cain.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Augt 1st 1900:-						Restless and uneasy & always ready to begin a story of his ailments. He is healthy and fresh looking. He complains occasionally of headache.
Nov 28th 1900						Sent to day to FARM ANNEXE.

NAME, James Reid No

Admitted, 6th May 1900 Pr. Ad.

Sex, Male Age, 63 Marriage, Married Occupation, Trapper

Education, ✓ Religion, Protestant

Private or Pauper, Kirkbean Where from? Southsouen Kirkbean

HISTORY.

Causation.

Disposition Sociable, cheery, pleasant

Habits Hardworking

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity Father & nephew insane

Other Diseases

Predisposing A.P.

Exciting

Symptoms. First.

Mental Became sleepless 10 days ago and has practically not slept since — He then became very restless and uneasy, had hallucinations of sight and hearing and sang & was very noisy at night — Then threatened his wife & others in the house

Bodily

Recent.

Mental

Bodily Had delusions regarding the war that he had a mission to set things right.

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack Seven days

Other Facts or Remarks

Facts of Medical Certificates

Dr Cameron: Hallucination of sight & hearing incoherent talk violence towards his wife & family smashing

" as above

Dr Thomson: Has delusions regarding the war

Dr at Falls Bay on a mission

NAME. James Reid

STATE ON admission –

Mental.

Exaltation slight – laughed + chatted freely –

Depression –

Excitement marked, restless, unbusy, singing

Enfeeblement considerable, has no idea of time or place

Memory Cannot be tested –

Coherence very incoherent Can answer questions? Yes some simple –

Delusions Many flitting –

Other Abnormalities

Bodily.

Appearance Stoutly built, florid man

Skin sunburnt, clean Hair Gray

Eyes very suffused + blood shot Pupils Moderate, Equal, sluggish.

Muscularity Good Fatness Good

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K.J. present Special Senses ✓

Retina ✓

Lungs The chest is large and well formed, note good, there is slight bronchitis [there is an occasional rhonchi murmur

Heart area increased slightly – sounds irregular in time + force

Tongue clear Bowels regular

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Poor

Urine 1032 ♀ faintly acid, no albumen

Menstruation ✓

Pulse 88 irregular T + 1 Temp. ✓

Height 5 ft 4 Weight 10 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, James Reid

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7th May 1900 :-						He was very excited and restless last night slept none and was noisy, talkative, singing, incoherent.
	98.8		94			He sat up in bed and drummed the clothes in front of him smashing the animals he saw. Still restless this morning acute hallucinations of sight & hearing. Has taken the food given him.
8th May 1900 :-						Still acutely restless and requiring an attendant constantly with him. He is singing, dances up & down in bed and makes the whole room shake with his antics — His sleeping is still very deficient but his bodily functions are good — The urine healthy are the bowels moving well.
9th May :						Slept by snatches last night and he is looking better today : The eyes
	97.6		88			clearer : very rambling still & watching the animals on his bed He is still very restless and excited but not so inconsequent in action & his whole motions are becoming more co-ordinate. He lats well.
10th May						Talkative, incoherent, but can now be got to answer a direct question very energetic in bed and always on the move — Pulse improving 84.
14th May						Has been sleeping better and is now more quiet & settled. Silly confused cannot yet give a coherent account of his doings but gradually coming round.
18th May :						Quiet and pleasant. Was up today : Sleeps well, lats well Confused, shakey on his legs and very readily loses his whereabouts in a conversation.
21st May						Through 6th Division : Quiet pleasant & more rational

NAME. James Reid -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27th May						Quiet pleasant and now working well at the "boots" and other house work
5th June						Has been got out to work in the garden squad he is quiet and easily managed mildly confabled and still readily confused - Has been sent through to 3rd Division.
8th June						Has now gradually regained his mental vigour and is a pleasant chatty and fairly intelligent man within his own sphere of life. He is easily pleased - His sons are very pleased with him & say he's back to his usual.
July 4th						Was sent home today

RECOVERED.

NAME, Robert Watson No

Admitted, 7th May 1900 Pr. Ad.

Sex, Male Age, 81 Marriage, Married Occupation, Sea Capt.

Education, Religion,

Private or Pauper, Where from? Rothesay

Mrs Glen - U.P. Church Manse - Beith.

HISTORY.

Causation.

Disposition Sociable - Quarrelsome exacting

Habits Active: mildly alcoholic

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting senility!

Symptoms. First.

Mental Retired many years ago and has now through his money - quarrelled with his relatives and has been at many lodgings & always become troublesome & had to leave - He has been depressed for about a year & the delusions of poison in his food has only lately come on -

Bodily

Recent.

Mental

Bodily This idea led to a final quarrel with his landlady and he had to leave -

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack About a year

Other Facts or Remarks

Note:- There was some difficulty about getting a letter of agreement in this case Mrs Glen repudiating any liability &c.

Facts of Medical Certificates

Dr Lawson: all his friends turned against him.
poison in his food - Thought of taking his life.
" gets into prevention.

Dr Hall: Food poisoned for years : Hair steaped in poison
&c &c

NAME. Robert Watson

STATE ON admission

Mental.

Exaltation ✓

Depression marked - wants to die - moaning and nervous

Excitement slight, restless may think he is about to be killed

Enfeeblement marked -

Memory very poor

Coherence Yes Can answer questions? Yes

Delusions - all his friends are deserting him and he is to be killed -

Other Abnormalities

Bodily.

Appearance A very frail old man, anaemic, emaciated.

Skin sallow, jaundiced Hair white

Eyes ✓ Pupils small equal -

Muscularity Fair Fatness Poor

Nervous System - *Motor* ✓

Sensory ✓

Reflex Action K.J. absent Special Senses ✓

Retina ✓

Lungs Chest is well formed, percussion note resonant there is slight oedema at bases

Heart sounds are slightly irregular - 1st is distinct + distant

Tongue furred - cracked Bowels regular [2nd relatively accentuated

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Fair

Urine 1018 acid - trace of albumen

Menstruation ✓

Pulse 92 medium - low T Temp. -

Height 5ft 7 Weight 8st 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, Robert Watson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8th May:-						Slept fairly: took his food very depressed & miserable - He has many delusions, he is deserted by all, he is going to be killed, he is being poisoned - The pulse has improved today.
9th May:-						Has been got up and is sitting in the day room whining & querulous and complaining. He is very depressed and endeavour in a vacant confused way at home to be something round his neck.
16th May	98.		88			Has refused all food except milk today as he has been poisoned. He is again put back to bed - He is mildly jaundiced, sick after food & has a degree pain. No change mentally.
12th May			84			Pulse slower & tension increased. He sleeps well but is excited & restless when awake - He has been put on milk diet & given a Sodii Bicarb Vitrioli & Gentian Mixture. The bowels require attention as they tend to become constipated. Depressed & very delusional. Irritable at time and "fights" against taking any nourishment
14th May			90			No change mentally physically he is still complaining of abdominal pain - There is no tumour to be detected liver is increased in vertical dulness 0 inches - edge cannot be felt - There is also a resistance in the epigastrium.
17th May						Easier again and able to scrap & never speaks of his friends & will give no information regarding them. Sleeps little at present

NAME. Robert Watson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2nd May						Mentally depressed, dull, very difficult to please, exacting: has delusions that he is being poisoned. That he is about to be killed & we should do it at once &c &c. Physically: The symptoms of jaundice are increasing conjunctivae, gums & skin are all dark lemon — Urine almost black and the faeces are light in colour — There is probably a cancerous condition of the head of the pancreas
3rd June						Had a hæmorrhage from the stomach today and he has run down very rapidly - pulse 108 full low tension - Temp 100.8° Melæna in the evening very foul smelling. Dull confused and much enfeebled.
4th June 1900		100.8		108		Died today of exhaustion following cancer

DIED.

NAME, Robert Kelly No

Admitted, 12th May 1900 Pr. Ad.

Sex, Male Age, 52 Marriage, Single Occupation, None

Education, ✓ Religion, Protestant

Private or Pauper, Kelton Parish Where from? Cotton Street Cashe Dorph

Jam: Rigg Insp

Brother. Mr. James Kelly

~~378 Poulton Road. Seacombe~~

97 Buchanan Road. Liscard Cheshire 14/2/14 & 15/2/15.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting (attack of scalet fever some years ago?)

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

Dr Fletcher: Eyes shifting from place to place - wanted to be alone - Hesitating manner.
ii queer for some years past: violent & threatening to injure others - refuses food for days -

Dr Hector when addressed gazes at roof - declines to answer &c &c
attacked a sister.

NAME, Robert Kelly

STATE ON admission

Mental.

Exaltation ✓

Depression ✓

Excitement Considerable, uneasy, restless, constantly plaining round him

Enfeeblement marked will not pay attention to any remark, silly vacant expression

Memory Poor

Coherence incoherent at times. Can answer questions? Some simple

Delusions ✓

Other Abnormalities Has hallucinations of sight.

Bodily.

Appearance A middle aged fairly nourished man.

Skin Clean Hair Gray Brown

Eyes ✓ Pupils Small equal react.

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K.J. increased Special Senses ✓

Retina ✓

Lungs Chest well formed: percussion note heightened in pitch - no alteration in auscultation.

Heart 1st, reduplicated with occasional systolic 2nd short

Tongue ✓ Bowels ✓

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Fair

Urine 1018 Acid No albumen

Menstruation ✓

Pulse 80 regular low tension Temp. ✓

Height 5ft 5 Weight 9 st 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, Robert Kelly –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16th May 1900:–						A case of enfablement with hallucinations of sight – He is in fair health – Will rarely speak, gazes stupidly about and always on the move, rarely sits down – He has expressed no delusions.
20th May:						Sleeps fairly and eats fairly – No change: Silly, vacant, confused will not answer questions but occasionally ventures an inane remark. Does not work and soon puts down the polisher when he is made to work.
30th May						He has continued as above His memory so far as can be tested is poor: He has no ecology: no initiative never reads nor amuses himself gazes at the roof & all round about him without focussing anything in particular – idle and giving no assistance in any way
16th June						No change: Quiet docile and biddable but never doing anything on his own account. He sleeps fairly: occasionally asks away and talks then very incoherently stupidly and very confusedly. He eats well and is as while changing
June 30th						Is in 3rd Div: Sleeps well: keeps very much to himself and never speaks to the other patients – a silly vacant confused man He looks more like an imbecile than anything else
Augt 3rd 1900:–						In 3rd Division. Rarely speaks unless to ask away. Never occupies himself – Eats fairly: Slow in all his movements: Still gazing all round him.
Oct 18th						He is now much more settled & he works quietly & pleasantly each evening dusting &c

NAME, Robert Kelly —

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
January 7th 1901 :-						He is in good health at present: He works away now steadily for some time each day shaking mats brushing boots etc: He is more active & more talkative: answers correctly when spoken to and rationally. There is still considerable enfeeblement as low hesitancy in manner &c. He sleeps & eats well.
March 26th 1901						In fair health: He is now doing a good deal of housework. He is a quiet very inoffensive and harmless man who is evidently contented to remain here. He is an easy going but steady worker.
July 10th						Still occasionally hears voices and he has a shy and hesitating manner when spoken to. Apart from this he is a very pleasant quiet patient.
Oct 30th						An unobtrusive and quiet patient. He works in 5th Division boot room.
January 6th 1902						He is still working away quietly in the house. He gives no trouble and never ventures a remark unless when spoken to. He is easily managed. Still gazes round him enquiringly as if he heard voices or saw something but he answers all questions rationally.
March 30th 1902						He has at present an attack of herpes affecting the course of the superficial cervical nerves on the left side of neck all the skin over the posterior triangle being in small blebs.
1903 July 10th						Continues a quiet unobtrusive case of dementia in 3rd Div. does a little work & keeps in fair health.
1904 March 1st						No change mentally. In fair health.
1902. Nov. 30.						This is a patient - in the 3rd. Div. He is in fair health & is quiet & gives no trouble.
1907. Nov. 17.						Kelly's mental condition remains unchanged. He is rather easily worried by trifling illnesses, but is at present in fair health. suffers from slight oedema of the feet occasionally.

See p. 988

NAME, Nathan Major No

Admitted, 26th May 1900 Pr. Ad.

Sex, Male Age, 89 Marriage, Married Occupation, Carrier

Education, ✓ Religion, Protestant

Private or Pauper, Wm Dornan Where from? 1 Copeland Street Dalbeattie

Father in law

HISTORY.

Causation.

Disposition Quiet, pleasant,

Habits active hard working

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Major was the carrier from Dumfries to Dalbeattie for over 40 years: he retired some years ago & went to live with a sur-in-law. He was easily managed & docile at home up to about 6 months ago when he became inclined to get out of bed at night, to wander about house &c and also to require attention to keep him cleanly. A few days ago he stated that he wished to be away from it all and attempted it is said to cut his throat. He was then certified & sent in here.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack 6 months.

Other Facts or Remarks

Facts of Medical Certificates

Dr Anderson: everything done to annoy him: not allowed to lie in bed:

" unmanageable - dirty in habits - cut his throat.

Dr Gillespie. as above

Thinks every one maltreats him

Frequently state he will make an end of himself

NAME, Nathan Major

STATE ON admission

Mental.

Exaltation ✓

Depression slight mild

Excitement none

Enfeeblement marked - has no idea where he is, not the day &c

Memory Poor

Coherence slightly rambling Can answer questions? Some

Delusions

Other Abnormalities Said to be dirty in his habits.

Bodily.

Appearance He is a frail old man

Skin wrinkled - sallow Hair Gray

Eyes ✓ Pupils small equal react

Muscularity Poor Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina

Lungs Chest fairly formed - he has chronic bronchitis

Heart sounds distant and irregular in time & force

Tongue clean Bowels ✓

Other Organs, Abnormalities, Bruises, &c. Not over clearly in body
The beard had to be cut & also the pubic hair
for pediculosis. : Slight abrasion on right side
[of neck said to be due to suicidal impulse

Appetite Fair

Urine health

Menstruation ✓

Pulse 90 very irregular Temp.

Height 5 ft Weight 78 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, Nathan Major

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27th May 1900						A quiet decent old man who is somewhat lachrymose - He still has one or two guests which are being got rid of by sulphur ointment: He is up & moving about the day room - requires a little attention occasionally.
28th May :-						Has been very easily managed and he has given no trouble since became here - sits in a quiet inoffensive way all day in his chair and asks when he requires attention. Infatled with little memory - no idea where he is and as a rule paying no heed to anyone -
30th May :-						Quiet has shewn no restlessness since admission and he has been easily guided & controlled. Lachrymose and emotional but not markedly so for one of his age.
June 2nd						D-R. has refused to certify him in his 14 day return saying that his condition is more or less due to senility -
June 4th						His son has been written to, to have him removed and he has arranged to come for him
June 9th						Discharged to day as

RECOVERED.

Note:- The G.B.L. evidently wrote the son-in-law on the strength of the 3 day return as he wrote a letter to us, demanding what charges we had brought against him & why, if we were dis-satisfied, we recommended a return of major to his care — he was referred to the G.B.L.

NAME. Nathan Major

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

NAME, Peter O' Neil No

Admitted, 28th May 1900 Pr. Ad.

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

Education, ✓ Religion, Roman Catholic

Private or Pauper, John O'Neill Where from?

Greencroft Wynd Annan

HISTORY.

Causation.

Disposition Quiet, reserved

Habits active

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental About a year ago when working at Terregles House he got a fright - The white figure of a

Bodily man spoke to him - when rattling at night. This was a delusion, then he became unsettled

Recent.

Mental restless and excitable very few days - He has lately become impulsive and

Bodily striking those living with him.

Insane Habits and Propensities

Suicidal No

Dangerous Doubtful

Duration of Existing Attack One year

Other Facts or Remarks

Facts of Medical Certificates

D- Sheehan: That he is in heaven - gets to heaven by ladders of smoke. Once threatened violence it' violent to his sister & strangers.

D- Macdonald. Manner excited, talk incoherent. Says he must go to Wheel to rise to heaven.

&c &c

NAME, Peter O'Neil

STATE ON Admission

Mental.

Exaltation – considerable – he is cheery – smiling &c

Depression ✓

Excitement slight

Enfeeblement marked –

Memory Fair

Coherence At times incoherent Can answer questions Yes

Delusions – Sees figures – Fancies he is spoken to by voices from Heaven

Other Abnormalities

Bodily.

Appearance A stout well nourished man

Skin clean Hair Dark

Eyes Blue Pupils Moderate equal react

Muscularity Good Fatness Good

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K. present Special Senses ✓

Retina ✓

Lungs Chest well formed and breath sounds healthy

Heart Sounds clear + good.

Tongue clean Bowels ✓

Other Organs, Abnormalities, Bruises, &c. No Bruises

Appetite Good

Urine 1018 Acid – no albumen

Menstruation

Pulse 86 Good vol Temp. –

Height 5ft 4 Weight 9 st 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, Peter O'Neil

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29th May:-						In good health. Mentally he is exalted and elated - happy cheery and chatty - He has many ideas at present - Is in heaven Sees visions and hears voices talking to him - He tells these without in any way shewing any excitement: Eats well Sleeps well.
31st May:-						Gradually becoming more reticent and reserved about his ideas will not speak regarding them and smiles foolishly when they are mentioned - Has started to do a little house work -
3rd June						No change quiet easily managed & pleasant - will not own to any of the above ideas passing them off with a smile - Has been put on a simple stomachic powder: Eats well.
5th June						Working well in the house doing up the pipes & so on - Giving no trouble - He is active at present - Will not own to any delusions -
20th June						Has been got out to work but does not do much and he is very sorry for himself when he comes in. Still will not speak of his ideas.
26th June						Has blistered his feet and has come in from works
July 2nd						Again smiling confusedly as on admission and talking in the same quiet way about his delusions He is in Hell but will rise to Heaven - Sees pillars of smoke Hears voices &c. Easily drawn on the subject at present and seems to be in a moderate degree of ecstasy - Pupils wide equal & react.

NAME. Peter O'Neil.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6th July						Has again got over this time and he is quiet and pleasant and laughing at it: Gives no idea of his fulminations and is inclined to deny them.
10th July						In good health but very lazy and he has shewn no intention of returning to the work here content to read & smoke.
16th July						No change quiet and easily guided pleasant and talkative but he cannot be depended on his delusions.
12th July						Again as on admission and hearing their voices - He has shewn no impulsiveness and is quiet smiling confused at times and rather vacant looking during them.
29th July :- 31st July						Again quiet and pleasant has taken out by his friends who had promised to do so he will do well only till his next time - He has shewn no impulse when here but might do so at any minute if irritated when outside.

TO CARE OF FRIENDS

NAME, Thomas Johnston No

Admitted, 2nd June 1900 Pr. Ad.

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

Education, ✓ Religion, Protestant

Private or Pauper, Canonbie Where from? The Forge

A.H. Burns Insp:

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 Two months

Other Facts or Remarks

Facts of Medical Certificates

Dr Anderson :- Anxious & frightened expression - He imagine he has been slandered by his neighbours - Afraid to go out lest he be taken to jail.

ii wanders during the night

Dr Mason :- worn expression, wanders restlessly about moaning - dare not go out

ii :- Sleeps very little wanders about all night hardly his life ended

NAME. Thomas Johnston

STATE ON admission

Mental.

Exaltation ✓

Depression marked in expression, talk etc

Excitement slight, agitated,

Enfeeblement slight

Memory Good

Coherence Yes Can answer questions? Yes

Delusions has a dread of impending evil and he think. he is sure to be killed.

Other Abnormalities

Bodily.

Appearance Stout well made

Skin clean Hair Gray

Eyes ✓ Pupils Small, equal, react

Muscularity Good Fatness Good

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action k.j. diminished Special Senses ✓

Retina ✓

Lungs Chest is well formed and breath sounds are normal

Heart Both sounds are booming and loud —

Tongue clean Bowels ✓

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite Fair

Urine 1016 Acid No albumin (two exams)

Menstruation ✓

Pulse 84 per min Tension + Temp. ✓

Height 5/11 Weight 105 ℔.

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 Johnstone

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3rd June:						Has the aspect of a chronic Bright. He is very depressed and agitated today thinks something is going to happen him, that he is to be killed and begs us to save him.
4th June						Sleeping badly: mentally as above Eats fairly: Pulse 80 T+2
5th June						More agitated and uneasy clutches hold of you & begs not to be hurt — Slept 5 hours.
6th June						Has been got up and sent to 1st Div. Very depressed restless uneasy & cannot settle: melancholic low tremulous voice begs to be saved from the doom in store for him.
8th June						Has had slight irregularity of the pulse and the tension is lower. The feet are slightly oedematous. Face suffused & somewhat cyanosed.
10th June			88			Feet more oedematous — diarrhoea has been treated by fast in bed — He is very much agitated and excited and cannot let us pass without our assuring him of his safety — uneasy and he is mildly threatening suicide.
16th June			80			Pulse again improved in tension oedema has passed off legs and the diarrhoea has lessened. He is still very depressed and dull and cannot be got to do any thing to occupy his time.
30 June			84			Up again and in fair health He is more quiet and settled but still very lugubrious and depressed — The feeling of impending disaster is not so marked. He sleeps fairly — He is on the whole easily managed — reads a little but soon tires.

NAME. Thomas Johnstone

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 6	N					In 1st Div: is quiet and not so depressed — He hands are very tremulous and this is increased by any attention is paid to him. He sleeps fairly: eats fairly.
16	N					Still mildly agitated and afraid of some evil: also still doubtful as to whether he is to be killed:
28	N					Doing fairly: urine is in part is amount diarrhoea still present. He is sleeping better: mind depressed but the agitation has passed off.
Sept 18	N	1900				very depressed & confused: Silo with drawn set face as if in pain. Sleeps fairly: Has many delusions He is to be hanged: his soul is lost &c &c: He eats fairly.
Oct 19	N					He is very thin & miserable looking Heart sometimes very irregular in time & force: Pulse feeble & not regular: Sleeps fairly still.
Dec 11	N					Lately he has been complaining of not passing urine well: This has led to his being watched & he passes urine in large quantity at night & in the evening. There is no stoppage of the bladder & not dilated. There is however an enlarged prostate which acts occasionally checking the flow: Eats fairly.
January 7	N	1901:-				In failing health: Many delusions & depressing notions: He has got to die: Someone is coming to kill him: Something is going to happen him: The devil is on the look out for him &c.
March 16	N	1901				Has been in bed for 12 days pale anaemic appearance. He is again picking up in bodily health: Has had a bad herpetic lip & face: He sleeps fairly. Appetite poor very depressed & delusions still

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NAME, William Kane No

Admitted, 7th June 1900 Pr. Ad.

Sex, Male Age, 32 Marriage, Single Occupation, Farm L-

Education, ✓ Religion, Roman Catholic

Private or Pauper, St Mungo Parish Where from? Seafield Annan

J. Paterson Insp

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

Symptoms. First. Mental / Bodily

Nothing is known of his previous history as he is an Irishman and a stranger to the district About 6 months ago he engaged himself as a cattle man to a farmer Mr Irving of Seafield, Annan - He left him without warning with £7 in his pocket about 10 days ago and proceeded to get drunk rapidly running himself into delirium tremens. He wandered about Lockerbie station evidently

Recent. Mental / Bodily

Insane Habits and Propensities

Suicidal ✓

Dangerous ✓

Duration of Existing Attack ?

Other Facts or Remarks

very talkative excited and restless and began to take off his clothes & was certified & brought here He was engaged to Mr Irving as Wm Kelly.

Facts of Medical Certificates

Dr Irving:- answers questions incoherently - refuses food for fear of poison - Cant say which day it is conduct & behaviour are irrational

" Takes off clothes & went into cell naked.

Dr Maclachlan:- Restless & depressed - Infear that he is to be killed. Infear of Hell

" Wandering in roads of St Mungo &c

NAME, William Kane

STATE ON admission.

Mental.

Exaltation very grandiose in speech & manner

Depression ✓

Excitement restless excited and uneasy, talkative whistling &c

Enfeeblement marked –

Memory Cannot be tested but poor for recent events

Coherence Incoherent Can answer questions? Some

Delusions Says he has to be killed –

Other Abnormalities

Bodily.

Appearance A poorly developed man

Skin clean moist Hair dark

Eyes dark bloodshot Pupils moderate equal react

Muscularity Good Fatness Fair

Nervous System—*Motor* Twitchings of the tongue of face muscles & tremulousness of the hands

Sensory no tenderness in calf muscles but gait is somewhat ataxic

Reflex Action Jerks are increased Special Senses ✓

Retina ✓

Lungs Apices flattened – The sounds are roughened

Heart Both clear & good

Tongue tremulous – furred Bowels constipated.

Other Organs, Abnormalities, Bruises, &c. No bruising

Appetite Fair

Urine healthy 1026 acid

Menstruation

Pulse 88 regular low tension Temp. ✓

Height 5 ft 7 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.

NAME, William Kane

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8 June, 1900:—						In good condition this morning and took his food well - The excitement which was present on his admission is passing off and he is not so talkative nor restless today: He slept fairly.
9th June						He has passed into a reactionary depression: he is dull apathetic listless and stupid will not answer questions: Is timid and evidently still afraid he is to be killed - He has been given a "clear-out" by Colonel.
10 June						Sleeping fairly and eating well - The twitching of the face is very marked. The pupils are equal & react well and the speech is good but there is a marked want of expression about the face which is very suggestive of General Paralysis -
12th June						Dull & listless still but beginning to answer questions more freely and to look about him: He has been doing a little polishing.
14th June						Twitchings still marked but he is gradually gaining more expression. He is sleeping well & eating well. Mr Irving has written to him and this is brightening him up.
20th June						Has been got out to work and works actively and well - He has gradually been brightening and appears naturally to be of a dull stupid temperament. Sleeping well & eating well. He has now no delusions.
30th June						On a tonic - Acid Hydroch. & bitter - He sleeps well & eats excellent face still twitches as he speaks he works well and is very anxious to be back to work. He is evidently a pure case of Delirium tremens.

NAME. William Kane

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 9th						His employer has written to say he will take him back if he is discharged: He is quiet active giving no trouble and working excellently outside — He is still twitching a little round angle of mouth.
14th July 1900:—						was today sent home to Peafield as
						RECOVERED
July 31st						We had a letter saying that after working well for about a week he again left the farm & no trace has been found of him.

NAME, Robert Annan Veitch No

Admitted, 4th June 1900 Pr. Ad.

Sex, Male Age, 73 Marriage, Married Occupation, S.S.C.

Education, ✓ Religion, Protestant

Private or Pauper, Dr Veitch – William St Fayport Where from? Warrend & Park Road Edin

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases Dr Veitch's statement

Predisposing "For the last 12 years he has been incapacitated for work and controlled with difficulty. He became irregular and careless in his habits – He incurred debt & on the slightest provocation left home. He went into lodgings in various places but was very troublesome & never long in the same house.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

7 years ago after an alcoholic bout he had a sharp febrile attack followed by paresis of the legs from which he made a slow recovery. Whenever able to move about he resumed his irregular habits and was even more difficult to manage moving here & there with the avowed intention of starting business

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Several Years (5)

He was boarded in numerous places but always restless & troublesome & occasionally

Other Facts or Remarks because the butt of the children in the Sheets Enzylette or interview was the same he had law business in land & was afraid to start business & there was a great unworked field just where he happened to be. He wrote business cards detailing his qualifications in Smithal exaggerated terms & negotiated for Offices. One in Palmerston place £70 rent – whatever money he lays hands on is spent in whiskey –

Facts of Medical Certificates

Dr Spence: – Complete charge: excitable: delusion that he is carrying a legal case to House of Lords opening business agencies. &c.

" violent wandering.

Dr Ross: as above.

10 days ago returned to my mother – but wanders about house at 3 am muttering – excited at breakfast with sheets of notes of the days work. Gets violent when remonstrated with & shakes hands in mother face – threatens to bind them out &c. Pawns clothes – &c."

NAME, Robert Annan Veitch

STATE ON admission —

Mental.

Exaltation considerable, his quite well, very many twice &c.

Depression ✓

Excitement slight says we have got the wrong man &c

Enfeeblement considerable —

Memory Poor

Coherence Yes Can answer questions? Yes

Delusions Many:— He is to get an estate to Hussey Lords which will bring him in £100,000

Other Abnormalities

Bodily.

Appearance A well nourished man.

Skin clean sallow Hair Gray

Eyes ✓ Pupils small equal react

Muscularity Good Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K.J. present Special Senses ✓

Retina ✓

Lungs Chest well formed, and the percussion note is good - occasional rhonchi at bases.

Heart Sounds are slightly irregular in time & force. no murmurs.

Tongue ✓ Bowels ✓

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Fair

Urine healthy 1018 Hird

Menstruation ✓

Pulse 82 slight irregularity Temp. ✓

Height 5 ft 4 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, Robert Annan Veitch

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 June						A chronic case — Memory poor is very readily made confused. He is enfeebled will tell anyone about his case and will give information about it to the greatest demand in the ward — Is at a hydropathic & writes to the House of Lords about the case &c.
16 June						Sleeping well and eating well He has quite settled down and is an easy going enfeebled old man — perky and troublesome only occasionally. He still has this case on hand and writes about it.
22 June						No change: He is very reticent about some parts of his case but tells the main facts freely — He writes about his detention here in marked legal phraseology and threatens to bring an action for damages against us — Memory poor — forgets what letters he sends off &c.
16 July						Quite settled down here — he, at times is mildly uneasy & demands not to go out, not to be bathed &c but a little tact easily managed him.
11th Augt 1900:—						Still a mildly exalted, much enfeebled old man who busies himself daily about his law work and looks forward to the fortune he is to make &c. The House of Lords cannot go against his case & he will get £ 10000.
Nov 8th						Was worrying another patient & was struck on the head & slight scalp wound (I.L.). He is as a rule easily managed: very forgetful & foolish: He has still the idea of the case going to the Lords to make his fortune!!

NAME. Robert Annan Veitch

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
January 7th 1901						He is in good health: pleasant & chatty as a rule: easily guided & put in good humour. He wants down to Dumfries for two reasons 1st to set about the House of Lords Appeal which is to settle £100.000. 2nd to set up an action against Drs R-G- & Spence for illegal detention damages £5000: He is much enfabled: memory very poor —
March 19th 1901						We are all going to "catch it" for keeping him here: contented and pleasant & easy to guide as a rule but argumentative and given to annoying the others occasionally with dire results.
June 16th 1901						He is becoming more vehement in his demands to get away. and is correspondingly troublesome. He is a very pleasant old gentleman when he pleases but every now & again is in a nasty mood and "goes" for the others.
Augt 3rd 1901						Has been sent to
						1ST HOUSE
January 8th 1902						Returned to 11th House for violently assaulting a patient in his gallery at the 1st House.
March 20th 1902						Still demanding his warrant or he will get a blacksmith to knock down the gate. Thinks he has been here only a few weeks and still anxious to carry his appeal to the House of Lords
1903 Jany 10th						No change mentally. Excitable delusional & easily roused. always insisting that he is illegally detained here as there is no warrant for his detention. In indifft health.
1904 March 1st						Much the same mentally. In poor bodily health & obviously failing suffers from lumbago a food deal & spends a few days in bed now & then —

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NAME, Stanley Watters Kerans No

Admitted, 10th June 1900 Pr. Ad.

Sex, Male Age, 20 Marriage, Single Occupation, Bank C

Education, ✓ Religion, Church of England.

Private or Pauper, L. C. Kerans Where from? Bath
Combe Park Bath

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity Mother is at present in C.R.I.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack 14 days.

Other Facts or Remarks

Facts of Medical Certificates

Dr. King: morbid & unhealthy mind. wishes to die saying he has put some photographic chemical ma- & risked people

" Tried to jump through window: tried to cut throat

Dr Collins: as above

: as above.

NAME, Stanley Watters Kevans

STATE ON admission.

Mental.

Exaltation ✓

Depression marked, in look, speech &c

Excitement very agitated wrings his hands - moans - weeps &c

Enfeeblement marked -

Memory Cannot be tested

Coherence Yes. Can answer questions? Simple direct

Delusions Many: thinks he has murdered a man and that we are coming to hang him.

Other Abnormalities ✓

Bodily.

Appearance A thin, poorly developed lad -

Skin Clean moist Hair Dark

Eyes Dark Pupils large, equal, react.

Muscularity Poor Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs The chest is much flattened and the respiratory movements are limited: The expiration is prolonged at both apices though: no crepe.

Heart Sounds clear: no murmurs

Tongue clean Bowels ✓

Other Organs, Abnormalities, Bruises, &c. Slight abrasion on back of right hand

Appetite Fair

Urine 10 26 Acid - trace of Albumin

Menstruation ✓

Pulse 92 regular 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, Stanley Watters Kerans

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12th June						Very anaemic and pale – Mentally very agitated and excited, wrings his hands, tearless weeping. He becomes excited when spoken to clutches at you & begs to be saved from the death he fears &c. Slept badly. Very restless all night.
13 June						Sleepless and excited, restless. Thinks he has murdered a man & must be hanged for it – He thinks on each visit that we have come to execute him – very depressed & impulsive – Eats poorly.
14 June						No change excited restless and requiring considerable force to get him to take nourishment.
15 June						Was fed by the tube today and took his meals afterwards – He thinks his food is poisoned – very agitated and excited.
16th June						Again fed by tube in the morning He took the rest of his meals – Very depressed slept little.
18th June						Requires constant watching both by day & night as he threatens to throw himself out of bed &c. He sleeps badly and still has many delusions – Has poisoned some one – Has murdered a man – Bowels are kept freely open at present
22nd June						Takes his food fairly and has been sent to 1st Division where he is doing fairly: very excited and restless the shouts, clutches you. gets down on his shaves & begs to be saved and soon – Still sleeping badly
26th June						As above very excited. picking his skin & head – depressed & threatening to kill himself. Eats fairly & but sleeps badly.

NAME. Stanley Watters Kirane.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 7th						Not improving: Sleepless excited agitated and always wringing his hands, very talkative moaning & weeping.
16th						Has been put off to bed - extra diet ordered - No change mentally.
- 28th						Put on sulfonal gr x ter in die
- 29						Slept quietly at night but was very excited & agitated by day -
4th Augt.						He has slept well at nights since getting the sulfonal but is still intensely depressed and excited by day: Has all his old delusions. Tears his bed clothes and endeavours to hang himself with strips of the sheets &c.
Sept 8th:						Not improving very noisy & vehement in his statement that he is to be cut up alive: bones broken intestine pulled out &c. He is now certain that he should be circumcised & this would make him better. He was turbulent at times.
Oct 12th						Sleeps well at nights from about 8 P.M. to 4 A.M. - Begins to talk as soon as he is awake & then goes on all day being often aphonic in the evening: This may alternate with a day in which he may say little but go about chewing a piece of paper & wringing his hands & so on. He eats fairly: all the delusions are still very strong & at times he is very excited & raving about them -
January 7th 1901						Bromides control him for a day or two only: Sulfonal has no effect: He sleeps well & eats well: Bowels regular. Many delusions: to be cut up alive &c very excited & restless.

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NAME, Valentine Rammell No

Admitted, 22nd June 1900 Pr. Ad.

Sex, Male Age, 35 Marriage, Single Occupation, Fireman

Education, ✓ Religion, Protestant

Private or Pauper, Dfs Where from? Mrs Rammell [illegible] 2 closes - Dfs

Miles McInnes

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 Possibly

Duration of Existing Attack 2nd June 1900.

Other Facts or Remarks

Threw himself off his engine a few weeks ago with suicidal intent - has much cut about the head & fractured his left collar bone

Facts of Medical Certificates

D Skae: he is morbidly depressed & labours under despondency with suicidal tendency

NAME. Valentine Rammell

STATE ON transfer.

Mental.

Exaltation ✓

Depression marked, in look and expression

Excitement none

Enfeeblement marked, listless, wants energy

Memory Cannot be tested.

Coherence ~ Can answer questions? will not speak

Delusions ✓

Other Abnormalities Gazes stupidly, in a fixed silly way - very confused ✓

Bodily.

Appearance A short thick set man

Skin - Dark - Hair Black

Eyes Dark Pupils large, equal, sluggish

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina

Lungs The chest well formed and the breath sounds clear

Heart & the heart sounds are clear

Tongue ✓ Bowels ✓

Other Organs, Abnormalities, Bruises, &c. He is convalescing from injuries he received in a suicidal attempt - the left collar bone is thickened from united fracture - recent scars on forehead, scalp & skin.

Appetite Good

Urine ✓ healthy ✓

Menstruation ✓

Pulse 78 regular low tension Temp. ✓

Height 5ft 3 Weight 8st 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, Valentine Rammell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
23rd June						In fair bodily health – Mentally he is depressed dull and despondent will not answer questions and sits gazing moodily & fixedly in front of him – He eats well & sleeps also fairly well.
30th June						There has been nothing to note in this case – he is very quiet does what he is told gazes slowly about him in a listless apathetic way – will not speak and will only answer very direct questions. He sleeps fairly & eats well – He is in the 1st Division by day & under observation at night.
7th July:						Was more talkative today – He remembers being on the engine and nothing more. He does not remember falling off. He sleeps fairly eats well and is easily managed, moody, depressed and dull – never reads nor in any way occupies his time.
16th July:						Whistles a few bars of a tune & then relapses into his apathetic condition. Can only very rarely be got to talk and then only for a question or two. Will not initiate any remark.
4th Augt:						He has continued as above – depressed dull and idle, will only answer a few questions. Pays no attention to his surroundings has given little trouble and has been quiet & biddable.
Sept 8th 1900:						There has been a gradual change for the better the last month: he has begun to pay a little attention to what goes on about him – Says he feels better & now listens to any conversation &c. Sleeps well

NAME. Valentine Rammell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 16th						He has slowly begun to do a little polishing & dusting: Speaks when spoken to & smiles slightly.
Sept 26th						He has been got out to work & the improvement has now set in rapidly: He sleeps & eats well. He is active pleasant & works hard.
Oct 16th						A fair draughts player: He is now able to use his arm with most: He observes freely: says he does not know what was wrong & he does not remember the accident but he now feels better: He is very active outside has a good sense of humour & is able to "chaff" the others now.
Nov 8th						The dances are a great source of amusement to him. He is very pleasant & active: mentally in good tone at present: His depression has gone & he is able to take part in any conversation rationally & with interest.
Dec 18th 1900						has holiday sent home: He states that he will get work to do at the engine shed for some time: He has been recommended to try for a "fitted engine" & some work in preference to this
1st						RECOVERED.

NAME, John Tait Burnet No

Admitted, 5th July 1900 Pr. Ad.

Sex, Male Age, 35 Marriage, Single Occupation, Draughts

Education, Religion, Protestant

Private or Pauper, Jas Burnet (Bro) Where from?
14 Charles St - Newfaught

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind similar

Duration some weeks Where treated C.R.I - 1893 -

Hered History—Insanity Maternal Aunt.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Had 4 fits on Monday (2nd)

Suicidal No

Dangerous Occasionally unmanageable

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

Dr Mason :- Restless, nervous, talks incoherently
tears his clothes & bed clothes Filly.
" Sleeps none - room full of dirt

Dr Gill restless - Incoherent - talk - throwing
bed clothes about - obscene &c

NAME, John Tait Burnet

STATE ON Admission

Mental.

Exaltation ✓

Depression slight,

Excitement considerable restless, uneasy, trying to frighten away the "beasts" he sees

Enfeeblement marked

Memory very poor

Coherence at times Can answer questions? Yes

Delusions

Other Abnormalities Sees animals crawling about bed – Is filthy in his habits &c.

Bodily.

Appearance He is a fairly nourished man

Skin moist – acne – Hair Dark

Eyes Pupils large equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* Tremulousness of the face tongue & lip muscles

Sensory Tenderness & cramping pains in leg muscles

Reflex Action R. J. diminished Special Senses ✓

Retina ✓

Lungs Chest well formed: breath sounds healthy –

Heart 1st sound short & sharp 2nd clear

Tongue ✓ Bowels ✓

Other Organs, Abnormalities, Bruises, &c. Numerous bruises on the arms & legs & on the body – large bruises but 10 days old on right lumbar region

Appetite 1024 Acid – Trace of albumen

Urine

Menstruation ✓

Pulse 82 regular Fair T Temp. ✓

Height 5 ft 8 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.

NAME, John Tait Burnet.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6th July						In fairly acute delirium Tremens. He sits up in bed plucking & pulling about the bed clothes & catching the animals he sees running about – Slept fairly.
7th July						Given calomel gr 6 – Not so restless requires attention to keep him clearly restless uneasy excited – Still in bed – Sweating profusely – Is very delusional & talks incoherently of the devils following him.
8th July						Quieter & now clearly. Very tremulous – Still noisy chattering and with acute hallucinations at night.
11th July						Has been got up & is in Special. He will sit gaping in front of him for minutes on end: Talks very confusedly and has little memory. Cannot settle to read or to take any interest in his surroundings.
16 July						Gradually brightening and more clear mentally – Enfeebled in judgment – He is still idle & never reads – Sleeping fairly.
20th July						The neuritis is improving – gait still very ataxic and he turns with a broad swing. The tenderness is much lessened. He speaks well now. His memory is gradually returning. His mental power is evidently much enfeebled by prolonged alcoholism
31st July						Able to be out walking each day. Slipshod in appearance – idle never amuses himself – His hallucinations are now absent.
5 Augt.						In fair health: The hallucinations have not returned – In good appetite. Neuritis almost well and the ataxia gradually diminishing. Has little mental energy & is idle and never amuses himself

NAME. John Tait Burnet.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 8th 1900						More quiet active & alert He speaks pleasantly but he wants energy badly still: an easy going easily led man who may do well outside if he keeps from liquor. He has a fair amount of alcoholic plausibility and excuse— He sleeps well eats well & the neuritic condition is now well.
Sept 22nd 1900:						Discharged today RECOVERED.

NAME, Thomas Moore No

Admitted, 19 July 1900 Pr. Ad.

Sex, Male Age, 23 Marriage, Single Occupation, Tailor

Education, Religion, R.C

Private or Pauper, Wigtown Parish Where from?

Wm Mackie

HISTORY.

Causation.

Disposition Sociable, cheery,

Habits fairly active.

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity Maternal Brother & Sister.

Other Diseases

Predisposing H.P.

Exciting

Symptoms. First.

Mental There is a strong hereditary predisposition. (His mother is also very neurotic and emotional)

Bodily He worked as a tailor up to 3 months ago when he took to moving about the village

Recent.

Mental refusing to work and saying he had other work to do: He said he was a great writer

Bodily and author & so on.

Insane Habits and Propensities

Suicidal Yes — Probably

Dangerous No

Duration of Existing Attack 3 months

Other Facts or Remarks

There was some doubt on his admission as to whether he were carrying a revolver.

Facts of Medical Certificates

Dr MacBride :- Restless & excited - Incoherent - Grandiose ideas as to wealth - clearness - dead languages

" Threatens tops into river

Dr Hunter :- excited very clear - experience vast

&c &c

NAME. Thomas Moore

STATE ON admission.

Mental.

Exaltation: marked, elated, pleased with himself &c he is sane

Depression: ✓

Excitement: Considerable, uneasy restless and excited.

Enfeeblement: marked

Memory: Fair

Coherence: Yes — Can answer questions? Yes

Delusions: Has grandiose ideas regarding his ability. He is a great author and writer &c

Other Abnormalities

Bodily.

Appearance: Fairly nourished

Skin: clean — Hair: Fair

Eyes: Blue — Pupils: moderate, equal, react

Muscularity: Fair — Fatness: Fair

Nervous System—*Motor*: ✓

Sensory: ✓

Reflex Action: ✓ — Special Senses: ✓

Retina: ✓

Lungs: Chest flattened below both apices - Breath sounds are prolonged & roughened but there are no crepitations:

Heart: Sounds are slightly irregular in time no murmurs

Tongue: clean — Bowels: ✓

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite: Good

Urine: 1018 Acid: healthy

Menstruation: ✓

Pulse: 80 regular, good ware — Temp. ✓

Height: 5'5½" — Weight: 95

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 Moore

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20th July:-						In fair health: He is an active looking man, elated and exalted - has grandiose ideas of his importance - silly & shallow in his speech -. Speaks of being a great author and as never going back to his trade but to something higher: Sleeps well.
22nd July						Idle and somewhat "spoilt & petted" in conversation - He is all right &c. He is grandiose and will not go to work in the tailor's shop &c. Sleeps & eats well
24th July						Has given no trouble and he is idle and inclined to "boss" a good deal. He has grandiose ideas and a general exalation in his manner & conversation.
26 July						Has been got out to work and does fairly well - He is constantly getting parcels sent to him from home containing fruit &c & most sympathetic letters. He seems to have "got round" his mother & to have had everything "held up to him". A naturally self assertive tendency being thus fostered.
5th Augt:						No change quiet and easily managed but still elated and grandiose.
Sept 8th 1900						Moore was today sent home recovered: He has been working outside lately & doing fairly well. He is however still exalted and with delusions of grandeur expressed more in conduct than otherwise: He is too pleased to get hold of any semi religious book & ostentatiously to study it to be looked upon as by any means stable mentally: He may do out but

NAME. Thomas Moore.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						but his mother wife make too low an indulgent a guardian.
						RECOVERED.

NAME, John Henry Murray No

Admitted, 20th July 1900 Pr. Ad.

Sex, Male Age, 23 Marriage, Single Occupation, Quarryman

Education, Religion, Protestant

Private or Pauper, Annan Where from? H. Murray (father) Gallaberry near Annan

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

Left home some months ago to work at quarries in Northumberland: He went off his head there becoming acutely excited and talkative. A fellow workman brought him home to Annan, but Murray ordered him away as soon as he reached the house & would not let his friends get any information from him. He was very excited & noisy when at home. &

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack About one week

Other Facts or Remarks

wandered about at nights singing & whistling. Thought people were watching him &c. They could not manage him & he had to be sent in a few days after his coming to Annan.

Facts of Medical Certificates

Dr J. P. Muir :- Takes sudden bursts of frenzy & does not know his own people or friends. Fancies himself the poet Burns - &c.

" Poisoned by his friends & the real Prodigal.

Dr. Howie :- Jigles in an idiot manner policemen going to apprehend him.

2 threatens to kill &c

NAME, John Henry Murray.

STATE ON admission

Mental.

Exaltation marked.

Depression ✓

Excitement marked, singing, whistling, laughing &c

Enfeeblement considerable

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions ✓

Other Abnormalities In subacute mania.

Bodily.

Appearance Tall, well nourished.

Skin Clear Hair Fair

Eyes Pupils Large equal react

Muscularity Good Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs Chest well formed and the percussion & auscultation are healthy

Heart Bt sounds are clear

Tongue ✓ Bowels ✓

Other Organs, Abnormalities, Bruises, &c. There are no bruises

Appetite Fair

Urine 1026 Acid healthy

Menstruation –

Pulse 80 regular, soft Temp. ✓

Height 6 ft Weight 11 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.

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NAME, John Henry Murray

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21st July:-						In good bodily health. He was noisy and singing and in outrageous mania all last night shouting only by snatches -
22nd July						noisy, marching up & down gallery grimacing and whistling &c will not settle restless & uneasy. Very noisy talkative & incoherent at night. Eating well.
24th July						Settling a little during the day but very noisy and talkative last night: He is restless & uneasy at times during the day.
26th July						Has been got out to work and is doing well: Still off hand and restless when indoors - moving up & down & talking in a grandiose way
5 August						gradually becoming quieter does well outside by day - He is good natured and gets on fairly well on the whole but still moving up & down in a very uneasy way. He is still also not sleeping well and he is very noisy at night.
Sept 8th 1900						He has settled a little but he is still loud in talk & manner sings at times: He is a good hard worker outside: He is off hand & careless when indoors.
Sept 14th						More quiet & settled - pleasant & contented during the past week
Sept 21st						Has had two days of laughing grimacing & giggling again. but seems to be settled again
Oct 16th						He is now pleasant quiet settled & easy to manage most day: In the mornings he is more restless & off hand for a short period before breakfast:

NAME. John Henry Murray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 30th 1900:						He was today sent home as recovered: He has been doing very well lately + is quite quiet + apparently settled: There is no doubt he will do well if he gets over the first week at home.

RECOVERED.

581

NAME, James Gillespie No

Admitted, 3rd August 1900 Pr. Ad.

Sex, Male Age, 63 Marriage, Married Occupation, L.D.S.

Education, ✓ Religion, Protestant

Private or Pauper, John Gillespie (Son) Where from?
L.D.S. Willow Bank - Irvine.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity no neurotic trace.

Other Diseases

Predisposing

Exciting Influenza

Symptoms. First.

Mental About 3 months ago he had an attack of influenza & when recovering from this had what the D. thought was an apoplexy affecting the left side. He was confined to bed for some weeks. The mental symptoms

Bodily

Recent.

Mental gradually supervened. He became forgetful irritable easily upset and had hallucinations of sight & hearing. He gradually fell off in

Bodily

Insane Habits and Propensities

Suicidal Yes (threatened)

Dangerous No

Duration of Existing Attack Three months.

Other Facts or Remarks

physical condition and became dull & depressed threatening suicide. He had also many delusions (as under) and was at times threatening to those about him. wandering at nights.

Facts of Medical Certificates

Dr. W. A. Patterson:- Melancholia & distract. has fixed conviction that he is incapable of following his occupation, & is a burden to his family. Devil has got him. & swears & uses language.

Dr Thomson:- Melancholia & depressed Cannot sleep very irritable & inclined to do some mischief.

NAME, James Gillespie.

STATE ON Admission.

Mental.

Exaltation ✓

Depression marked - dejected attitude - Speech low

Excitement slight - restless

Enfeeblement fairly marked, emotional, confused -

Memory Poor for recent events

Coherence At times Can answer questions? Yes - some simple.

Delusions Says he is sure to die as the devil is after him.

Other Abnormalities ✓

Bodily.

Appearance Tall fairly nourished man

Skin clear Hair Fair - gray

Eyes Blue Pupils Left > Right both react

Muscularity Fair Fatness Fair

Nervous System—*Motor* Tongue projects to left. Paresis on left side

Sensory ✓

Reflex Action K.j. bth + Special Senses ✓

Retina ✓

Lungs Thorax well formed + breath sounds healthy at the apices. Fine crepitations at both bases posteriorly.

Heart rapid + feeble and irregular in time + force

Tongue Clear Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair

Urine 1018 Acid - trace of albumen

Menstruation ✓

Pulse 96 per min. high tension Temp. ✓

Height 5ft 9 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 Enfeeblement.

NAME, James Gillespie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4th August 1900:–			84			He is in fair general health. The paresis is very slight & only marked in the upper extremity and face – The speech is not affected or aphasic in any way and any slurring or difficulty of some words is evidently due to some confusion of ideas – He is restless uneasy and inclined to wander: He slept fairly last night. He has been put on gross doses of Iodide of Potassium with Spt Ammon Arom in 3p doses. The pulse has come down considerably since admission and the tension remains +3.
6th Augt 1900						Quieter & more settled: He is still very confused restless & mild resistive: He has delusion also that his business affairs are all wrong and that he is going to be taken away & "hauled up" for there.
9th Sept 1900:–			72			The Iodide was discontinued on 8th Augt. He is now quiet, sensible, easily managed. He is readily confused and emotional. He is depressed at times cannot settle to read or write. He is eating fairly & sleeping well – The Iodide resumed a.a.
12 Sept			84			Pulse up to 84 again Iodide reduced to gr V – Quite as above otherwise
15th "			88			Pulse weakening – The K.I. discontinued
17th Sept						Clearer mentally – Is out daily & walks on the terrace – He eats & sleeps well. Confused mildly depressed.
8th Oct						No change: Has little memory cannot remember when he has had a letter. Rarely speaks – answers correctly home. He is mildly depressed & has the anxious wondering expression of a case with "apoplexy" He is easily managed.
12 Nov						To day very restless & uneasy Face puffy and congested looking

NAME. James Gillespie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Says he is very ill and that something is about to happen to him. He is wandering uneasily up & down gallery whimpering & half weeping. No increase of the paresis to be seen Restless & uneasy last night.
12th Nov						This is again passing off. He is more settled and the face has lost the congested look - sleeping well.
Dec 3rd						Has again been very restless & uneasy & has been in bed in the sickroom for 2 days. He is gradually settling again. Pulse up to 96.
5 Dec:						Saw him much in his usual at 9.30 P.M. tonight. Then at 10.15 P.M. he had a very bad attack of heart failure with marked respiratory embarrassment, he was unable to speak or to swallow: ½ Shift & ether were twice injected by needle & the failure passed off at 2 A.M.
6th Dec						Very confused restless uneasy and delusional - depressed - The pulse 110 per minute small tension & 3.
7th Dec						Still in bed: The pulse runs 100-120 regular - tension increased. No breathlessness - Faint trace of oedema at base: His friends are going to remove him.
8th Dec						He stood the journey home today well -

RELIEVED.

NAME, William Bell No

Admitted, 10th August 1900 Pr. Ad.

Sex, Male Age, 38 Marriage, Married Occupation, –

Education, ✓ Religion, Protestant

Private or Pauper, Annan Parish Where from? 21 Murray Street Annan

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting Excessive use of alcohol

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack One week

Other Facts or Remarks

Facts of Medical Certificates

Dr King:– Excited look & points to animals & devils around him & mocking him & not allowing him to sleep it restless going in & out of house at frequent intervals. Gets violent & has broken furniture.

Dr Murdoch:– Manner restless & excitable, speech jerky hallucinations of hearing.

&c &c

NAME. William Bell

STATE ON Admission.

Mental.

Exaltation

Depression Slight

Excitement Very marked

Enfeeblement Marked

Memory Poor

Coherence No Can answer questions? Some only

Delusions Many see devils animals, hear voices
Thinks people are chasing him &c

Other Abnormalities In Delirium Tremens.

Bodily.

Appearance

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

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NAME, William Bell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8th Sept 1900:—						His case ran the ordinary course of Delirium tremens. Sleepless restless and very excited on admission he soon settled. There was a marked reactionary depression and this has now passed giving place to alcoholic effabilité and promises to abstain in future. He was to day sent home

RECOVERED.

NAME. William Bell.

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

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NAME, Alexander Kirkwood No.

Admitted, 13th September 1900 Pr. Ad.

Sex, Male Age, 75 Marriage, Married Occupation, Labourer

Education, ✓ Religion, Protestant

Private or Pauper, Stoneykirk (?) Where from? Dr McCaig Insp:

See page 105 — HISTORY.

Disposition

Habits

Causation.

Previous Attacks—No. Five Kind similar

Duration last 28.1.98 – 3.7.98 Where treated S.C.A

Hered History—Insanity none admitted.

Other Diseases

Predisposing R.A.

Exciting

Symptoms. First.

Mental restlessness wandering

Bodily

Recent.

Mental Delusions that he had a railway to market & Drummore. &c

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Not very

Duration of Existing Attack A month.

Other Facts or Remarks

Remained well until one month ago when he became sleepless excitable restless and threatened to assault his relatives. He has had many delusions which took him wandering about the country and was insufficiently clad, at nights &c.

Facts of Medical Certificates

Dr Smellie:– Talks in a incoherent way – Has put the devil in prison for a thousand years surveying a new railway to Drummore. Going to Drummore.

ii His wife says he wanders about in front of the house all night – shouting swearing

Dr Monro:– Actions & talk are excitable – Think he has plenty of money –

NAME, Alexander Kirkwood

STATE ON readmission.

Mental.

Exaltation very marked - elated - pleased with himself delighted to meet us again

Depression ✓

Excitement marked talkative restless singing.

Enfeeblement marked

Memory Poor

Coherence At times Can answer questions? Some

Delusions He states he has to make a big railway & is going to America to see about the rails &c.

Other Abnormalities ✓

Bodily.

Appearance Frail old man

Skin clean Hair Gray

Eyes Arcus Senilis well m'kid Pupils Small equal

Muscularity Fair Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K. J. present Special Senses ✓

Retina ✓

Lungs Chest slightly emphysematous & there is slight chronic bronchitis

Heart both sounds indistinct & short, occasional Aortic Systolic

Tongue clean Bowels ✓

Other Organs, Abnormalities, Bruises, &c. no bruises

Appetite Fair

Urine 1022 Acid no albumen

Menstruation ✓

Pulse 84 regular smallwave Temp. ✓

Height 5 ft 7 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 Kirkwood

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15th Sept - 1900						Restless old man - noisy singing chattering and shouting - He has many delusions which he expresses very freely: about the building of a grand railway to Drummore. also that he has fought the Devil &c. Eating fairly: sings at night.
17th Sept:						More incoherent. Shouting and singing & dancing all day long being very troublesome. He fights whenever an opportunity offers: In acute mania. noisy & sleepless at night.
19th Sept:						He has been sleeping in stall off S.R. There he made a great noise last night: He got the castors off the bed & began a tattoo with them on the windows partitions & so on. He tore his sheets: threatened anyone who came near him & the two night attendants & myself were unable to hold him: There was great risk of broken bones so a single room was cleared & he was put in it. He settled after an hour or so.
23rd Sept:						The mania is reaching its height: He is very noisy fighting striking & bruising himself & others. Sulfonal has little effect.
30th Sept:						Very noisy but the climax has passed: He is collecting & stuffing his pockets with trash: He is still very troublesome & orders the others about & so quarrels with them: He is a very annoying old man & it is a wonder he is not injured.
10th Oct						As above noisy chattering singing dancing &c. Eats variably. Sleeps well some nights not at all the next.
24th Oct						Gradually settling: He is now wanting home & back to "his railway"

NAME. Alexander Kirkwood.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16th Nov:						He has been more settled lately but he constantly wants a fight. He is very noisy chattering, stealing & making a constant row. There is a "focus" of noise wherever he happens to go in the ward.
18th Dec:						Quieter and more settled: He is now only anxious to get the wife here as he has good meat & clothes & a good room — Still chattering noisy & troublesome Sleeps fairly eats well.
January 9th						More restless excited and noisy, gives a good deal of trouble by threatening to strike other patients, always staying behind in the hall at meals & so on talkative and chattering.
February 1st						More settled but very silly and incoherent easily raised and made irritable and always arguing with the wrong people. Sleeps fairly.
February 26th						Noisy abusive and fighting at present, silly in all his ways, dancing before you "sparring" and threatening to strike — He is also complaining and querulous every now & then.
March 15th 1901						He has been looking more run down and enfeebled and he has also had somnolent attacks being constantly more or less sleeping on one of the sofas. These attacks are alternated with excitement in which he is dazed stupid and incoherent.
June 10th 1901						He is now much in his usual. He has been sent to the 6th Div. He is a quiet old man if allowed his own way; but he potters about setting up all the others and he is still a centre of mischief wherever he happens to be.

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NAME, Robert Jamieson No

Admitted, 15th September 1900 Pr. Ad.

Sex, Male Age, 76 Marriage, Widower Occupation, weaver

Education, Religion, Protestant

Private or Pauper, R. Jamieson (son) Where from? Ayr

59 Campbell Street Riccarton Kilmarnock

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity A brother died in C.P.I.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Not known — a year —

Other Facts or Remarks

About a year ago began to have hallucination of sight and ideas that people spoke to him at night &c. Then delusions of suspicion & thought that people were anxious to rob him.

Facts of Medical Certificates

Dr Morton:— Thinks the fairies visit him at nights. Is suspicious & thinks every one is anxious to rob him or do him.

" Tried at home: conduct very extraordinary.

Dr McKenna:— Gives wrong answers. Irritable & restless — someone anxious to steal his money.

NAME. Robert Jamieson.

STATE ON Admission.

Mental.

Exaltation ✓

Depression Mild in expression, and aspect

Excitement slight restless, uneasy.

Enfeeblement marked - has no idea where he is -

Memory Poor

Coherence at times Can answer questions! Some simple

Delusions - Jaines talk to him - is suspicious and thinks people want to rob him.

Other Abnormalities ✓

Bodily.

Appearance He is a feeble old man pale and anaemic

Skin clammy moist Hair Gray

Eyes ✓ Pupils irregular

Muscularity Fair Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K. J. absent Special Senses ✓

Retina ✓

Lungs The breath sounds are accompanied by crepitations at the bases from oedema

Heart Sounds are irregular in time + force.

Tongue Furred Bowels -

Other Organs, Abnormalities, Bruises, &c. He is nearly blind from advanced cataract

Appetite Fair

Urine ammoniacal + considerably dribbling.

Menstruation ✓

Pulse 88 irregular in T + F Temp. ✓

Height not ascertained Weight not ascertained.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

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NAME, Robert Jamieson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17th Sept:-						He was admitted 2 days ago to 1st house & was sent over today. He is very dirty in all his habits passes urine in a constant dribble has a very ammoniacal odour. He is restless uneasy, moves his hands about nervously. He has many delusions - hearing voices speaking to him: His is Social.
18th Sept.						being kept in the 2nd Div: today He is very restless uneasy inclined to wander up & down the ward and very dirty: He is also at times violent also and inclined to be mildly impulsive. The bladder does not extend above pubes.
19th Sept.						Has been kept in bed today and he has been more quiet & settled: The pulse is very irregular and he is not reacting to any heart tonics &c. The sounds are very distant & fatty & rale at times almost obscured by lung oedema
21st Sept:-						Gradually running down: He is very difficult to rouse at times is more listless & apathetic and he seems at times to be very exhausted: Pulse about 94 irregular & small wave.
23rd Sept:						Running down rapidly: The lungs are very oedematous now and there is very distinct hypostatic congestion at the bases. He is more somnolent & the listless apathy is very marked: The urine is still dribbling away but there does not seem to be any retention.
25th						Speaking a little more rationally again hearing voices & seeing visions He sleeps badly. The heartness is increasing and the heart

NAME. Robert Jamieson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27th Sept						is not reacting to stimulants in any way He is on whiskey at present Dies to day of gradually increasing lung oedema & heart failure.
						DIED.

NAME, John Browne No

Admitted, 18th September 1900 Pr. Ad.

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

Education, ✓ Religion, Presbyterian

Private or Pauper, Mr Browne Where from? Donaghadee

Aerdstown

HISTORY.

Causation.

Disposition Quiet pleasant & cheerful

Habits Active & very hard working.

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental He was a very smart excise man & on two occasions took the highest place in the examinations for promotion: He was at the onset of his illness, the next man for promotion in the excise to a supervisorship.

Bodily

Recent.

Mental He became restless sleepless and weary and was brought home from holiday to Donaghadee where he became very

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack Two months.

Other Facts or Remarks

excited restless & refused to take food: He thought he must die & threatened to shoot himself had he the opportunity: No history of any previous illness if influenza can be excluded:

Facts of Medical Certificates

Dr MacCormac: Sinful to take food: medicine can do him no good as he must die — obstinate it threatened to shoot & drown himself

Dr Thomson: — Depressed appearance — answers with difficulty: Confused manner &c

NAME. John Browne

STATE ON Admission

Mental.

Exaltation ✓

Depression marked in look & aspect

Excitement slight

Enfeeblement marked - cannot tell where he is &c

Memory Poor

Coherence At times Can answer questions Some

Delusions sinful to eat &c

Other Abnormalities resistive

Bodily.

Appearance Thin spare man

Skin clean Hair Dark

Eyes Brown Pupils small equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs The chest is somewhat flattened at the apices but the percussion note is good

Heart B.S. sounds are clear & good

Tongue clear Bowels ✓

Other Organs, Abnormalities, Bruises, &c. Small bruises on the chest & arms

Appetite Fair

Urine 1022 Acid healthy

Menstruation ✓

Pulse 84 regular good Vol. Temp. ✓

Height 5ft 5 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 Browne

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19th Sept 1900:						He is dull and confused, restless & uneasy: He is mildly resistive and difficult to persuade. He sleeps fairly: eats fairly.
21st Sept:						Very confused restless and he today refuses to answer questions. He stares blankly at you when you speak to him & pays little attention to his surroundings. He is not eating so well but sleeps fairly.
23rd Sept:						He has many of the symptoms of an early case of G.P. He refuses food, refuses to do anything he is asked mildly depressed & resistive. There is a tremor of the tongue face & lip muscles & a moderate degree of ataxia in his gait.
25th Sept:						He sleeps fairly but he is still taking his food very unevenly. Resistive & melancholic, some days he refuses to speak for long periods & shows a mild degree of irritability.
1st Oct:						He is on a tonic but has not improved: he is running down & becoming much weaker in his physical health being very feeble & tottering: He has been put off to bed in the Sickroom.
10th Oct.	98.6		90			He has been more talkative: says that he cannot eat as it is simple. He has today been tubbed fed night & morning: He is resistive restless & uneasy throwing off the clothes & endeavouring to get up &c.
30th Oct:						He has been fed during the past 10 days but today he took his food well himself. He is more talkative & active: The confusion is much lessened and he has been sleeping well.

NAME. John Browne

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 6th						Looking more alert and active: talks pleasant but always indignantly denies that he is John Browne, saying we have got the wrong man: He is slightly facile. The tremor & slurring of speech are always marked whenever he talks rapidly.
22nd						No change: He is more active & fatter & stronger looking but the diagnosis is now practically affirmed.
Dec 9th						His wife saw him today. He was up and spoke very pleasantly to her. He never asked away and his enfablement was shown by the irrelevance of his conversation: He eats & sleeps well.
Dec 24th						His brother in law stated yesterday that the question of his superannuation has been mooted but that it was still sub judice. The tremors are marked in tongue & speech only at present but the course the facileness & enfablement all go to confirm the former diagnosis of G.P.
January 7th 1901						He is more exalted now: He was near at a finer dance or concert. &c. He is very chatty & pleasant: He has been sent up to the special but whenever he complains of being tired he is allowed to go to bed. In good "fettle" at present
February 12th 1901						He is pleasant and quiet as a rule. Has attacks of restlessness and depression with weeping fits: He is also difficult to keep clearly at times: Very anxious to be out at his work & so on: He will now be managed at home & his wife today removed him on probation

PROBATION

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NAME, Samuel Hyslop No

Admitted, 20th September 1900 Pr. Ad.

Sex, Male Age, 22 Marriage, Single Occupation, Bl' Smith

Education, Religion, Protestant

Private or Pauper, Dunocore (?) Where from? Dunning

HISTORY.

See also page 97

Disposition

Habits

Causation. Previous Attacks—No. one Kind melancholia

Duration 18.1.98 — 6.4.98 Where treated G.R.I

Hered History—*Insanity* ✓

Other Diseases

Predisposing ? A.

Exciting ?

Symptoms. First. Mental mild depression,

Bodily dullness, refusal of food &c

Recent. Mental exaltation + delusions of grandeur: he had fought + he devil + conquered him &c

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack A few days

Other Facts or Remarks

He has been working hard up to a few days ago when after a period of mild depression he left home + work: said the world has been practising deception + that he alone could hunt it right

Facts of Medical Certificates

J. W. Smith – Insane appearance + actions excited conversation – words practising deception upon him – it wanted to destroy himself

D Smith – Insane rambling incoherent conversation Left home to prove he was a thief.

NAME, Samuel Hyslop

STATE ON readmission.

Mental.

Exaltation marked - elated in speech & talk

Depression ✓

Excitement slight -

Enfeeblement marked -

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions says he has beaten the Devil &.

Other Abnormalities

Bodily.

Appearance A tall well nourished man

Skin clean Hair Dark

Eyes Blue Pupils Large equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs Chest well formed Resp sounds are healthy

Heart There is a mitral Systolic murmur

Tongue clean Bowels constipated.

Other Organs, Abnormalities, Bruises, &c. There are no bruises

Appetite Fair

Urine 1026 Acid; Deposit of urates

Menstruation ✓

Pulse 78 regular - good ware Temp. ✓

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, Samuel Hyslop

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21st Sept 1900						He has been exalted and grandiose all day: He talks a great deal: is delighted to be here: is going to put the world right again: Slept fairly.
23rd Sept:						He is very talkative, grimaces, blusters, swigs etc. He is less under control than on admission. Has many delusions & great ideas. The world swipe till he came to it &c.
25th Sept:						In acute mania, rambling & incoherent, shouting singing &c.
29th Sept						Noisy at night & sleeping badly kicks off his boots and tears his clothes: shouting & very incoherent.
8th Oct:						The mania is deepening: He is now swearing and very excited & restless, jumps about the ward impulsive and strikes those near him: very noisy & difficult to manage.
20th Oct:						Very filthy in his songs & language in very acute excitement. Thin pale & white looking and very difficult to keep respectably dressed. The delusions have passed into his present condition & he is very incoherent
28th Oct:						Rather more quiet & settled. Vacant silly and enfeebled looking: Very noisy & destructive. Eats fairly but is sleeping badly.
Nov 10th						Not so excited: He is gradually settling: He however starts a very filthy erotic conversation whenever you go near him. He is not so restless at nights now & is eating well.
Nov 20th						He is very enfeebled looking at present degraded & dirty! He is more quiet & settled but he spits all round the ward - Doing a little polishing: Still mildly restless with trace of the exaltation.

NAME. Samuel Hyslop

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Dec 10th						Has today been sent out to work. Still silly smiling vacant looking. Growth of beard is now fair & thick. Doing fairly well but he still has a marked degree of mental impairment: Sleeps & eats well but he has no "pride in his clothing" &c & is very slowly steadily improving more active and pleasant in every way. There is still the enfeebled slightly fat & flabby expression of face however. Every few days he is silly vacant and stupid for a short period: He always improves as the day goes on. Now practically well active and intelligent looking, easy & manage and in excellent health. To be discharged soon.
January 16th 1901						
February 8th 1901						
March 10th 1901						
March 18th						Sent out today.

RECOVERED.

NAME, John Morton No

Admitted, 28th September 1900 Pr. Ad.

Sex, Male Age, 50 Marriage, Married Occupation, weaver

Education, Religion, Protestant

Private or Pauper, – Dfs – Where from? 37 Queen Street

HISTORY.

Causation.

Disposition Quiet reticent –

Habits Not very steady – a good worker when sober

Previous Attacks—No. one Kind similar

Duration July last – 6 weeks – Where treated Larbert

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental 3 months ago he had an attack of mania when in stirling following a drinking bout when he was on holiday: He was sent home six weeks ago & did well until he again became alcoholic: He was confused restless: had hallucination of sight & hearing & was sent in here.

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

Peter Murray Kerr: Insane appearance & manner. He is restless & excited. incoherent in speech Being watched by people he does not know ii wanders at night goes to other peoples houses & goes to bed

Dr. J. Smith: Insane appearance. confused incoherent people watching him.

NAME, John Morton

STATE ON Admission.

Mental.

Exaltation ✓

Depression slight – in speech & attitude

Excitement slight-

Enfeeblement fairly marked

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions People watch him and follow him

Other Abnormalities ✓

Bodily.

Appearance A strong muscular man

Skin clean Hair Gray

Eyes Blue Pupils Small equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs The chest is well formed & the breath sounds are normal

Heart Both sounds are distant – Faint aortic systolic.

Tongue ✓ Bowels regular

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Fair

Urine 1015 Acid: Albumen a mere trace!

Menstruation ✓

Pulse 70 regular low tension Temp. ✓

Height 5 ft 7 Weight 10 st 4 lt.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

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NAME, John Morton

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30th Sept: 1900						He has been quiet and easy to manage since his admission mildly depressed and with the idea that people watch every move that he makes – He also hears voices at night: He eats well –
2nd Oct:						In good health: mentally still mildly depressed & restless – walks uneasily up & down. He also still hears the voices speaking to & about him: Sleep fairly.
4th Oct						He has begun to do a little house work: The restlessness is passing off: He is still suspicious & watchful of those about him.
7th Oct:						He has been healed by purgatives & now by his diet: & the bowels being freely opened at least once each day. He is gradually becoming brighter & more active and he is now an excellent draughts player.
15th Oct:						Active & pleasant: The depression has passed off: He is easily managed sleeping eating well & doing very well in every way: His memory is good, but he has no recollection of certain of his acts before coming in –
23rd Oct:						He has been got out to work and he is a good worker: The delusions are now so far as we can judge passed off: They at least are in no way influencing him.
3rd Nov:						Pleasant & hard working: He is very anxious to be outside He sleeps well eats well & says the drink was the cause of all his trouble that since then is not of mind he is now well: He has not heard the voices lately.

NAME. John Morton

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 16th						In good health and at present working excellently. He sleeps quietly eats well
Dec 3rd 1900						was to day discharged recovered. He should do well if he keeps from alcohol
						RECOVERED.
January 7th 1901						We have heard that Morton has again been drinking and was again delusional but had got over it & was proud to report.

NAME, George Irving No

Admitted, 12th October 1900 Pr. Ad.

Sex, Male Age, 59 Marriage, Single Occupation, ✓

Education, ✓ Religion, Protestant

Private or Pauper, Sarah Ann Irving Where from? Annan
Globe Court

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases ✓

Predisposing

Exciting "Fright"

Symptoms. First. Mental / Bodily

Recent. Mental / Bodily

An imbecile all his life: He had little energy was quiet earned a little at odd jobs & lived with his sister: There is no history of insanity to be made out & the degree of imbecility is also difficult to appreciate as his friends minimise it as much as possible

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 10 days:

Other Facts or Remarks

10 days ago became sleepless restless excited talkative wandering & refusing food etc: It is this refusal of food which had decided his friends to bring him here.

Facts of Medical Certificates

Dr Mackenzie: Look & manner completely altered & at once declare Idiocy: From birth more or less an imbecile
" Sleepless restless unmanageable but harmless refuses food

Dr Howie: Excited tremulous state aspect of great anxiety
Face void of intelligence. – refuses to take food
" as above

NAME, George Irving

STATE ON Admission.

Mental.

Exaltation ✓

Depression ✓

Excitement marked, shouting struggling &c

Enfeeblement very marked + cannot give any information silly imbecile expression + attitude

Memory Cannot be tested

Coherence Incoherent Can answer questions? No

Delusions ✓

Other Abnormalities Resistive —

Bodily.

Appearance Feeble old man - looks - 70 -

Skin Dark Hair Gray

Eyes ✓ Pupils ✓

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action k.j. present Special Senses ✓

Retina ✓

Lungs Chest thin - percussion clear - examination at bases boster irrly fine crepitation.

Heart cannot be examined

Tongue Furred Bowels ✓

Other Organs, Abnormalities, Bruises, &c. There are fine small bruises on the body + limbs.

Appetite Fair

Urine is healthy

Menstruation ✓

Pulse 100 small + very irregular Temp. ✓

Height 5 ft 7 Weight 7 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, George Irving

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13th Oct 1900						He is an imbecile who has taken an acute attack of excitement. He is very restless excited and in constant motor movement. He throws about his arms & legs is with difficulty kept in bed. He grimaces, shouts 'murder' at the top of his voice. He has to be spoon fed and generally there is much coaxing necessary to get him to take anything: Bowels have been opened by Calomel. He sleeps fairly when once settled.
14th Oct.						Shouting, grimacing, struggling in an aimless way. refusing food He is very like a monkey in many of his attitudes: He is considerable trouble to keep in bed & to keep warm but he is quite harmless not having strength enough to do any violence: Sleeps fairly Pulse small & fuble .96.
15th Oct:						More settled and quiet this morning but again very excited this evening. Shouting & struggling There is marked tremor of the hands face lip & tongue muscles as he lies in bed: He sleeps fairly. He has been taking plenty of nourishment but there is some difficulty in getting him to take it.
17th Oct:						He has been on small doses of Bromide of Potass for the last day & this has given him sleep He has been more quiet & settled The motor excitement & twitching seems to be passing off.
18th Oct						Called up this morning to see him. He had been very excited & then became very quiet & evidently had passed into a congestive attack

NAME, George Irving.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Pupils small equal fixed. There are twitchings of the face & lip muscles. He is breathing in a cheyne Stokes type. The pulse is shallow & full 98 per minute: extremities are cold face, lips livid: The heart sounds distant & irregular. Unconscious. The coma gradually deepened. The pulse and heart are both failing. Died evidently of a "congestive attack".

DIED.

NAME, Thomas McLellan No

Admitted, 15 October 1900 Pr. Ad.

Sex, Male Age, 64 Marriage, Widowed Occupation, Clerk

Education, ✓ Religion, Protestant

Private or Pauper, Annan Where from? Melrose District

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

Other Facts or Remarks Date of warrant 10th Oct 1900

Facts of Medical Certificates

Dr Carlyle Johnstone – Enfeebled & confused: impairment of memory: His relatives in collusion with a firm of lawyers in Dp – paid for year. Read defamatory statements & have kept him out of money left by an uncle

NAME. Thomas McLellan.

STATE ON transfer.

Mental.

Exaltation ✓

Depression slight - in look

Excitement slight - talkative &c

Enfeeblement marked

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions Has been on middle &c.

Other Abnormalities /

Bodily.

Appearance Fairly well nourished man

Skin clean Hair Gray

Eyes ✓ Pupils large equal react.

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs Chest flatten in under clavicles but auscultation reveals no moist sounds

Heart are muffled but no murmurs

Tongue clean Bowels ✓

Other Organs, Abnormalities, Bruises, &c. no bruises

Appetite Fair

Urine 1022 Acid: healthy

Menstruation ✓

Pulse 89 regular small vol Temp. ✓

Height 5 f 8 Weight 8 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, Thomas McLellan

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17th Oct: 1900						He is mildly depressed and restless. Wants out to attend to his business with the lawyers: A conspiracy has brought him in here which he must enquire into: Sleeps fairly.
19th Oct						He is a restless "wandered" old man. He is constantly at present on the move and pacing up & down. He has the delusion that money is due him & that he has been by some one in Dumfries defrauded out of it: He eats well & sleeps well.
26th Oct						More quiet and settled and he is now pleasant and affable. Not so talkative & still mildly depressed: He is in fair health.
8th Nov						He has been sent to the 3rd Div. Here he is very quiet & easy to manage in every way —
16th Nov						No change a quiet somewhat haggard looking man who gives us trouble he sleeps well.
Dec 3rd						Quiet: rarely speaks now unless in answer to a direct question he sleeps well eats well & has quite settled down here.
Dec 31st						A chronic case he is in good health: Easily guided in offensive quiet man: who keeps much to himself: He is still under the old idea that he has lost the money owing to fraud on the part of the lawyers and that he will enquire into it afterwards: The excitement & restlessness has quite passed off.
January 12th						Very quiet, dull, easily guided in every way. evidently contented or at least without sufficient mental energy to say otherwise. Rather deaf at times.

NAME. Thomas McLellan

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
[illegible]ch 7th						No change: He now rarely obtrudes his delusions but he is still of the opinion that he has been defrauded out of his money &c.
March 2nd						In the 3rd Div: A very quiet decent man with fairly set delusions. Quiet & peaceable & rarely giving any trouble.
June 10th 1901						No change: very quiet. never works and generally in the 3rd Div "sitting" reading or sitting dreaming. He answers fairly when spoken to. His delusion regarding the money and his defrauding of it are as fixed as ever.
August 26th						In fair health: No change mentally.
January 6th 1902.						McL. has been in fair health all winter. He extremities are cold but he is as a rule uncomplaining. He never returns a remark is always polite and pleasant. When conversed with his delusions are as fixed as ever regarding the money due to him.
March 20th 1902						No change: In unimproved health.
1903 January 10th						Continues in the same quiet unobtrusive state mentally. Seldom speaks & has no trouble. In indifft health.
1904 January 25th						No change. Quiet. dull. suspicious & delusional. In indifft health.

NAME, John Hume No

Admitted, 19th October 1900 Pr. Ad.

Sex, Male Age, 60 Marriage, Widowed Occupation, Labourer

Education, ✓ Religion, Protestant

Private or Pauper, Ure Parish Council Where from? Haugh of Ure

HISTORY.

Causation.

Disposition Active pleasant

Habits Hardworking:

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

Symptoms. First. Mental / Bodily

Recent. Mental / Bodily

There is no definite history regarding him. The daughter says that lately he has been much bothered but a woman who is making endeavours to marry him — This may or may not be the cause of his illness.

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack About a week

Other Facts or Remarks

Sleeplessness, restlessness & then delusions that every one was persecuting him confusion &c. He stated when in this condition to have attempted to cut his throat.

Facts of Medical Certificates

Dr Gillespie: Every one is persecuting him morose & melancholy. superficial cuts on neck — does not think he is in his own house.

It was seen to make a cut with open knife in his throat.

Dr Anderson: — Something dreadful is going to happen him

Forever lost: nervous & suicidal

" Threatened to cut Rly McCormick throat

NAME. John Hume.

STATE ON Admission.

Mental.

Exaltation ✓

Depression marked in look + aspect

Excitement restless excited confused

Enfeeblement no energy —

Memory Very poor

Coherence Very incoherent Can answer questions? Only the simplest

Delusions Something dreadful is going to happen to him &c.

Other Abnormalities wants to die.

Bodily.

Appearance Healthy looking middle aged man

Skin Clean Hair Fair - inclined to grey

Eyes Blue Pupils small equal reacts

Muscularity Fair Fatness Fair

Nervous System - *Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs Chest large + breath sounds are healthy.

Heart Sounds are very irregular in time + force: no murmurs.

Tongue Clean Bowels regular.

Other Organs, Abnormalities, Bruises, &c. There is a slight bruise on right side of left foot. There is no scar on the throat where he said he had been injured.

Appetite Fair

Urine 1022 Acid: healthy

Menstruation ✓

Pulse 84 irregular small volume Temp. ✓

Height 5 ft 6 Weight 8 st 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 Hume

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20th Oct:	1900		84			He is in fair health: He is very restless stupid confused and silly mentally. He is unable to do much for himself Depressed and thinks that people are going to injure him.
22nd Oct:			90			He is in 1st Div: Depressed restless wringing his hands + uneasy. More confused to day + unable to answer.
28th Oct:						Still as above shouting restless + uneasy: cannot say what is the matter with him: Takes his food badly and speaks very confusedly.
25th Oct:			1011			He is again more or less refusing food: He spits it out as it is given to him - pulse 104 rabid + very irregular no temperature: very restless.
31st Oct			110			He has become very restless confused the pulse rabid irregular + he is also bronchitic, He has been put off to bed: He refuses food + struggles when taking it but he was fed from feeding cup to day -
1st Nov						Very exhausted: friends have been written to: Breath very foetid. He struggles a little + then sinks back -
2nd Nov			96			He is taking his food from the cup He is restless shouting for help + to get away: Says we are poisoning him in his food: He is somewhat better pulse more movement but very excitable.
10th Nov						He has been on bottles of strophanthus + this has done him some good: He is easier to manage + is more fresh + active looking: Eating well.
16th Nov						There is a tendency to diarrhoea. Depressed + excited + he is with difficulty kept in bed always wanting out: struggling.
20th Nov			94			Still has his old delusion that something is going to be done to him. Restless restless.

NAME. John Hume.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Dec 6th						In fair health: He is still talkative chattering stupid & confused but he is more easily managed and he is taking his food well. Many delusions: Poisoning poisoned: to be killed & so on.
Dec 12th						Still in bed but looking better & prefers He is eating well & sleeps fairly at night: not so restless: Said is confused & delusional: He is on a bottle with Cascara for constipation.
Dec 20th			104			Pulse again more rapid: He is cyanosed coughing: There is marked bronchitis of the large tubes. The whole chest filled with whistling rhonchi.
Dec 24th						The bases are still clear but there are very marked bronchitic râles. He is taking his food well & sleeps fairly well: He is on Ammonia & expectorants at present.
Dec 28th		98.6		112	1.	There is now a degree of dullness at the left base due to a pneumonic condition. He is rapidly losing ground temp 98.6 — restless & very confused
Dec 29th		103.8		66		Died today of Pneumonia

DIED.

NAME, Anthony Gallagher No

Admitted, 24th October 1900 Pr. Ad.

Sex, Male Age, 48 Marriage, Single Occupation, ✓

Education, ✓ Religion, Roman Catholic

Private or Pauper, John Maxwell Jr. Where from? Whinnyhill Trogue Maxwellton

HISTORY.

Causation.

Disposition Indolent:

Habits never worked etc

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting "Inflammation after bathing"

Symptoms. First.

Mental There is no definite history of the onset of his illness: He was unfit for work & merely

Bodily sat about the house rarely going out up to 2 years ago when he took to bed

Recent.

Mental & refused to get up: He then a few days ago became subject to outbursts of

Bodily age and excitement & was quarrelsome

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack About 22 years

Other Facts or Remarks

and threatening to those looking after him.

Facts of Medical Certificates

Dr. Murray: mentally weak for 22 years - in bed 2 years.
Refuses to speak
" Persists in lying half naked

Dr Robson:- Curled up in bed: eyes shut refuses to speak altho conscious
" quarrelsome & frightening his sister.

NAME, Anthony Gallagher

STATE ON Admission.

Mental.

Exaltation ✓

Depression ✓

Excitement ✓

Enfeeblement very marked — no energy — lies motionless will not walk etc.

Memory will not speak

Coherence Will not speak Can answer questions? Do

Delusions ✓

Other Abnormalities ✓

Bodily.

Appearance A frail pale anaemic man

Skin clean Hair Fair

Eyes Gray Pupils small equal react

Muscularity Poor Fatness Poor

Nervous System—*Motor* Muscles much wasted from disuse.

Sensory ✓

Reflex Action K.J. present Special Senses ✓

Retina

Lungs Chest flattened at apices Breath sounds are emphysematous.

Heart sounds are very rapid & distant.

Tongue clear Bowels regular

Other Organs, Abnormalities, Bruises, &c. Spinal curvature. bedridden.

Appetite Fair

Urine healthy

Menstruation

Pulse 132 small but regular Temp. ✓

Height 5ft 4 Weight 7st.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

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NAME, Anthony Gallagher

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26th Oct: 1900			96			On admission he was very weak & feeble. The pulse rate has fallen to 96: He is in bed: never speaks: sleeps weak & vegetates: pays no attention to his surroundings: very enfeebled.
28th Oct			90			Pulse still improving: Takes his food well: generally lies curled up in bed & never moving nor speaking
31st Oct			88			He has been got up & put in 2nd Div. There is marked knee clonus from weakness: never speaks nor reads.
7th Nov			94			As above: never speaks pays no attention to anything feeble & bent in attitude: cannot look after himself in any way: In fair health eating & sleeping well.
16 Nov			100			Has had to go off to bed from an attack of diarrhoea: He sleeps a great deal & is sometimes difficult to rouse: He is on milk diet and has had Opium pills when required.
23rd Nov			92			Back to his old state of enfeblement never paying the slightest attention to anything: He is generally buried under the bed clothes asleep.
3rd Dec			90			No change: In fair health at present: Requires constant attention to keep him clean. He is very enfeebled and much reduced in muscular tone & expression: Sleeps a great deal.
30th Dec			88			He is in bed still: Sleeps & eats well. never speaks: shows no expression when spoken to: Generally with eyes shut & half asleep. No change.
1st Feby 6th						He had a slight attack of diarrhoea which has been checked: No change Remains Easily managed: He slips out of bed to the stove & tucks again & gives no trouble: never speaks very enfeebled.
March 2nd						

NAME, Anthony Gallagher

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
June 10th						Gallagher has been easily managed since last note. He remains quietly in bed curled up generally on the right side attends to his reflex wants and gives no trouble. Never speaks never seems to pay any heed to his surrounding and never in any way shows any voluntary effort at assisting himself except at meal times when he eat well.
August 28th						He has been running down lately and he is thinner and more wasted especially about the neck muscles. No change mentally.
Sept 30th 1901						He is now in subacute phthisis. He is thin and wasting. He is inactive and always lies idle and impassive all day. Both apices show subacute phthisis. He is eating well.
Oct 23rd 1901						Gradually wasted out died today of acute tubercle

DIED

NAME, James Paisley No

Admitted, 26th October 1900 Pr. Ad.

Sex, Male Age, 26 Marriage, Single Occupation, Soldier

Education, ✓ Religion, Protestant

Private or Pauper, Dfs — Where from? 27 English Street M. T. Pool (Grandmother)

HISTORY.

Causation.

Disposition Pleasant cheery

Habits Concentrat lazy &c

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental He was through the siege of Ladysmith and was subjected to prolonged hardwork and also to considerable privations — He returned here & rapidly became moreover peculiar (this was due to a touch of the 'sun') — He lived in Dfs with his grandmother & rapidly became uncontrollable. — There is no history of alcohol in this case —

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

Dr Peter Murray Kerr: insane appearance & manner — restless & excited — He says his friends are trying to poison him hears voices at night

Dr Macdonald: appearance & delusions threatened his grandmother

NAME, James Paisley

STATE ON Admission.

Mental.

Exaltation Slight: will only be in a week or so as he feels well & strong &c

Depression ✓

Excitement slight uneasy restless

Enfeeblement slight

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions His friends are going to poison him &c

Other Abnormalities Has hallucinations of hearing.

Bodily.

Appearance Healthy looking smart young soldier

Skin clean Hair Dark.

Eyes Blue Pupils moderate equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs The chest is well formed & the breath sounds are healthy

Heart Both sounds are clear

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Good

Urine 1026 Acid healthy.

Menstruation ✓

Pulse 80 regular good Temp. ✓

Height 5ft 6 Weight 9st:

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

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NAME, James Paisley

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28th Oct: 1900						He is an active excitable man biddable and quiet: He is "nervous" he says: Hears voices speaking to him at nights: He is eating well & sleeping also well.
31st Oct:						He is quiet active & pleasant. He has a strange manner, somewhat questioning and vague in look answers as if afraid he were being taken advantage of &c. He has so far expressed no delusions.
Nov 4th						His case is somewhat indefinite. He answers freely but will not own any delusions. He is eating well & sleeping well and he has been working quietly in the division He has at present pediculosis pubis which is being treated by mercury.
Nov 10th						He has been sent to the 3rd Division. He is more off hand in manner easily made mildly irritable & says he is getting worse each day.
Nov 16th						He has been sent out to work in the gardens & has done well the last two days: Eating fairly.
Nov 18th						Says he has strained himself. The glands in the left groin are knotted & painful & he has been kept in from work.
Nov 22nd						States that the glands have been hurt there by some "influence" of the spade he was using. He is cross & irritable: There is no urethral discharge at present & no sore.
Nov 30th						The glands are softening & are threatening to break down — A bandage with cotton wool and dressing has been applied in case any sudden movement causing the condition to "rupture"

NAME, James Paisley.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Decr 12th						Says that undoubtedly the cause of the swelling is the poison we are giving him daily in his food: we must be giving it to him as he has no bad blood in him etc: Says also that he has got steadily worse since his admission. He sleeps well & eats well: becoming more idle lazy and enfeebled in look: He has quite lost the smart soldierly look he had — The glands are soft & fluctuating but they seem to be less tense than before. & will be given a chance to absorbe.
Dec 31st						Repeats the above re poisoning. Glands soft & fluctuating but giving no pain & little discomfort. They will probably soon be opened.
January 16th 1901:-						The glands have become absorbed. There is still marked thickening in the groin but the fluctuating swelling has gone down. He is easy to manage at present but he has many delusions that he has been poisoned & abused by everyone here & so on.
Feby 28th 1901:-						He was visited today by the glasgow district military M.O. who has discharged him from further service. He was offhand in his replies to any questions & expressed great desire to go back to the army &c as here the food poisoned him & so on. He has a very back "Defaulters" record (about 3 pages) Drunkenness is not however frequent only 3 times noisiness, disobedience to orders & so on are the chief entries. He is evidently a bad lot altogether. He is entered as having Rheumatism & Dysentery at the Durban Hospital.

→ 945

NAME, James Comline No

Admitted, 29th October 1900 Pr. Ad.

Sex, Male Age, 70 Marriage, Married Occupation, Ostler

Education, ✓ Religion, Protestant

Private or Pauper, Kelton Parish Where from? Academy St Castle-Douglas

HISTORY.

Causation.

Disposition Rather hot tempered passionate man

Habits Active –

Previous Attacks—No. (age 56) Kind mania.

Duration ✓ Where treated S.C.A

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental He continued mentally sane up to a week or so ago: Alcohol is stated to be a

Bodily factor in his case – He works well but is subject to attacks of rage

Recent.

Mental when drunk & goes for anyone near him with his "leg": He was depressed

Bodily dull & moody a week ago & would not come home roaming about the

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack A week

Other Facts or Remarks

Churchyard &c – This alternated with attacks of rage & excitement at home.

Facts of Medical Certificates

Dr Lorraine: violent waving his arms about hitting his head & chest: shouts at the top of his voice.

has delusions:

ii silent & morose breaking furniture.

Goes to Kelton Churchyard for hours

Dr Hector: as above

ii as above

NAME, James Comline

STATE ON readmission.

Mental.

Exaltation ✓

Depression marked in look & manner - dejected in speech

Excitement slight

Enfeeblement marked:

Memory Poor

Coherence Yes Can answer questions? Yes

Delusions None expressed

Other Abnormalities somewhat hypochondriacal.

Bodily.

Appearance Tall healthy looking old man

Skin Clean Hair Grey scanty

Eyes Blue Pupils Small equal & react

Muscularity Good Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina

Lungs The chest is large: There is slight chronic bronchitis -

Heart There are no murmurs: irregularity in time.

Tongue Clean Bowels constipated

Other Organs, Abnormalities, Bruises, &c. Right leg amputated below the Knee

Appetite Fair

Urine 1024 Nil: healthy

Menstruation ✓

Pulse 82 large wave slight irregularity Temp. ✓

Height 6ft 1 Weight 10 8½.

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 Comline

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30th Oct: 1900:						James is in fair health but he is still mildly depressed and he is silent moody and irritable He has not slept lately and his eyes are "bloodshot" and the pulse small & rapid: He has been given a mild purge and he has been quieter since.
1st Nov:						Mildly depressed: silent will not answer questions: He is eating well & bowels are now all right: Slept fairly.
3rd Nov:						The irritability has to a great extent passed off: The moody depression comes on him several times daily when he feels "ill & useless" He rarely speaks -
10th Nov:						In good health: mentally he is improving: He is stouter & fresher looking eating well & sleeping well and he is easily managed & pleasant: The mild depression continues at times but is not so marked and the turns are also less frequent
16th Nov						In 1st Div: sleeping & eating well, and much improved mentally.
28th Nov						He has been complaining of rheumatic pains throughout his body & limbs: There is also abrasion on the patella of the amputated leg caused by the "pin" - He is still inclined to dwell on these little ailments & to be depressed about them but he is more sane & sees them in their true proportion now.
Dec 8th						He has seen his friends who are pleased with him: he sleeps & eats well & the depression is now gone.

NAME, James Comline.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Dec 17th						Quieter & much more settled: She is now practically sane: Has an easy going pleasant act man who does not speak much but who is easily managed in every way: There has been no impulsiveness at any time.
Dec 29th						So now ready for discharge. Quiet cheerful & pleasant. In good health. Code
						RECOVERED.
						January 3rd 1901: He were asked to send an attendant to bring him in again but his friends refused saying that he was only drunk: No certificate had been got so he was left at home.

NAME, Charles Moffat No

Admitted, 30th October 1900 Pr. Ad.

Sex, Male Age, 30 Marriage, Single Occupation, Van Drive

Education, ✓ Religion, Protestant

Private or Pauper, - Dfs - Where from? 16 Brooke Strat

HISTORY.

Causation.

Disposition Quiet retiring

Habits Active up to year ago

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental He has gradually been becoming more depressed: He left work about a year ago & would give no reason for it: Became dull. listless apathetic: Latterly became very delusional and sleepless -

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Not known

Other Facts or Remarks

Facts of Medical Certificates

Dr Kerr: Insane appearance & manner: staring vacantly & smiles silly - delusions of sight & hearing shadows beckon him at nights

" Can't get employment because his hearing is too acute

Dr. Livingstone: appearance & conduct - sees figures & hears voices -

NAME, Charles Moffat

STATE ON Admission.

Mental.

Exaltation ✓

Depression Marked in look altitude and manner

Excitement ✓

Enfeeblement marked

Memory Poor

Coherence Yes Can answer questions? Some.

Delusions None expressed

Other Abnormalities will not converse at all freely.

Bodily.

Appearance Thin spare 'neurotic' man

Skin Clean Hair Fair

Eyes Blue Pupils large Qual mobile

Muscularity Fair Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs Chest flattened below clavicles: the premitus is increased: modified dulness on percussion + health sounds

Heart sounds are clear & good [are rough & prolonged.

Tongue Clean Bowels constipated.

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Poor

Urine healthy 10 H Acid

Menstruation ✓

Pulse 76 regular low tension Temp. ✓

Height 5 ft 5 Weight 7 st 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.

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NAME, Charles Moffat

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
31st Oct: 1900:						Moffat is a case of fairly marked depression associated with hallucinations of sight and hearing. He is in much reduced health but there is no actual phthisical condition present. He slept fairly & has eaten well.
2nd Nov:						Very depressed & enfeebled: He has no energy listless and apathetic, brooding over his condition. He hears voices & sees shadow like objects each night beckoning to him.
6th Nov:						Sits in dayroom with head bent & paying no attention to his surroundings He answers in monosyllables and gives short curt irritable replies to most questions: Depressed & uneasy: He sleeps fairly & eats well.
10th Nov:						There is little change: He is if anything brightening up a little He moves about the gallery now and speaks more freely: but still is enfeebled & stupid & dull.
16th Nov						Quiet stupid dull & depressed Flushed & at times hectic look He has never had any increase of temp: pulse 84 regular & small He sleeps & eats fairly: resents any questioning still hears the voices at times & refuses to speak when he does so: Never active in his movements.
28th Nov						He is now doing a little dusting in the wards and out is in: He is also speaking more & replies more readily: enjoys his smoke. Improving but wants energy: Eating & sleeping well & beginning to smile at times Listless answers occasionally.
Dec 8th						

NAME, Charles Moffat.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Decr 29th 1900:						He is more active: less depressed: does a good deal of light house work: He is not physically strong enough to do much outside at present: He is however gradually becoming more alert and is now inclined to rage and object to his detention which is a sign at least of returning energy He eats fairly & sleeps quietly:
January 11th 1901:-						Today he had evident hallucinations of hearing: He was very restless and uneasy and answered back the voices: these said that he was "no good" & called him names.
February 2nd						He has been easily drawn on his delusions since last note and these are very varied. He is acted upon by electricity: He is wakened at night by spirits talking to him &c
March 1st						Sent out to work: He has many growling days refusing to talk as we are all against him & so on.
March 19th						Told the Commissioner today that the Dr. had been against him ever since he was born & had always been nasty and acting against his interests His delusions vary from day to day.
May 15th						Sent to day to

FARM ANNEXE

1907. Nov 12. This patient is a thin individual with a red beard. He has many hallucinations of hearing. He works in the store. & sleeps at farm

1908. Nov 10. No change to note in this patient.

1909. Aug 16. Now in new farm day room. A quiet patient but with hallucinations. Walks backwards & forwards himself to store

1910. Mch 10. No change to note.

1910. Dec. 2nd. Patient has been in the Inf for the last two or 3 days with a mild attack of facial Erysipelas but he is all right now. No change mentally. works in the stores.

P887. F.H.P

NAME, James Crawley No

Admitted, 31st October 1900 Pr. Ad.

Sex, Male Age, 38 Marriage, Single Occupation, Worker

Education, ✓ Religion, Protestant

Private or Pauper, Mochrum Where from? Little Killantrae

See page 481:

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One Kind similar

Duration 28 Feby 1900 – 3 April '00 Where treated C.R.I.

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental As mentioned he relapsed within six weeks and wandered serving in each place only a few weeks: A few ~~weeks~~ days ago threatened to commit suicide & stabled himself in the side –

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Tried to stab himself in the chest

Dangerous No

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

D Selby:- complains that people are constantly shouting & abusing him through his window – Tried to stab left side of chest this morning with a penknife.
" afraid people were sent for him.

D Smith:- wild terrified look – pursuedly policemen
" constant dread take to fields to escape lion & dogs &c

NAME, James Crawley

STATE ON re-admission.

Mental.

Exaltation ✓

Depression slight:

Excitement ✓

Enfeeblement considerable - silly vacant expression &c.

Memory Fair

Coherence Yes Can answer questions? Yes.

Delusions Many stout people following him threatening him

Other Abnormalities

Bodily.

Appearance well nourished weather beaten man

Skin clean Hair Dark

Eyes Pupils large equal sluggish

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina

Lungs The breath sounds are healthy

Heart are regular & clear but there are no murmurs

Tongue clean Bowels ✓

Other Organs, Abnormalities, Bruises, &c. A small punctured wound ½" below the left nipple said to be accidentally

Appetite Good

Urine healthy 1026 Acid deposit of urate.

Menstruation ✓

Pulse Frequency good Temp. ✓

Height 5/1 8 Weight 9st 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.

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NAME, James Crawley

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2 Nov: 1900						Quiet, easily managed: He is mildly depressed and he has many delusions. That people followed him, hounded him and made a fool of him &c. He is healthy looking.
3rd Nov:						Eating & sleeping well. He is always relieved when he is in bed as no one ever bothers him here. He is easily managed & gives no trouble - a good worker as above: He now says that these people troubled him greatly at nights especially by calling to him & that when he went out policemen followed him &c.
5th Nov:						Quiet & settled & doing duty to FARM ANNEXE
7th Nov:						

NAME. James Crawley

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

NAME, John Carson No

Admitted, 5th December 1900 Pr. Ad.

Sex, Male Age, 38 Marriage, Married (separated) Occupation, Cattleman

Education, ✓ Religion, Protestant

Private or Pauper, Dryfesdale Where from? Dumfries Police Office

HISTORY.

Causation.

Disposition Quiet cheerful

Habits Teetotal hard worker

Previous Attacks—No. none Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity see history.

Other Diseases ✓

Predisposing

Exciting Epilepsy?

Symptoms. First.

Mental He was excited when he left Lochorbie became very violent & obstreperous broke glass

Bodily & assaulted people was apprehended to Police & brought up one hand cuffed

Recent.

Mental he had been very excited —

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Said to be

Duration of Existing Attack A few days.

Other Facts or Remarks

His mother is a well known Lochorbie character: He is an active well doing cattleman who deals in the various markets: He is stated to have had one or two of these outbursts previously to the the last about 10 weeks ago: The history of epilepsy is far from definite. He says it is due to his stomach & that a dose of medicine at the first would have checked it.

Facts of Medical Certificates

Dr Thomson:- Inacute mania, violent dangerous shouting & talking incoherently.

Dr Gilmour:- restless & excited: thinks he is herding his cattle & shouts to them: Looks under his bed to find the man who annoying him to let out his blood.

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NAME, John Carson

STATE ON Admission

Mental.

Exaltation Slight : never felt better in his life

Depression ✓

Excitement Marked very talkative & blustering

Enfeeblement Slight

Memory Fair

Coherence Yes Can answer questions? Some.

Delusions Suspicious – Has hallucinations of hearing & talks to his voices.

Other Abnormalities results pertaining

Bodily.

Appearance He is a fine appearing quiet man

Skin Clear Hair Dark

Eyes Dark Pupils large equal reacting

Muscularity Fair Fatness very stout round abdomen

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs Chest well formed & breath sounds healthy

Heart Sounds clear & have no murmurs.

Tongue clean Bowels ?

Other Organs, Abnormalities, Bruises, &c. Bruises on wrists from hand cuffs. Complains of precordial pain but no objective cause can be made out.

Appetite Fair

Urine is healthy

Menstruation

Pulse 88 small regular Temp. ✓

Height 5 ft 9 Weight 155 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.

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NAME, John Carson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6th Dec. 1900						He was very restless excited last night. He sat up in bed swearing and fumbling about the mattress determined to find who was troubling him and saying he would let his blood out if he got him: He slept a little towards the early morning.
7th Dec.						More quiet and settled: He is dull stupid looking: depressed vacant expression will not answer questions: He is taking his food well and his bowels have been freely opened by Calomel.
8th Dec:						more talkative: anxious to be away: He states that he is subject to these attacks + that if his bowels had been freely opened he would have been alright: Shabswell.
10th Dec						He is pleasant somewhat dull man: He eats well: Is quiet and biddable: easily managed He has been practically well for the last two days.
12th Dec:						There has been no return of his illness so far and he is very anxious to be home soon.
17th Dec:						He was to day discharged. His sister who came for him says he is subject to these fits of excitement. They are not due to alcohol as he is a most sober man and he is active when well: They have been however more frequent of late and more severe - (Epilepsy?)

RECOVERED.

NAME. John Larson.

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

NAME, Bernard Yately No

Admitted, 7th December 1900 Pr. Ad.

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

Education, Religion, Roman Catholic

Private or Pauper, Dumfries Where from? Mucklow Ireland

HISTORY.

Causation.

Disposition Pleasant, cheery,

Habits Active

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting Alcohol

Symptoms. First.

Mental Yately has been doing labouring work up & down the country lately. He arrived in

Bodily Dumfries 3 days ago: got too much liquor on an empty stomach and

Recent.

Mental became excited & committed a breach of the peace landing into the Police

Bodily hands here he was found to have hallucinations & delusions from

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack A few days

Other Facts or Remarks

the alcohol & he was sent on here.

Facts of Medical Certificates

Dr Kerr: Appearance & manner - delusions of sight & hearing - Believes he's in danger of his life & hears voices

Dr Livingstone: Rambling incoherent. threatens to take his life & has met a man who compelled him to follow him.

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NAME. Bernard Yately

STATE ON Admission

Mental.

Exaltation ✓

Depression very marked, dejected attitude

Excitement ✓

Enfeeblement marked - will not speak nor move

Memory Cannot be tested

Coherence Do Can answer questions Do

Delusions He evidently sees something which is startling him as he will not move.

Other Abnormalities Is semi stupose.

Bodily.

Appearance A well nourished young man

Skin Clean Hair Fair

Eyes Blue Pupils Large equal react

Muscularity Good Fatness Good

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs Chest well formed + breath sounds healthy

Heart Sound normal

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Fair

Urine No abnormality

Menstruation ✓

Pulse 80 regular good force Temp. ✓

Height 5ft 8 Weight 10 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.

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NAME, Bernard Yately

DATE.	Tesperat. Morn.	Tesperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8th Dec.						He was very dull, depressed, and evidently had acute hallucination of sight which were making him "energic" when admitted – This passed off after his bath and a good tea. He slept very well. This morning he is dull stupid & dazed but answers sensibly though slowly: Eating very well.
9th Dec.						More alert, active, & pleasant.
10th Dec.						He is more talkative & communicative to day and speaks well. Has begun to do a little ward work and is a quiet, settled & pleasant man – Eats very well
11th Dec.						He is now practically sane & is improving daily in looks and appearance – He is a smart young man – writes well & speaks well with a good "brogue" – He is working very actively in the wards – Sleeps very well.
14th Dec.						Arrangements have been made to send him home to Ireland. His mother having sent on the necessary expenses:
14th Dec.						He is changed to day.
						He has just missed an attack of Delirium Tremens. He is a very active man & showed it well.

RECOVERED.

NAME. Bernard Yates.

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

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NAME, Robinson Gibson No

Admitted, 11th December 1900 Pr. Ad. /

Sex, Male Age, 48 Marriage, Single Occupation, Gardener

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Glasgow

HISTORY.

Disposition Reserved –

Habits Quiet active hardworking

Previous Attacks—No. one Kind similar

Duration up to 8th Augt 1899 Where treated C.R.D.

Hered History—*Insanity*

Other Diseases

Predisposing

Exciting

Causation.

Symptoms. First. Mental / Bodily

Recent. Mental / Bodily

He was discharged on probation to the care of a brother in Dumfries: He papered and painted his house for him & then went to Glasgow: Here he had good work & wages as a painter up to about 6 weeks ago when he was laid off in the 'slack' time. His relatives who then had to look after him brought charges of cruelty against him – He was sent to the observation

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Continuation of former attack.

Other Facts or Remarks

ward for about 10 days & has been certified & sent here. The probability is that his friends would not give him anything whenever he ceased to earn enough to keep himself.

Facts of Medical Certificates

Dr Carswell: Dull listless & stupid in manner & appearance – Has the delusion that he is persecuted from working by some mysterious means.

Dr Coe: Dull & stupid: answers questions sensibly. acts in an aimless manner.

NAME, Robinson Gibson

STATE ON readmission

Mental.

Exaltation ✓

Depression slight

Excitement ✓

Enfeeblement marked - wants mental energy + initiative &c

Memory Good

Coherence Yes Can answer questions? Yes

Delusions – that he could not work outside &c.

Other Abnormalities –

Bodily.

Appearance Tall fairly nourished man

Skin clean Hair Dark

Eyes Dark Pupils large equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs Chest somewhat flattened at apices. breathing is roughened but there are no crepitations.

Heart sounds are clear + good

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. no bruises

Appetite Fair

Urine is normal

Menstruation ✓

Pulse 80 regular good wave Temp. ✓

Height 5ft 9 Weight 9st 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 Hypochondrias.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.

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NAME, Robinson Gibson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15th Dec.						Gibson is practically as he was when discharged & he was to day sent to FARM ANNEXE.

NAME. Robinson Gibson.

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

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NAME, James Tweedie No

Admitted, 4th January 1901 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, Parton Where from? Mary Tweedie
Slatefield Street 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 No

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates.

Date of warrant 26 Nov: 1900

He labours under delusions of exaltation such as that he is heir to large properties & large sums of money. He also labours under hallucinations of hearing.

NAME, James Tweedie

STATE ON transfer

Mental.

Exaltation Considerable: He is heir to large properties and he is very wealthy

Depression ✓

Excitement ✓

Enfeeblement marked.

Memory Very poor

Coherence No Can answer questions? Some simple

Delusions many as above

Other Abnormalities

Bodily.

Appearance A fairly nourished man

Skin Clean Hair gray dark

Eyes Blue gray Pupils moderate equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K: j: present Special Senses ✓

Retina ✓

Lungs Chest is well formed and the breath sounds are healthy.

Heart Both sounds are clear & good

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Fair

Urine 1026 Acid healthy.

Menstruation ✓

Pulse 78 regular fair wave Temp. ✓

Height 5/15 Weight 8 st 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, James Tweedie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Jany 6th						He is rambling and incoherent in his talk and his history cannot be got from him: he is evidently a chronic case however. He is exalted easy to manage and gives no trouble.
Jany 12th						He has been sent to the 3rd Div. Never does any work: never reads smiles blandly when spoken to and expresses some exalted idea. He cannot even tell his birthplace & mentioned Govan, Ailsa Craig & Annan — Sleeps & eats well.
Jany 18th						Quiet & pleasant & giving no trouble: Idle & silly.
February 6th						There has been no change of any sort: He speaks in a very incoherent way and his remarks are difficult to follow: Still has the idea of being wealthy & heir to a large estate somewhere.
Febry 12th						Very enfeebled a quiet smiling & silly dement: he looks as if he had been an inmate for years Almost mindless: Has no memory for recent events — says he is 25 years old Gives no trouble in anyway
March 1st						Little change sometimes does a little dusting: never enters into a coherent conversation of any sort.
March 16th						Off to bed today with a chill. Bronchitis sounds over back of chest, sore head &c: pulse 110 temp 99.8°. No change mentally.
	18th					Improving and now again taking his food well. pulse 88 regular temp 98°.
April 8th						He is again back to his usual quiet and easily managed state. He is a silly vacant dement who gives little trouble &c Sleeps & eats well

NAME. James Tweedie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
May 16th						There is little change in Tweedie: today he had a mild outburst of excitement: he spoke rapidly and incoherently about people at home who would see to his getting justice and that he would come into his money through time. This is the first occasion on which he has been delusional for some time
June 2nd						Has been quiet dull listless and apathetic since last note and there has been no return of the excitement.
July 10th						He is in 3rd Div: a quiet easy going man: he rarely does any work never occupies his time in any way and he is idle and listless: answers as a rule in monosyllables He is in good health.
Aug 29th						No change in any way. Quiet dull very infantile: He has a poor memory and cannot give any connected statement with regard to his delusions or otherwise. He sleeps & eats well.
Oct 16th						Dull apathetic and evidently a very chronic case – He eats & sleeps well and gives little trouble.
January 6th 1902						He has recently had one or two outbursts of raging in the mornings. There are long incoherent disconnected statements about what he will do if he does not get away. He is easily managed as a rule. He becomes very excited when in his talkative moods and storms loudly but he has never been threatening. He eats & sleeps well
March 20th						No change in any way.
1903 January 10th						Continues excitable delusional & irritable. Good health
1904 March 1st						No change. delusional & threatening.
1905 Nov. 1st						Has been in the Sanatorium for some time and gives no trouble.

See page 983

NAME, Charles Stewart No

Admitted, 5th January 1901 Pr. Ad.

Sex, Male Age, 49 Marriage, Single Occupation, Seaman

Education, ✓ Religion, Protestant

Private or Pauper, Sorbie Parish Where from? M. A. Stewart (Sister) Garlieston

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HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind

Duration 15 Ap 1883 – 10 July 1883 Where treated Southern C. Asylum

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental On looking back old case books he seems to have had an attack at 16 years of age: Then one

Bodily at 23 treated in the asylum. 15.1.75 – 6.5.75 and discharged recovered then the attack

Recent.

Mental mentioned above: This attack is of a few days duration and came on

Bodily with sleeplessness and wandering &c.

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 8 or 10 days.

Other Facts or Remarks

Facts of Medical Certificates

Dr Lindsay:– Wanders aimlessly: Believes people mean to poison him says he has never been to sea & that he has no relatives

" Objects to sleep in any house & prefers to sleep out.

Dr Douglas: Restless suspicious & frightened that anyone will injure him – extremely dirty: heavy clothing

" See troops of soldiers & will throw away food through hungry.

NAME. Charles Stewart

STATE ON readmission

Mental.

Exaltation ✓

Depression marked, restless and uneasy, frightened hunted. expression

Excitement marked

Enfeeblement slight:

Memory Cannot be tested

Coherence ? Can answer questions! Only occasionally

Delusions That he is to be killed: also poisoned & so on

Other Abnormalities Has hallucinations of sight & hearing. Refuses food.

Bodily.

Appearance In fair health: Thin space active

Skin dry harsh Hair Gray

Eyes ✓ Pupils Small equal & react

Muscularity Fair Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K. j. present Special Senses ✓

Retina ✓

Lungs The chest is flattened below clavicles but there are no alterations in the breath sounds.

Heart sounds are slightly irregular in time & force.

Tongue Clean Bowels ~~say~~ constipated.

Other Organs, Abnormalities, Bruises, &c. There are no bruises

Appetite Refuses food at times

Urine 1024 Sp. Gr: Acid: healthy

Menstruation ✓

Pulse 87 irregular in T & F Temp. ✓

Height 5 ft 6 Weight 7 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, Charles Stewart

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6th January 1901						He is depressed sleepless and restless. Cannot sit still for a minute in any place in the ward: Has hallucinations of sight & hears voices also speaking to him: resistive and thinks he is to be poisoned. He takes only a little at meal times & occasionally refuses food.
8th Jany						As above: He has been given Calomel gr 5 which has cleared the bowel. He is still resistive depressed and refuses to speak occasionally.
10th Jany						Has an occasional restless night requiring constant attention to keep him in bed: As he has refused food for past 2 days was fed this morning by tube: He struggled & olent and gave great trouble. He is active as a cat and gives sudden twists & wriggle which make him difficult to hold. Fed again at night.
12th Jany:						Fed the last two days: He struggle very forcibly and bruising is almost impossible to avoid. He arches his body on elbows & heel & cannot be got to lie evenly in bed. He has the idea he is to be poisoned.
14th Jany.						Bowels have not moved since 9th was given Magnus Sulph 3X in his food.
16th Jany						The above had no effect so Cr Cretin [illegible] was given. This gave him a good clear out after 5 hours. Still struggling and fighting when fed so that there is constant dread of broken bones. He is depressed & resistive: Has marked hallucinations of sight & hearing. Constantly getting out of bed at nights: Rarely speaks —
Jany 20th						Took his food this morning.
21st						Cannot eat enough now.

NAME. Charles Stewart.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
February 1st						Still confined to bed: He has a restless day every 3rd or 4th day when he is out of bed & down the corridor if the attendant back is turned for a minute: He struggles & resists when brought back: This is probably the result of hallucination of hearing: He is still depressed —
Feby 6th						Quieter & not so excited at present but still resistive. Takes his food fairly now & the bowels are regular also sleeping better.
Feby 12th						Up today and sitting in S.R. He sleeps well now: Talks a little but he is still suspicious of us all: Takes his food well & the bowels are regular.
Feby 18th						In 2nd Div: moves uneasily up & down the room glances into all the corners and rooms evidently on the outlook for something there. He speaks in monosyllables and is fairly easy to manage.
Feby 24th						Again going off his food and he is more resistive: He is also more anxious to be alone and as he is evidently under some delusion that he must die he is being closely watched in case of suicidal tendency.
March 1st						Off to bed again: resistive refusing food at times & very peculiar. Difficult to keep in bed as he slips out whenever he has an opportunity to peer down the corridor: Hears voices speaking to him &c.
March 12th						Again eating rather better and not so resistive —
April 2nd						Quiet and pleasant just now and giving no trouble, eating very well. He is a man who prefers to be left alone and who answers all questions in a quiet reserved and reticent way. He is sleeping well.

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NAME, John Bisset No

Admitted, 12th January 1901 Pr. Ad.

Sex, Male Age, 72 Marriage, Single Occupation, Hawker

Education, Protestant Religion, ✓

Private or Pauper, Gretna Parish Where from? Perth 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 Yes

Dangerous No

Duration of Existing Attack 7 days

Other Facts or Remarks

Tried to drown himself in day about a week ago was apprehended by police & sent to Poorhouse.

Facts of Medical Certificates

Dr Hunt: He goes about threatening to commit suicide to drown himself - requires constant watching has no idea where he is & talks incoherently.

" Bisset imagines the roof is falling on him: & threatens to break the windows.

Dr Macaulay: - Delusion of sight & hearing. threatens to commit suicide: &c &c

NAME. John Bisset

STATE ON Admission

Mental.

Exaltation ✓

Depression marked in aspect manner & speech

Excitement none

Enfeeblement marked, cares little where he is &c.

Memory Very poor

Coherence Yes Can answer questions? Yes

Delusions Is impoverished has got to die & may as well do so

Other Abnormalities

Bodily.

Appearance A frail old man

Skin clean Hair Grey

Eyes Chronic conjunctivitis Pupils Calabar act affects both lenses

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs The percussion note is fair but he has chronic bronchitis.

Heart No murmurs: sound irregular in time & force.

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. No bruises?

Appetite Fair

Urine 1036 Acid: Trace albumen

Menstruation -

Pulse 80 irregular in time Temp. -

Height 5-9 7 Weight 8 st 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.

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NAME, John Bisset

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13th January 1901:—						He is a frail old man: mentally enfeebled and depressed: He is somewhat talkative rambling & incoherent and even smiling at times then says he has to die & want to do so at once. He evidently only half realises this. He has taken his food well since coming in. Slept fairly.
16th Jany						Depressed & miserable in his aspect and bearing: he brightens up when spoken to: Has little memory: no idea where he is. and has been unable to give any history about himself.
19th Jany						Improving in appearance: the eyes are less "blood shot" and he is sleeping & eating fairly: Still has the idea he must die.
26th Jany:						Becoming more quiet & settled. and the enfeeblement is even more marked as the mild restlessness & passing off: Not fit for any work and requires to be looked after as regards clothing & cleanliness.
Feby 6th						Active: Giving little trouble Eating & sleeping well: Not so depressed
Feby 12th						Mr Dix: Easy to manage now pleasant: Not nearly so depressed. He is stupid confused & he has lost memory of his wanderings & actions before coming here.
Feby 20th						Eating well & sleeping well and again anxious to be "on the road". He has lost the depression & the chief feature of his case is now marked enfeeblement: He is easy to manage & pleasant when spoken to: gives no trouble & is anxious to do a little work In improving health. He is more stout and active and gives no trouble.
March 16th						

NAME. John Bisset.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						the depression has now passed off and he can enjoy a joke: He is anxious to make up his pack again & go round the country
April 10th						He has been sent to the 3rd Div: He is a quiet enfubled and "done" old man
May 2nd						There is no change: He complains at times of his eyesight or of his breathing and says he must be off to get round the country again & wants this port right first. He is very enfubled: Has little memory and he is facile and easily guided.
June 6th						Much as at last note: never reads never occupies his time in any way Asks each morning when he is to get away. He has a few stock remarks which partially had me to think he may have more mind than is the case: He has no memory for recent events and he cannot say when or how he came here &c.
July 22nd						Pleasant old man in his dotage more or less mindless: His wanting away is a thing which he asks as a matter of routine and without appreciating what it means He is facile and easily contented.
Augt 27th						No change except a gradually increasing mental weakness. He is easily guided here facile and contented.
Nov 8th						He is in the 3rd Div and a quiet and very easily managed old man. He is very enfubled and silly & soon loses himself if left alone.
January 9th 1902						No change. In very fair health. He is easily managed but at present he is anxious to be out to the poor house Mildly depressed & enfubled.
Feby 7th 1904						Died today. — Died —

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NAME, Thomas McDowall No

Admitted, 22nd January 1901 Pr. Ad.

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

Education, - Religion, Protestant

Private or Pauper, Kirkmaiden Where from? Drumore

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 Is epileptic

Suicidal No

Dangerous No

Duration of Existing Attack Since birth

Other Facts or Remarks

Was living with a grandfather who looked after him on his death recently none in the neighbourhood would take him in: He never reached the puberic condition of the limbs & said to have lasted from birth.

Facts of Medical Certificates

Dr Clark:- above named is a silly idiotic boy and can only comprehend the simplest questions. He spends the time in childish amusements - as making whistles. It an imbecile all his life.

Dr Smellie:- Epileptic idiot understands only the simplest questions;

sc sc

NAME, Thomas McDowall

STATE ON Admission

Mental.

Exaltation ✓

Depression ✓

Excitement ✓

Enfeeblement An imbecile:

Memory Cannot be tested

Coherence ✓ Can answer questions? all below

Delusions ✓

Other Abnormalities Speech is almost unintelligible: nearly all the consonants being badly produced.

Bodily.

Appearance A small deformed little man

Skin Clean Hair Fair

Eyes ✓ Pupils large equal react

Muscularity Fair Fatness Poor.

Nervous System—*Motor* He has atrophic and undereloped lower limbs with contracture & increase of reflexes: He has never walked ~~Sensory~~: The left upper limb is also contracted and shortened The right he can move voluntarily but there are athetotic movements on effort

Reflex Action all increased ~~Special Senses~~

Retina ✓

Lungs Chest fairly formed & no active disease can be made out

Heart The sounds are healthy

Tongue Clean Bowels slight incontinence

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite Fair

Urine 10 Ib Acid No albumen

Menstruation ✓

Pulse 78 regular smaller arc 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 McDowall

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Jany 26th						An imbecile and a very troublesome one: He is practically paralysed in all limbs except his right arm. He is able to feed himself with his but in doing so, has many grimaces and choreic movements. He is unable to move or assist himself in any way & has to be carried about from place to place. He has incontinence of rectum & bladder: He can give warning when the bowels are about to move but it is generally "too late". He is difficult to dress & undress &c. His speech is bad all the consonants are pronounced in a guttural way and the only words he speaks at all plainly are "swear" words. This is his only accomplishment and he swears volubly when in any way annoyed: His fits are fairly severe: Sleeps in sick room.
Jany 30th			108			He has been put off to bed with an attack of bronchitis (?) pneumonia. There are marked whistling rales all over the chest at both base but there is dulness moderate at rt base.
Jany 31			116			Coughing a good deal: Looks fairly bright but pulse is rapid.
Feby 3rd			112			Somewhat improved and taking his food well. In mild perspiration.
Feby 6th						Pulse still somewhat rapid & full but his general condition is improving.
Feby 12th						He is still "Hoastin yet" to use his own expression. This is due to a slight bronchitis but he is brightly looking & seems again in his usual: He gives little trouble as he can always give a call when he wants the stool &c. "Swears like a trooper" at times

NAME. Thomas McDowall.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
March 12th						He is again ill with an attack of more acute bronchitis with asthmatic exacerbations. He is on small doses of Potass Iodid & Ammon Carb with additional doses of K Camph Co when the cough is troublesome at nights — There is no change mentally —
April 10th						McDowall has been better and worse since last note: He looks very ill when the asthmatic condition is present. He is easily fatigued and exhausted. Difficult to keep cleanly & quite helpless: He is still absolutely confined to bed. Eats & sleeps well.
May 16th						No change mentally: His bodily condition shows no change. He is happy & contented and very pleased if taken any notice of His family sharp in observing incidents about the sickroom &c.
June 4th						The bronchitis is passing off & the chest is now fairly clear. The fits still continue every few days and are very severe. He often complains of pain after them, in the chest and thigh muscles especially.
July 18th						There has been no return of bronchitis mentally unchanged still in bed
August 29th						There is considerable improvement physically: though there is now a slight cough at nights. He sleeps well: The fits continue constant and severe: Pleasant cheery and always anxious to be noticed on the round. Eats well.
January 8th 1902:						No change: In fair bodily health: He has been in bed in the sickroom for some time and is generally a quiet pleasant little man. Easily managed except for his helplessness. Fit not severe lately. Subject to attacks of diarrhoea.
March 20th Oct: 4th						Gradually grown weaker & he died today.

NAME, James Bell No

Admitted, 31st January 1901 Pr. Ad.

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

Education, ✓ Religion, Protestant

Private or Pauper, Dp. Where from? Crown Close High Street

vide vol 16 page 390 also

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Two Kind Similar

Duration in 1884 & 1886 Where treated S.C.A.

Hered History—Insanity

Other Diseases

Predisposing

Exciting Note: in the 1884 casebook he is mentioned as being "Epileptic" – no later note /.

Symptoms. First.

Mental Had a first attack at 14 years of age when he was discharged in a few months relieved

Bodily and again in 1886 when he was discharged relieved after 6 mos probation: He was

Recent.

Mental a patient who was noisy troublesome constantly "howling & weeping". He has

Bodily never worked and he has been round the country side the butt of the children &c.

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack unknown

Other Facts or Remarks

For the past few months he has gradually been becoming more difficult to manage at home & has several times recently struck his mother.

Facts of Medical Certificates

Dr Kerr: insane appearance & manner; refuses to answer any reasonable questions or engage in conversation; restless & excited twitching his head & eyes from side to side

" Suddenly becomes maniacal & struck her several blows

Dr Smith: insane appearance, restless manner & inability to converse intelligently or answer questions.

" idle dirty in his habits very destructive.

NAME. James Bell

STATE ON pe admission

Mental.

Exaltation ✓

Depression Considerable

Excitement ✓

Enfeeblement marked: has a silly vacant manner

Memory Poor

Coherence Yes Can answer questions? Yes

Delusions ✓

Other Abnormalities more or less an imbecile -

Bodily.

Appearance In fair health:

Skin Clean Hair Dark

Eyes Dark Pupils Large equal - sluggish

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina

Lungs The chest is fairly formed and the percussion note is good but the auscultatory sounds are shallow.

Heart Sounds are clear & good.

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Fair

Urine 1026 Acid: slight deposit of phosphate.

Menstruation ✓

Pulse 80 regular fair movement Temp. ✓

Height 5ft 7 Weight 9st 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.

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NAME, James Bell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12 February 1901:-						He is more or less imbecile. He will not speak nor answer questions at present: He gazes round him in a hunted frightened way: Slept fairly and he has taken his food well.
3rd Feby:						Answers in monosyllables, very quiet however silly & vacant in. expression and manner, never occupies himself in any way He has been clearly since admission.
6th Feby:						He has done a little polishing he is however idle: lies dozing on the rop all day: when awake he has a frightened look & gazes rapidly from side to side never focussing any object for a second and he has hallucinations of sight.
12th Feby:						In 1st Div: He is a silly easily upset man who endeavours as far as possible to keep out of your way. Still peers about in a frightened way.
20th Feby:						No change: Does a fair amount of coarse house work
March 3rd - 16th						Sent to day out to barrow squad Works fairly but requires always to be told how to act as he seems to have little initiative - Rarely makes any sounds & he: still free from his weeping mania.
April 1st						No change working fairly well outside quiet steady & manages as a rule
April 30						Discharged today to the care of his mother relieved

RELIEVED.

NAME. James Bell.

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

NAME, Samuel Wilson No

Admitted, 6th February 1901 Pr. Ad.

Sex, Male Age, 22 Marriage, Single Occupation, K.O.S.B.

Education, Fair Religion, Protestant.

Private or Pauper, Haddam Parish Where from? Netley hospital

HISTORY.

Causation.

Disposition Active pleasant chary

Habits Hardworking

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Has been in the K.O.S.B. in India for a few months: There, has gradually become strange in manner & depressed and he was sent home to Netley a few weeks ago & thence transferred here. There is no history of Syphilis or fever.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Threats only.

Dangerous Yes

Duration of Existing Attack 206 Days.

Other Facts or Remarks

Facts of Medical Certificates Lt. Col Chester

Very dull, incoherent, wandering, talks nonsense says he had a silk thread tied to his heart at one end, some one kept hold of the other end frequently complaining being tied up with this string; wanders about persecution. Crushing heads & tearing eyes out, dead being piled up from underneath: duty & aggressive would be dangerous if not under supervision

" Major Morris: Silly objectless remarks sudden outbreaks of temper to act of Cautive & threat to drown himself

NAME. Samuel Wilson

STATE ON Admission –

Mental.

Exaltation ✓

Depression Slight in manner and aspect

Excitement ✓

Enfeeblement Slight, wants energy shows in movements etc

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions He has many: His heart is pierced by a sting which his enemies jog every few minutes.

Other Abnormalities

Bodily.

Appearance Albino pale anaemic young man

Skin yellow moist Hair Dark

Eyes Dark Pupils large equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K.J. present Special Senses ✓

Retina ✓

Lungs The chest is well formed and the heart sounds often healthy

Heart Sounds are clear + good: no murmurs nor irregularity

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite Fair

Urine 1030 Acid: uncentrifuged

Menstruation ✓

Pulse 80 regular good wave Temp. ✓

Height 5 ft 5 Weight 117 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.

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NAME, Samuel Wilson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Feby 8th						He is in fair general health: Mentally he is quiet somewhat dull stupid and lacking energy. He is biddable & easily guided: He has many delusions, says that his body is acted on at nights by some one: & that this person is ruining his health: Sleeps well & eats well.
" 10th						His friends have called to see him and he was pleasant & chatty with them. Giving no trouble
" 12th						Sits idle all day, rarely reads: rarely occupies his time in any way: Moody & listless: Speaks in monosyllables & will rarely converse. Sleeping well.
Feby 18th						Sent to day to 3rd Div: He has been quiet & has not expressed his delusions since he was admitted Says he is anxious to be home and to get back to outdoor work
" 26th						He has again been returned to the 1st Div: as he complained of someone tieing a knot in his jugular vein. He became more restless and uneasy & he was thought probably suicidal & returned.
March 4th						He is again quiet lacking energy: refused to be drawn on the subject of his delusions.
March 13th						Sent out to work today where he has done well: He, yesterday, said that the red cord was round his heart & that someone was jerking it at times: He is easily managed & is improving in bodily health.
April 16th						He continues to improve in bodily health: He is brighter and more alert than formerly working well & walks freely to his friends when they come to see him.

NAME. Samuel Wilson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
May 8th						He again yesterday complained of the string being pulled and disturbed at his heart and he went about all day "holding the precordia."
May 29th						He is working fairly steadily at present and he is doing better again. His bodily health is fair: the heart action is regular and there is no detectable disease in any organ.
June 23rd						He has gradually been becoming more unsettled: He is more vacant and silly in expression: more self absorbed and mildly depressed in aspect: He is not inclined to talk much and when he does he is more rambling and easily confused: He still feels the jogging and pulling pain at the heart & side. Iron had no effect on this. He sleeps well - eats well - works well.
July 2nd						Much as at last note no change in any way. Still feels the precordial pain at times. He is more vacant in expression and manner.
Augt 29th						There is only a gradual deterioration. He is very reserved and reticent. He is pale and anaemic looking and the precordial pain continues. He has shown no tendency to impulsive-
Nov. 26th						ness: No change: working outside daily: in fair health: mildly depressed, reticent about himself and suspicious. He still feels the heart pain occasionally.
January 9th 1902.						Pale anaemic looking. No active disease can be made out. Easily guided, very quiet, reticent and moody. Never occupies his time in doors and not at all sociable. He is still suspicious & no and then complains of his heart pain at times.
March 20th						He is improved - a good worker. Discharged from Hospital

NAME, James Reid. No

Admitted, 21st February 1901 Pr. Ad.

Sex, Male Age, 65 1/12 Marriage, Married Occupation, Trapper

Education, - Religion, Protestant

Private or Pauper, Kirkbean parish Where from? Rachel R. wife

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind similar

Duration Where treated C.R.I.

Hered History—Insanity Father died here 10 June 1874 Brother inmate 1871

Other Diseases

Predisposing H.P. & P.A

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 7 days

Other Facts or Remarks

Facts of Medical Certificates

Dr Cameron: wild look incoherent talk - does not know where he has been today cares about making babies.

ii wanders at night. Kindled a fire in a stable at Mainsiddell & burned a wringing machine.

Dr Tillie: i as above

ii as above

NAME, James Reid.

STATE ON readmission

Mental.

Exaltation marked, pleased with himself & his actions snaps his fingers &c

Depression ✓

Excitement singing and shouting

Enfeeblement marked: wants pid quest and memory.

Memory Poor for all recent events

Coherence incoherent Can answer questions? Some

Delusions Thinks he is making bee hives and begins to pick up any rubbish to do so

Other Abnormalities ✓

Bodily.

Appearance A slightly built old man

Skin rough moist Hair Gray

Eyes slight cataract Pupils large equal & react

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs The chest is somewhat emphysematous and there is chronic bronchitis with rhonchi & crepitation all over

Heart very irregular in time and force

Tongue [illegible] furred Bowels constipated

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite Good ✓

Urine 1018 Acid trace of albumen

Menstruation ✓

Pulse 80 irregular i T & F Temp.

Height 5 ft 5 Weight – 122 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, James Reid

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Feby 22nd		1901:–				Slept little last night: He was very restless in & out of bed, piling up the bedclothes – anxious to get materials to make bee hives with and offering to rid us of rats for ever &c. very rambling & incoherent.
Feby 24th						He is settling well. Still very incoherent & rambling: He is now great on his Crimean experiences and the deeds he then performed: Easily guided but noisy & very chattering. Taking his food well & he has lost the blood shot stupless look
Feby 28th						Doing a little house work: He is easily managed but still exalted stupid rambling & incoherent – He has got over the bronchitis he had when admitted. He is sleeping & eating excellently. No treatment has as yet been necessary.
March 3rd						Very pleased to get a new listener for his old stories & constantly chattering: Easy to manage. –
– 12						Sent to 3rd Div: where he comes to attention whenever you enter. Vacant; loss of memory, slight noisy restlessness, sleeps well etc.
April 4th						No change: an easy going mildly exalted old man. He is very anxious to get home to finish his "sleeps" & to go back to the fishing. He is easily put off, has little memory and he is past any useful work does a little dusting etc.
April 29th						No change: a silly dottled and raving old demant who often sings incoherently and noisily. Always ready to take up a challenge if such is offered him &c. &c.

NAME. James Reid.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
June 6th						He is out each day and collects rubbish. Still has slight bronchitis at times. Always talkative garrulous and readily made noisy. Incoherent is spoken to for any length of time. Anxious to be home to work. Very talkative about his experience in the Crimea & so on. In fair health & sleeping well.
July 31st						He has been failing for some few weeks & gradually again becoming more restless confused and excited.
Aug 12th						The feet are swollen and the toes are very dark & cyanosed with almost no circulation in them. He has been put off to bed and at once became noisy singing given to struggling would not stay in bed and very confused and troublesome in every way.
16th						Has again been got out of bed as he was too troublesome & difficult to manage. The swelling has to a certain extent passed off & the toes are again all right. Sleeping & eating well.
29th						Up in 2nd Div: Noisy troublesome and confused always on the move and always getting into trouble. He is again collecting rubbish. The heart's action is very feeble and irregular. Pulse 88 per minute.
Nov 29th						Very anxious to be away to the fishing to get cet oil to bait his traps for rats. He is easily managed as a rule but he is very frothless and dottled.
February 9th 1902.						In fair health. Very enfeebled, anxious to be home to work. He is easily managed as a rule but he is stubborn and cantankerous. His memory is very defective and his judgment weak.

Died.

NAME, John Gibb No

Admitted, 28th February 1901 Pr. Ad.

Sex, Male Age, 40 Marriage, Single Occupation, none

Education, ✓ Religion, Protestant

Private or Pauper, Wm Gibb 2 Abercromby Ter Where from?
Castle Douglas

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered History—Insanity See page 685 brother Robert

Other Diseases

Predisposing

Exciting always weakminded but became worse after injury by a bull 20 years ago

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

Dr Hector: sits gazing vacantly before him, grinning meanwhile takes no notice of his surroundings. answers in monosyllables
ii Cannot talk coherently

Dr Lorraine: Imbecile expression - laughs in an idiotic manner
+ as above
ii as above

NAME, John Gibb

STATE ON admission

Mental.

Exaltation ✓

Depression ✓

Excitement ✓

Enfeeblement Marked; he is an imbecile - can speak a few words & can help himself clearly

Memory Cannot be tested.

Coherence difficulty in expressi- Can answer questions? Simple

Delusions ✓

Other Abnormalities He is older looking than his years and has a vacant mildly depressed expressi

Bodily.

Appearance Afairly nourished middle aged man

Skin Clean Hair Dark

Eyes Dark Pupils large equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action D.j. present Special Senses ✓

Retina ✓

Lungs The chest is flattened below clavicle, the expansion is poor and the breath sounds are somewhat

Heart Sounds are muffled & rapid no murmurs

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite Fair

Urine 1029 Acid healthy

Menstruation

Pulse 88 regular good vol Temp. ✓

Height 5/7 Weight 158 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.

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NAME, John Gibb

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
March 1st 1901						In fair bodily health: Mentally an imbecile of fair intelligence He can express himself in a few monosyllables "Yes" "No" &c but he cannot converse: He is dull vacant & heavy in expression he has been accustomed to a little outside farm work and as he is clearly able to look after himself in every way he is to go to Farm Annexe Sent to day to FARM ANNEXE.
March 7th						
1906 May 8th						Pneumonia affecting both lobes. DIED

NAME. John Gibb

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

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NAME, Robert Gibb No

Admitted, 28th February 1901 Pr. Ad.

Sex, Male Age, 16 Marriage, Single Occupation, Home

Education, Religion, Protestant

Private or ~~Pauper~~, Wm Gibb 2 Abramby Terr Where from? C.D.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered History—Insanity see page 681 – brother Idiot –

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Do epileptic –

Suicidal No

Dangerous No

Duration of Existing Attack From Birth.

Other Facts or Remarks

Facts of Medical Certificates

Dr Hector: Face devoid of expression – grimaces & utters inarticulate sounds –

" screams & shouts loudly, violent in his actions & throws objects about him – unable to attend to calls of nature

Dr Lorraine: unable to walk or speak – utters inarticulate sounds spits at time & pinches himself about when he does so

" helpless & c.

NAME. Robert Gibb

STATE ON Admission

Mental.

Exaltation ✓

Depression ✓

Excitement ✓

Enfeeblement He is an imbecile of low type, cannot speak cannot look after himself

Memory Cannot be tested

Coherence ✓ Can answer questions? ✓

Delusions ✓

Other Abnormalities Is epileptic

Bodily.

Appearance A young boy in fair state of nutrition looks well

Skin clean moist Hair Fair

Eyes Blue Pupils large and equal V.S

Muscularity Fair Fatness Poor

Nervous System—*Motor* He walks badly and does seem to be markedly diminished muscular power: climbs up himself a ~~Sensory~~ bench: He is probably a case of bilateral hypertrophic paralysis

Reflex Action Knee: absent Special Senses ✓

Retina ✓

Lungs The chest is fairly formed, the extension good and the heart sounds heard.

Heart sounds are regular

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. Pupil sometimes irregular R < L

Appetite Fair

Urine 1024 Acid healthy

Menstruation –

Pulse 78 regular soft Temp.

Height 4 ft 7 Weight 76 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, Robert Gibb

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
March 1st 1901						In fair bodily health. Mentally he is an imbecile: He cannot speak. makes inarticulate sounds. can hear sounds. He is fairly sharp & intelligent looking. His muscles are very flabby & soft and he walks with difficulty. He is cleanly in habits if attended to Can feed but cannot clothe himself.
March 10th						As above: Has had no fits since coming in. He sleeps well & eats well. He is fairly easily managed, and he is giving no trouble from excitement
March 16th						No change: Quiet; quite contented. sucks his fingers and manages to blacken his face etc but on the whole easy to manage.
" 20						Has had persistent diarrhoea for the last 24 hours: He has been put on ℞ Catechu ʒij Tinct opii m x: ter in
March 31st						The diarrhoea has now ceased and he is sleeping and eating well.
April 20th						He is up each day and sits in a large arm chair: He is either sucking his fingers or the back of the chair He is able to give notice when he wants to W.C. but he is occasionally dirty in habits: Can do nothing to help himself and he is very feeble in the movements of the lower limbs. The muscles are soft and flabby. The butt ochs are somewhat enlarged. The movements are limited: the electrical reactions have not yet been taken. He is sharp in some ways and he is easily amused: He sleeps & eats well
May 30th						No change: He has shown no violents since his admission and he is easy to manage except for the motor weakness

NAME. Robert Gibb

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 6th						No change: in fair health: up each day: fairly cleanly
August 28th						He is unchanged in any way: still requires to be carried to & from meals etc. He is practically as on admission
January 9th 1902						No change: He sits in the 2nd Div each day and requires to be lifted to and from meals etc. He is also cleanly if he can be attended to. Very mindless. He is at present in fair health but looks phthisical though no active sounds can be made out. He eat well. Recently had an attack of asthma & was in bed for about 4 days.
1903 Jany 10th July 6th						In my poor health. No change otherwise Died today.

Died
6th July 1903.

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NAME, John McCrriston No

Admitted, 23rd March 1901 Pr. Ad.

Sex, Male Age, 16 Marriage, Single Occupation, Engine cleaner

Education, Religion, Protestant

Private or Pauper, Inch Where from? Ayr District Asylum

HISTORY.

Causation.

Disposition Quiet, reserved

Habits Hard working.

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—*Insanity* ✓

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental He left Stranraer about 6 months ago for Kilmarnock where he became an engine cleaner in the yards.

Bodily He was there up to about 10 days before his illness began. He had evidently altered history

Recent.

Mental to get into bad health. Probably had insufficient food and exposure to all weather.

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack S.O. 25th Feby 1901

Other Facts or Remarks

Facts of Medical Certificates

Dr Walson: He is the subject of melancholia with Stupor: He has no interest in his surroundings requires to be fed

Bodily health:- Poor

NAME, John McOrriston

STATE ON transfer.

Mental.

Exaltation ✓

Depression marked: he is slow in actions, stooping not speaking answers in whispers &c

Excitement ✓

Enfeeblement marked: cannot tell where he is takes no interest in his surroundings &c

Memory cannot be tested

Coherence do Can answer questions? only simple

Delusions ✓

Other Abnormalities He is in a state of melancholia attonita.

Bodily.

Appearance A pale poorly developed youngman

Skin Clean moist Hair Fair

Eyes Blue Pupils No dorate, equal & react.

Muscularity Fatness

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action R.J. present Special Senses ✓

Retina ✓

Lungs The chest is flattened at the apices. The expansion is limited. The breath sounds puerile & prolonged: no creps.

Heart 1st sound replaced by systolic murmur 2 accent.

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. Slight bruising on the left arm

Appetite Fair

Urine 1026 Acid healthy

Menstruation ✓

Pulse 84 small soft Temp. ✓

Height 5 ft 2 Weight 6 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. John McCriston

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25th March						He is a poorly nourished lad. He is depressed in look and manner. Rarely speaks, answers in whispers. He requires to be spoon fed. Sits moodily gazing in front of him. Sleeps fairly.
27th March.						He has been put on a tonic. He is eating a little better but still requires to be fed: He sits without speaking with a fixed gaze. Never takes the slightest note of his surroundings.
29th March						No change: Moody. silent and absorbed: will not speak.
31st March						He is to day gazing very slowly about him in a very fixed + terrified way. He is not resistive. Eating fairly, sleeping well.
4th April:						Again moody. silent, + apathetic no attention. will not speak.
11th April						He has been becoming distinctly and to day he was again examined. There is very active phthisis at both apices. Moist sounds back and front: no cavity. He is decidedly in for acute miliary phthisis: He has been put off to bed. Eats fairly. Sleeps well.
28th Ap:						Going very rapidly down hill. He never speaks + still has the fixed look of depression and fear. He eats when spoon fed. Sleeps fairly. Phthisis is steadily advancing, both sides. He has sweats profusely each night.
7th May						Very thin and easily exhausted never speaks. The phthisis now affects both lungs so extensively that you cannot find a patch free from cretitations.

NAME, John McOrriston

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1st May.						He saw his mother today and would not speak & made merely the slightest sign of recognition. He is running down very rapidly
2nd May 1901						Died today of acute miliary tuberculosis.

DED

NAME, Adam Scott Smith No

Admitted, 13th April 1901 Pr. Ad.

Sex, Male Age, 37 Marriage, Single Occupation, J. S.

Education, ✓ Religion, Protestant

Private or Pauper, Eskdalemuir Where from? 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 Not known

Dangerous Not known

Duration of Existing Attack Do

Other Facts or Remarks

Facts of Medical Certificates

Dr Kerr: Marked mental enfablement owing to Chronic Chorea: His appearance: takes no interest in himself or surroundings.

" restless at nights becomes violent jumps out of bed tears mattresses & bedclothes.

Dr Livingstone: as above

as above.

NAME, Adam Scott Smith

STATE ON Admission

Mental.

Exaltation ✓

Depression ✓

Excitement slight,

Enfeeblement marked

Memory Fair

Coherence Yes Can answer questions? Yes

~~Delusions~~ He is in chronic chorea which becomes very much worse when he attempts to speak. Speech is explosive and disconnected. Cannot work, dirty when he feeds himself &c.

Other Abnormalities

Bodily.

Appearance A pale middle aged man

Skin clean Hair Red

Eyes Dark Pupils large equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* Chronic chorea affects all his body, tongue speech &c

Sensory ✓

Reflex Action D.T. present Special Senses ✓

Retina ✓

Lungs The percussion note is slightly dull at both apices: The auscultation is unsatisfactory owing to movement

Heart Both sounds are irregular in Time & Force

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite Fair

Urine 1022 Acid

Menstruation ✓

Pulse 78 irregular in T & F Temp. ✓

Height 5 ft 3 Weight 120 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, Adam Scott Smith

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15th April 1901:						He is a case of chronic choreic Insanity: He is in perpetual movement whenever he attempts any actions there seems to be a slight latent period and then the jerking movements become very marked and erratic. He is a pleasant man to speak to as a rule but enfeblement is very marked: He has a poor memory and he is unable to occupy himself in any way. He has shewn no impulse since he came in. Shepswell.
30th April:						There has been no change in his condition either mentally or physically. He manages to get along with marked "gestuning" and struggling. A very dirty later: The bowels move regularly & evidently are natural in reflex. The heart's action is still somewhat irregular in time and force.
May 21st						He has settled down into a regular inmate very quietly: He often asks away, but never persists when spoken to about it. He is easily managed except that he is easily knocked off his feet and that he occasionally stumbles against a noisy epileptic who retaliates. He has not as yet shown any tendency to impulsiveness.
June 16th						No change: The chorea is now in the same state as on his admission. Mentally enfeebled
Augt 30th						There is no change in this case in any way. In fair health & practically as on his admission: Shepswell [illegible]
Nov 29th 1901						No change: In fair health. Very anxious to be home and noisy when spoken to about it.

NAME. Adam Scott Smith.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
January 9th 1902						There is no change: In fair health. He is in continual movement and any "attention" act always greatly aggravate the condition. He sleeps & eats well. Makes every effort connected appeals to get away. Silly and incoherent talk. His memory is very defective
1903 July 15th						No change. Choreic movements more severe & health somewhat better.
1904 March 8th						In poor health. No change mentally.

NAME, William Rankin No

Admitted, 17th April 1901 Pr. Ad.

Sex, Male Age, 63 Marriage, Married Occupation, ✓

Education, ✓ Religion, Protestant

Private or Pauper, Stranraer Where from? St. John's Street

See pages 353 & 437

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 15 Kind Similar

Duration Short periods 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 'I believe so'

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates

Dr Clarke: dull look & face void of expression. He seems to be under the impression that he is being annoyed molested by people in walking along streets. He fancies people keep him awake at night by making noises

Dr Anderson ① Incoherence in Speech ② insane look ③ Delusion he was talking how to fight laughing at him &c.

NAME. William Rankin

STATE ON readmission

Mental.

Exaltation ✓

Depression mild in look and manner

Excitement ✓

Enfeeblement marked, silly weakminded emotional

Memory Fair

Coherence at times Can answer questions? Yes

Delusions says that he has been drinking & that the police began to persecute him again

Other Abnormalities

Bodily.

Appearance As before - See page 3544

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height 5/7 9 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.

NAME, William Rankin

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21st April		1901				As at last admission. He is still mildly depressed, emotional and very sorry for himself complains of aches and pains all over. He is very hypochondriacal and also very remorseful of his conduct.
30 April:						He is rather better mentally. He is now back to his old offhand active cheery way of talking says that he is now past work and the parish can just keep him. He is still troubled with his joints in the early morning.
May 16th						No change from last note. He is very easily excitable and silly in talk. More weakminded than formerly and more easily guided: will not work now. as he says the joints are too bad.
19th June 1901						He was today discharged on probation. He has changed a good deal from his former condition: He is more infuriated and more silly: more easily up & down and less confident in himself. He will probably run rapidly into an involutional melancholia.
						PROBATION
Dec 10th						This case was readmitted in statu quo on the last day of his probation. He is infuriated silly and demented and he is quiet at present about his ailments. He has been in gaol since his discharge on probation. Is this legal!!!

[illegible]

NAME. William Rankin.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
March 30th						In good health and now working out. There has been no demand to get away as yet. He is easily managed.
1902 July 10th						Continues mildly Defussed with vague visceral delusions. Continues to do a little work outside (under protest). In fair health.
1903 March 1st						No change. Has been in house all winter. Moving about 3rd Div. Health fair.
1904 March 1st						Mentally Enfeebled & continues in 3rd Div. Easily guided & doing a little outside.
1904. June 3rd						Transferred to Farm Annexe
1906. Dec. 10.						This patient is an elderly man at the Farm annexe. He is kept indoors doing light ward room work with Lett. Johnstone. He is delusional & silly in his requests. Bodily health fair for his age.
1907. Nov. 17.						No change to report regarding this old man. He writes a great deal of nonsense on scrappy paper & hands them to A.M.D. Bodily health as usual. He is not strong enough now for outdoor work.
1908 Nov 10.						No change mentally or physically.
1909. Aug 16.						Transferred to new North Closed Villa where he seems pleased to be.
1910 March 10.						Quarrelsome & interfering old man often irritates other patients. Physical health fair for a man of his years.

29th April 1910. Died today 4.50 pm.

At 8 o'clock this morning patient suddenly became unconscious while sitting in an armchair. He made one or two efforts as if to be sick. He was put to bed with head elevated. He was snoring deeply. Pulse was slow & irregular. Temp. 99° Pupils very contracted. Both limbs on both sides of body were drawn up when nipped

see p. 987

701

NAME, William Douglas No

Admitted, 23rd April 1901 Pr. Ad.

Sex, Male Age, 65 Marriage, Married Occupation, Farmer

Education, ✓ Religion, Protestant

Private or Pauper, £25 Where from? Mrs D. Cloughbrae, Terregles

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting Influenza:

Symptoms. First.

Mental about four months ago had an attack of influenza and shortly thereafter had a right-hemiplegia. Has become progressively worse and his own requiring attention night and day in case of suicide. (See last note)

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack Four months

Other Facts or Remarks

Facts of Medical Certificates

Dr Chalmers: Moody & suspicious. Believes he is going to ruin.
" Mrs D says he speaks of going to end himself
" drown himself

Dr J. Smith: Melancholic appearance. Tells me that he is for ever lost & that he is going to perdition. That he will commit suicide whenever he gets the chance

NAME. William Douglas

STATE ON admission.

Mental.

Exaltation ✓

Depression marked in look &c, always weeping, moaning &c

Excitement will not rest, always "tearing" about

Enfeeblement marked has no idea of this place a time &c

Memory very poor

Coherence incoherent Can answer questions? some night

Delusions says he must die as he is doomed to hell eternity

Other Abnormalities ✓

Bodily.

Appearance A frail old man

Skin clean Hair dark

Eyes Blue Pupils small equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* There is paresis marked all down the left side of body & face

Sensory Pain is dulled sensibility on the left side.

Reflex Action Kn. increased on left Special Senses ✓

Retina ✓

Lungs Chronic bronchitis with some emphysema

Heart action is irregular in time & force

Tongue Clean tremulous Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair

Urine 1018 Acid healthy

Menstruation

Pulse 80 irregular T & F Temp.

Height 5 ft 7 Weight 132 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, William Douglas

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24th April 1901:						A miserable depressed and very agitated old man: He's constant on the move, peering anxiously in front of him: He probably has hemianopsia. He's very emotional weeps whenever spoken to, has no memory for time or place &c. Always wanting to die: Sleeps badly eats fairly
27th April:						He has continued as above always tottering about and requiring constant attention to keep him from falling. He is very depressed and has the idea that he is doomed to all eternity &c. He's very difficult also to keep cleanly.
29th April						No change: restless uneasy depressed and incoherent. Anxious to be listened to but he cannot give any connected statement.
1st May						His friends are anxious that he should go out to their care as he cannot improve here. He's still depressed stupid dull, incoherent and he has many false ideas. That he must die & that all his people are against him & so on.
4th May.						He was to day discharged relieved to care of friends. His sons say that about a year ago he began to show mental symptoms of slight incoherence and exaltation & that some time ago he married unknown to them a diary maid who as a lusty young woman, first "managed" him, "caused" his hemiplegia, & then, whenever he became troublesome put him in here.

NAME. William Douglas

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						They are convinced that he was "wheedled" into marrying her for the sake of a little money he has and which they are now determined shall be spent on a nurse for him.
						To Care of Friends

NAME, Robert Baird No

Admitted, 23rd April 1901 Pr. Ad.

Sex, Male Age, 44 Marriage, Single Occupation,

Education, ✓ Religion, E.C. of Scotland

Private or Pauper, Morton Parish Where from? Thornhill

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 One week

Other Facts or Remarks

Facts of Medical Certificates

Dr. J. M. Robertson: he considers himself a prince with millions of pounds: Searing for London tonight. It gets up during the night & sings. &c

Dr. Bryson: Duke of Buccleuch has given him Drumlanrig. the King will give him money to keep it up. &c &c

NAME, Robert Baird

STATE ON admission

Mental.

Exaltation marked: he is worth millions of money &c

Depression ✓

Excitement marked restless and moving up & down constantly gesturing throwing his arms

Enfeeblement marked: has no idea where he is &c

Memory Cannot be tested

Coherence at time Can answer questions? Only simple ones

Delusions Many of grandeur &c

Other Abnormalities He is a General Paralytic.

Bodily.

Appearance A tall well nourished man

Skin Sallow: muddy in color Hair Dark slightly bald

Eyes Blue Pupils irregular in outline & unequal

Muscularity Fair Fatness Fair

Nervous System—*Motor* Twitching of the face, tongue, and hand muscles and marked ataxia in gait

Sensory Reduced sensation generally on body

Reflex Action K.J. absent Special Senses almost blind.

Retina There is marked gray optic atrophy of discs

Lungs The chest is well formed and the breath sounds appear healthy

Heart both sounds are clear & good

Tongue furred & fissured Bowels regular

Other Organs, Abnormalities, Bruises, &c. There are certain colored halos & ataxia in lower limbs.

Appetite Good

Urine 1026 Acid: no albumen

Menstruation ✓

Pulse 68 regular & full Temp. 98°

Height 5 ft 8½ Weight 170

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, Robert Baird

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25th Ap:						He is a case of syphilitic G.P. He is very excited and restless and he is constantly on the move. He is very incoherent and rambling in conversation and can be got to assent to any statement however absurd: He is restless and tossing about at nights: He sleeps badly
27th Ap						He has been put off to bed to allow legs to heal: He is very restless and talkative incoherent and rambling and constantly in motor excitement.
29th Ap						Very acutely excited, prays constantly in a loud tremulous voice. Has been put on Bromides grs XX Iodide grs X ter in die.
May 3rd						This mixture has lessened the motor excitement. He now sleeps for a few hours each night: Still excited and restless by day. Eat well
May 10						Very restless and excited: He is now up. He sways about in his chair and hammers away at the arms &c. Very incoherent and talkative.
May 31						Incoherent and constantly talking. If the mixture is intermitted for 24 hours he passes into very marked restless motor excitement. He prays for Thomas after he has been put off to bed: Requires constant attention to keep him clearly. He has acute hallucination of sight and hearing. Has many grandiose delusions He is going to London to make millions more of money and he is going to marry seven women &c.
June 6th						Still very restless and uneasy. He is constantly moving about in his chair & about the ward stumbling and ataxic. He is always on the move. The mixture is still continued. He sleeps badly but has a good appetite.

NAME. Robert Baird.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 8th						He has been rather more settled since last note: He is more easily managed: Still incoherent Has no idea of time or place very facile and silly.
Aug 31st						He has been sleeping rather more quietly: He is still restless and uneasy by day. At present he has a large carbuncle on forehead which is discharging freely. This has arisen from constant rubbing of his forehead in his motor restlessness
Oct 6th						The forehead has healed leaving a fine pigmented scar. He is still noisy and abusive vacant and silly in every way, becoming progressively weaker in body & more ataxic. He has been again on Iodides & Mercury but with no apparent result.
Nov 29th						Silly & vacant rarely speaks voluntarily Grandiose in his ideas, very wealthy so his hallucinations of sight are so vivid as sometimes to impel him to walk forwards towards them as if his sight were perfect.
January 4th 1902.						In fair health. He is much thinner and the muscles are soft & flabby. He is subject to paraesthesiae and he also has restless swaying and groaning attacks automatic and over which he seems to exercise little control. As a rule easily managed but often very noisy and troublesome at night.
March 14th						Died today

DIED.

709

NAME, James McDowall No.

Admitted, 28th April 1901 Pr. Ad.

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

Education, ✓ Religion, Protestant

Private or Pauper, £75 Where from? Kelton Mains.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. at 15 & 22 Kind Similar

Duration a few weeks Where treated at home

Hered History—Insanity None

Other Diseases Two brothers died year disease.

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack about a week

Other Facts or Remarks

Facts of Medical Certificates

Dr Hector :- Incapable of coherent conversation : refuses to answer when addressed. Lying with eyes closed gets excited & begs those about him not to leave him alone. Father says that he almost succeeded in throwing himself through an upper storey window.

Dr Lorraine :- cataleptic moaning & shouting restless and does not answer coherently.

tc

NAME. James McDowall

STATE ON Admission.

Mental.

Exaltation ✓

Depression ✓

Excitement ✓

Enfeeblement marked, he is dazed and confused

Memory cannot be tested

Coherence do Can answer questions? will not -

Delusions

Other Abnormalities He is in a state of stupor, refuses food &c

Bodily.

Appearance A well nourished man

Skin Clean Hair Brown

Eyes Brown Pupils small equal & react

Muscularity Fair Fatness Fair

Nervous System—*Motor* None can be made out

Sensory

Reflex Action K.J. equal & present Special Senses ✓ -

Retina ✓

Lungs Chest well formed & breath sounds healthy

Heart sounds are very rapid and weak -

Tongue furred Bowels constipated

Other Organs, Abnormalities, Bruises, &c. Bruises on right leg & thigh. Chronic thin hoen on right side for years: not at present discharging

Appetite Poor

Urine 1026 Acid: Deposit quartz

Menstruation ✓

Pulse 11 6 small rapid Temp. 100°2

Height 6 ft. Weight 10 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 Enfeeblement.

NAME, James McDowall

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28th April		1901	108			He is a case of mental symptoms coming on associated in all probability with ear disease: He is in a state of stupor confused, vacant expression, will not speak refuses food & has to be forcibly fed: He is apathetic & listless.
29th April	99.6		100			Dull stupid confused will not speak. Has been put on a quinine mixture and the ear has been syringed out c̄ Boracic Solution.
30th April	99.4		106			The temp: continues high and constant he is uneasy & restless at times Bowels have been moved by enema. He is still dull and listless and recognises no one about him. He is stuporose and confused at times. The ear condition has given rise to no objective signs: There is no swelling etc. Taking food better
3rd May	98.6		88			He is still very stupid and listless Dull vacant and toneless expression He is eating rather better and the bowels are moving freely. He is difficult to rouse and he has no idea where he is &c.
6th May						Today he appeared to be noticing things about him and tonight he is much brighter and more observant: Now answers correctly in monosyllables. Stupor well
10th May						He is now still stupid & confused but he has lost the dazed look and he is daily improving. The temp & pulse are now both down. He is quite out of his dates and has no recollection of the last few weeks at all He is eating better & gaining tone daily. Stupor soundly.

NAME, James McDowall

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22nd						He has been up & out since last note: He finds his legs very weak and still stumbles about at times. He is now clear mentally. and he is daily becoming more active and stronger. The relatives say that he is rapidly returning to his usual
7th June						Sent out to work today. Active pleasant & mental gov'ell
14th June						Discharged today. (This was really a hospital case.)

RECOVERED

NAME, John Cameron No

Admitted, 11th May 1901 Pr. Ad.

Sex, Male Age, 15½ Marriage, Single Occupation,

Education, ✓ Religion, Protestant

Private or Pauper, Langholm Where from? Lantert Institution

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing Premature Birth

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Imbecile from birth

Other Facts or Remarks

Facts of Medical Certificates

Dr. Clarkson :- He has a fatuous silly expression and cannot be got to understand the simplest questions or to speak

" Can neither think nor act for himself

Dr Stacey :- He has a foolish expression with mouth open & saliva dribbling from it.

Cannot answer the simplest questions

NAME, John Cameron

STATE ON readmission

Mental.

Exaltation ✓

Depression ✓

Excitement ✓

Enfeeblement an imbecile, cannot speak, requires attention as regards clean linen & clothing

~~Memory~~ attention good - actions somewhat incoordinate

Coherence Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance Heis a small boy looks 12 - somewhat microcephalic

Skin clean Hair Dark

Eyes Blue Pupils large equal react

Muscularity Poor Fatness Poor

Nervous System--*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina

Lungs Chest small & expansion limited: he has no signs of any active disease

Heart both sounds clear & good

Tongue clear Bowels regular

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite Good

Urine healthy

Menstruation ✓

Pulse 78 regular good wave Temp. ✓

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

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NAME, John Cameron

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16th May :-						He is an imbecile & poor cripple. He cannot speak, cannot do anything for himself. He has a bright expression at time. but he cannot begin to do the simplest act by signs. He is requiring attention to cleanliness and he is constantly salivating always wetting his coat & clothes.
August 31st						There has been no change to note: He seems rather more active and changes of his legs. He still has the same silly expression and he is of no use at any work. He is fairly clean if attention is paid to him but he requires to be looked after in almost every way. Good natured: Sleeps & eats excellently.
January 9th 1902						No change: Easily amused. he runs about the ward anxious to be taken attention of and he is easily managed. Cleanly with a minimum of attention. He salivates very freely and his jackets are always wet. His attention is erratic but his perception good. He cannot speak but can signal his desires his cleanliness and need of detention at time.
January 15th 1903						In poor health. growing thinner & has has occasional haemorrhage (lung) of late. Now confined to bed.
March 4th 1903.						Died today after severe ~~haemorrh~~ haemorrhage —

Died
4th March 1903.

NAME. John Cameron

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

717

NAME, Samuel Paterson No

Admitted, 15th May 1901 Pr. Ad.

Sex, Male Age, 44 Marriage, Married Occupation,

Education, ✓ Religion, Protestant

Private or Pauper, Maxwellton Where from? 46 Church Street.

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

Dr Murray: Says he is too weak to work. Says he has lost a good deal of flesh in walking from suspension Bridge last night. Food does not leave his body

Dr Rotton: heart disease cancer of the stomach & that he had gone wrong in the head. Memory failing.

718

NAME. Samuel Paterson

STATE ON admission

Mental.

Exaltation ✓

Depression marked -

Excitement slight resists and insists he must be helped to do everything

Enfeeblement marked

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions many - too weak to move. food will not pass through him.

Other Abnormalities very hypochondriacal - refuses food.

Bodily.

Appearance A thin neurotic looking man

Skin clean Hair Gray

Eyes Gray Pupils R & L. both react

Muscularity Poor Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K. J. present Special Senses ✓

Retina ✓

Lungs Chest is badly formed: the note is dull at right apex + respiration is prolonged

Heart Sounds are weak and irregular

Tongue clean Bowels constipated

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite Refuses food

Urine 1015 Acid healthy

Menstruation ✓

Pulse 78 small wave Temp. ✓

Height 5 ft 7 Weight 7 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, Samuel Paterson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17th May						He is typical of melancholia c̄ hypochondriasis: "He is going to "die and must die soon. He is "very weak. The food will not pass "through him and therefore he is "swelling up. He is so large that "he cannot get through the doors "and he won't eat any more &c" As he refuses food he was today tube fed twice: Sleeps fairly.
20th May						Still being tube fed twice daily. He has no end of delusions about his stomach and intestines. He has been thoroughly purged & the evacuations were large but he has not yet resumed eating. He has the delusion that he is much too stout and that we fill him full with the tube to fatten him. He says that he will soon be ready for killing. Sleeps fairly.
31st May						Still being tube fed: he gives no trouble at it & can almost pass the tube himself. He still has many extravagant delusions about himself but he looking better: two ounces Cod oil is being given with each feed.
June 18th						Improving greatly in appearance but still refusing food and still with many delusions about being full up & bursting.
July 10th						Today has begun to take a little food with the spoon and apparently relishes it though each spoonful is the last and is going to kill him. He is still being tube fed morning & evening
July 14th						Tube feeding discontinued. Sleeps in the sickroom. Has been sent to 1st Div by Dory

NAME. Samuel Paterson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Aug 31st						In fair health. Takes his food moderately well. He still has many hypochondriacal delusions about his stomach & intestines and thinks he is of enormous size. He is very enfeebled and thinks that he requires to wash his head & dairy. Silly & vacant. Loses himself each time he goes through to his meals or to the Sickroom to sleep
Oct 16th						He has today been put off to bed again. He has been becoming more and more feeble on his legs and he is now tottering and tumbling about. He sleeps well and takes a fair amount of nourishment though this requires some suasion. He is content to lie in bed & watches everyone about him in a watchful amusing way
Oct 31st						He has been gradually improving in his bodily health. He is inactive and silly. Says that he cannot eat as he has no-where to put the food & so on. Is very angry & abusive if any comment is made on his personal appearance — Easily managed.
Nov 26th						Still in bed: He has lately got the idea that his wife does not come up here to see him alone and is abusive to others as a result. He sleeps & eats well.
January 9th 1902						In fair health at present. He lies in bed with the left eye slightly shut and watches every movement in the sickroom and he actively resents any one coming near him or paying any attention to him. The lung condition is fairly quiescent at present — He eats well but always with the expressed fear that something will happen if he takes it. He says that we poison him regularly.
March 20th						No change.
August 24th 1903						Gradually become weaker & he died today.

Died
— 24th August 1903 —

NAME, David Rankine No

Admitted, 18th May 1901 Pr. Ad.

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

Education, ✓ Religion, Protestant

Private or Pauper, Penninghame Where from? Gilmour Terrace Newton Stewart.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity Insanity in mother's family.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental For the last two years he has acted as rural postman at Port Glasgow.

Bodily He has gradually become peculiar and came home for a holiday a few weeks ago.

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

Dr Dickson: Saw him chasing some young horses in a field after which he stood at it undeniving ½ an hour. restless: manner & behaviour unnatural.

" complete change in manner behaviour &c.

Dr McKie: Change in manner & expression. taciturn excited. Smiles in an exaggerated & uncalled for manner. looks upwards as if entrained.

NAME, David Rankine

STATE ON admission

Exaltation slight in manner

Depression ✓

Excitement slight uneasily gazes about &c

Enfeeblement marked: he has no idea present events &c

Memory Poor for recent events

Coherence Yes Can answer questions? Yes

Delusions

Other Abnormalities he hears voices and attitudinizes &c.

Appearance Well nourished young man

Skin clean Hair Brown

Eyes Blue Pupils large equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs The chest is of good shape and the healthy sounds are heard

Heart Both sounds are clear

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite Good

Urine 1026 Acid healthy

Menstruation ✓

Pulse 68 regular Temp. ✓

Height 5ft 7 Weight 8st 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, David Rankine

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20th May 1901:-						He is in good health: He is uneasy restless and suspicious. He will not answer questions except in monosyllables and then only after considerable hesitation. He is quite easy to manage and he has slept well: He has a good appetite.
25th May.						He has been working about in the wards and he is more active and pleasant: When talking he has a trick of gradually lowering his voice to a whisper. He is not so restless
31st May.						He has improved steadily since last note: He is active and pleasant and anxious to be out. He is losing the slow suspicious manner.
June 8th						He has been sent out to work and he does fairly well. He is still mildly uneasy & depressed at times: Sleeps & eats well.
June 29th						He has again been hearing voices and he is uneasy and restless. Suddenly turns round and looks enquiring at you and he will not answer some questions as he is evidently listening to the voices.
July 16th						The voice is evidently that of a woman and he talks to "it" in short rapid monosyllabic whispers He is as a rule easily managed but sometimes stops working and gaze round himself attitudinizing as he does so: Sleeps fairly.
Augt 2						Smiles to himself and at times laughs out loudly. Still hears the voices and each time you pass him he makes some disconnected short remark evidently in reply to something he has heard:

NAME. David Rankine

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
August 31st.						Not improving. Hears otic hearing voices and answering them Gestures and waves his arms Vacant and absorbed in expression. He has been discharged from the P.O. service as being unfitted to receive room: He sleeps fairly.
Oct 16th						No change in bodily condition. He has become more silly and vacant in expression and manner and more stupid confused. Eats & sleeps well
Oct 31st						There is little change in his bodily health. He has been looking pale & worn lately. ~~works outside~~ and works quietly but he still has acute hallucinations of sight and hearing: he sleeps & eats well.
Nov 15th						There has been almost no change since last note: Has been sent to 3rd Div.
January 9th 1902						In fair health. Quiet, moderately active at his outdoor work. Becoming more confused and stupid. He gazes vacantly when spoken to and is silly and evasive in his replies. He still has acute hallucinations of sight & hearing.
March 26th 1902						No change: In good health becoming gradually more confused.
April 11th.						Removed to Farm Annex.

- Farm Annex. -

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NAME, Alexander Scott No.

Admitted, 22nd May 1901 Pr. Ad.

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

Education, Religion, Protestant.

Private or Pauper, Pennyghame Where from? Ayr District Asylum

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity Mother, also brother at Ayr District Asylum

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Is not

Duration of Existing Attack 27th April 1901 S.O.

Other Facts or Remarks

Facts of Medical Certificates

Dr. Chas Shaw: morbidly depressed, unsettled restless irrational in behaviour in speech rambling incoherent.

Bodily health: Fair

NAME, Alexander Scott

STATE ON transfer

Mental.

Exaltation ✓

Depression slight in manner and speech

Excitement ✓

Enfeeblement slight, he lacks initiative.

Memory Good

Coherence Yes Can answer questions? Yes

Delusions

Other Abnormalities suspicious

Bodily.

Appearance A fairly nourished man

Skin clean moist Hair Brown

Eyes Dark Pupils large equal mobile

Muscularity Good Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina ✓

Lungs The chest is of good form and the health sounds are healthy

Heart both sounds are clear

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. There is slight talipes equinus in both feet

Appetite Good

Urine 1026 Acid: deposit of urates

Menstruation ✓

Pulse 76 regular good wave Temp. ✓

Height 5ft 4 Weight 98 1/2

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.

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NAME, Alexander Scott

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25th May 1901						Scott is in good health. He is mildly depressed suspicious and uneasy. He talks in a very rambling and incoherent way whenever conversed with for long.
27th May						Still talkative and rambling He is easy to manage and he is sleeping & eating well.
31st May						There is no change. There is undoubtedly a considerable element of impulsement present His vacant in expression and too facile in manner. He still mildly depressed at times
11th June						He is now out working daily and does fairly well. He is more pleasant and he has lost a good deal of the depression
1 July						There is almost no change. He is active outside and easily guided but he is very rambling and incoherent at times and he is mildly nihilistic
11 July						Sent today to
						FARM ANNEXE.
21st Sept						RECOVERED

NAME. Alexander Scott

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

NAME, James Allison No

Admitted, 22nd May 1901 Pr. Ad.

Sex, Male Age, 48 Marriage, Widower Occupation, ✓

Education, ✓ Religion, Protestant.

Private or Pauper, Stranraer Where from? Gartloch Asylum

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. See Casebook Kind Epileptic mania

Duration No 6 page 461 Where treated S.C.A.

Hered History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First. Mental / Bodily

Recent. Mental / Bodily

He was discharged on 13 April 1899 - He continued working well in Glasgow up to 6 months ago when he was admitted to Gartloch after a series of fits. He recovered at once and was before closely under observation and no fits were recorded against him up to a fortnight ago: Arrangements were being made for his discharge but under the excitement he broke down & was transferred here.

Insane Habits and Propensities

Suicidal ✓

Dangerous ✓

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

Dr Oswald: He suffers from epilepsy & after or before the fits he is confused in mind does things of which he has afterwards no consciousness & is delusive & irrational.

Bodily health It is fair

NAME. James Allison

STATE ON readmission

Mental.

Exaltation ✓

Depression ✓

Excitement ✓

Enfeeblement ✓

Memory Good

Coherence Yes Can answer questions? Yes

Delusions

Other Abnormalities - On admission he showed no mental symptoms for some days.

Bodily.

Appearance A stout well made man

Skin clear Hair Gray Brown

Eyes Blue Gray Pupils Small equal react

Muscularity Fair Fatness Fair.

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K.J. active Special Senses ✓

Retina ✓

Lungs Chest is of good shape and the health sounds are healthy

Heart Sounds are good

Tongue clear Bowels regular

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite Good

Urine 1022 Acid healthy

Menstruation

Pulse 74 regular good wave Temp. ✓

Height 5 ft. 5 Weight 10 st 1

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 Allison

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
31st May:						Allison is back to his usual ways here: he is working in the green houses and he is quiet and easily managed when in doors: He is mildly depressed at being brought back but otherwise there is nothing to note.
June 16th.						He has had a series of fits and he has passed through his usual routine viz. a day or two of restless uneasy moving about anxious to talk not going to his work then 2 fits at night followed by restlessness which gradually became too marked for him to control singing noisy and on the outlook for mischief He was then sent off to bed
" 26th						A: has been very noisy since last note rages in his room. If no attendant is about he will slip out & strike a patient & then in again He is now settling again and his sup and going about in the wards
August 27th						Allison has never been quite right since last note but he has never been quite off: He is evidently doing his best to keep his feelings under control. He moves up & down uneasily when he is taking the fits but he has never passed from the "singing" stage this time: He is at present just "touch & go" he had two fits on the 25th and this has given him the restlessness

NAME. James Allison.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 30th						Allison has continued dazed stupid irritable and impulsive and his fits have been almost constant every three days. He is easily upset and becomes dangerous to the other: Has been put on Bromides gr 30 t.i.d.
Dec 12th						Bromides stopped: He has become quieter and more settled. He is still absolutely unfit for work and potters about the house setting rat traps and using violent and threatening language whenever he is crossed in any way. His mental condition has quite altered recently and he now rarely clears between the fits.
January 4th 1902						He is again in bed after a prolonged series of fits and threatening and violent. He more acute symptoms are again passing off & he will be up soon
March 26th						Up and back to his usual. He is easily managed except before and after his fits for a few days. He then has the idea that ~~his brother "Bob" has been killed~~ he has been illused. He is rapidly becoming more infuriated on this occasion and each series of fits is making him more facile.
1903 January 10th						Continues to take seven fits with impulsive excitement. Quiet & pleasant when free from fits. In fair health.
July 10th						No change. requires a few days in bed when he is taking the fits. very troublesome & disagreeable at times.
1904 Jany 10th						Much the same. a disagreeable & impulsive Epileptic. In good health.
1905 Jan. 1.						Dangerous & impulsive Epileptic who requires watching & a firm hand. In fair health.

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NAME, Lawrence Green No

Admitted, 7th June 1901 Pr. Ad.

Sex, Male Age, 38 Marriage, Married Occupation, Quarryman

Education, ✓ Religion, Roman Catholic.

Private or Pauper, Asylum. 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 Doubtful.

Dangerous Yes

Duration of Existing Attack About 18 months.

Other Facts or Remarks

Facts of Medical Certificates

Dr Howie: His manner is wild reserved. He labours under the delusion that attempts have been made to poison him that papers have been shadowing him with intent to injure him

It Believes his wife to be prime mover in the attempts.

Dr Murdoch: is in an excited state. "bowels are stopped". has hallucinations of hearing

NAME, Lawrence Green

STATE ON admission.

Mental.

Exaltation ✓

Depression slight in manner and speech.

Excitement slight he is restless uneasy and unable to settle

Enfeeblement marked

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions He has been shadowed by men for some time His wife attempted to poison him for some time

Other Abnormalities and especially about a week ago when she drugged his coffee &c —

Bodily.

Appearance A strong well formed man

Skin clean Hair Brown

Eyes Blue Pupils small equal react

Muscularity Good Fatness Good

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K.J. present Special Senses ✓

Retina ✓

Lungs The chest is of good shape and the health sounds are healthy [aortic systolic murmur

Heart sounds are reduplicated & there is an occasional faint

Tongue furred white Bowels regular

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite Good

Urine 1026 acid trace of albumen

Menstruation ✓

Pulse 78 regular good wave Temp. ✓

Height 5 ft 7½ Weight 9 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.

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NAME, Lawrence Green

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8th June 1901 :-						He is in good physical health: He is mildly depressed and very restless. He has a 'hang dog' expression and appears to have lost all self respect. He is certain that he has been systematically poisoned for some time by his wife he thinks principally in liquid foods. They caused mists before his eye, pain in swallowing and dryness afterwards &c. Sleeps fairly but well.
10th June :						No change: he is doing a little wood work in an aimless way and he is always coming up to you in a vacant manner & repeat his delusion
12th June						He is to be got out to work. There is no change in him mentally.
16th June						He is working out now and he is fairly active but he still is very delusional always looking at his tongue to see if the poison is off it.
22nd June						No much change. The bowels are acting freely and the physical health is good. He is still very delusional and the delusion which has been troubling him during the last few days is that he has been shadowed again.
1st July						No improvement. He is quieter and more active but his ideas are as fixed as ever. He still has the despondent fixed look at times -
22nd July						His wife has been coming to see him lately and after each of her visits he has been more depressed and his delusions regarding being followed and shadowing him have been more marked. He is sleeping well & eating well

NAME. Lawrence Green

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2nd Augt						He is still depressed and despondent. He is hiding his delusions more and will not own up to them but they are undoubtedly still present. Twice lately I have found him praying in the lavatories and gesticulating with the patients beside him. He has always looked silly but will not explain it. He may be suicidal!
9th Sept						Sent out today

RECOVERED.

NAME, Robert Coupland No

Admitted, 22nd June 1901 Pr. Ad.

Sex, Male Age, 32 Marriage, Single Occupation, Shepherd

Education, ✓ Religion, Protestant.

Private or Pauper, Trogueer Where from? 15 College Street.

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 One week

Other Facts or Remarks

Facts of Medical Certificates

Dr Murray: Melancholia: will not answer question
" attempted to go out in his night dress
that he will not take any food

Dr Robson: Refuses to answer question & wont
take his food. Melancholic & walks up
& down house at night & early morning
& very restless

NAME, Robert Coupland

STATE ON admission.

Mental.

Exaltation ✓

Depression marked in manner & speech –

Excitement slight

Enfeeblement marked: takes no interest in surroundings

Memory Poor

Coherence Yes Can answer questions? Yes

Delusions

Other Abnormalities will not take his food – hypochondriacal

Bodily.

Appearance A stout young man

Skin moist sallow Hair Dark

Eyes Dark Pupils small equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action k.j. equal Special Senses ✓

Retina ✓

Lungs Chest well formed & sounds appear healthy

Heart sounds are loud and booming: no murmurs

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. numerous small bruises on thighs & lower limbs generally: Complains of pain in the back & there are marks of recent counterirritation but

Appetite Fair (no active spinal disease can be detected

Urine 1018 Acid healthy

Menstruation ✓

Pulse 80 regular good wave 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, Robert Coupland

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
23rd June:						Coupland appears to be in good health but he complains of many aches & pains. He says his back is affected with disease and he says he cannot move owing to pain. There is slight tenderness over the 10 & 11 Dorsal vertebrae but no disease can be made out: He refuses his food and complains of pain in the stomach. He is a wind swallower and he is constantly gueping down air & eructating. He is depressed and enfeebled. Sleeps fairly: Spoon fed.
25th June						In bed still and complaining of pain in back and stomach. He is not taking much food and requires considerable persuasion to get him to take what he does. He is restless at nights.
27th June						He was to day tube fed and retained the meal well. He is constipated and bowels are being treated by oil &c. He has a very foul breath, the teeth are coated with sordes and the tongue is furred & dry. He does not now complain so much of his back
29th June						He has been fed twice a day with milk feeds: He has a great art in forcing them up the tube again and he can vomit with little effort. He is very foul in breath and he does not take enough food to keep the bowels regular
1st July						Recently the feeds have been nearly entirely returned so the tube has been passed and the stomach contents which are very foul have been siphoned off and washed out with weak permanganate Solⁿ this has benefitted him greatly and he has now begun to take more nourishment spontaneously

NAME. Robert Coupland.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 July						He has done fairly well recently: He does not complain now of the pain in his back or stomach: He is eating better and the face is more stout looking. The tongue & lips are free from sordes. He masturbates constantly and openly. This is probably the cause of his "nemasthenia" and enfullement.
1[illegible]th July						He is now up and he is visited daily by his mother or sister: He is very enfulled: rarely speaks and never occupies his time in any way. He is vacant and depressed in expression answers in mono syllables. He still masturbates in a slow mechanical way and it is difficult to restrain him from it.
2[illegible]th July						He continues to improve slowly. He is more active and more sure in his muscular movements & love but he is not much brighter in his mental condition.
2[illegible]th Augt						The improvement mentally is now practically nil: He is vacant and silly in expression and he rarely talks even to his friends. Still masturbating automatically.
[illegible]ct 6th						He is thinner and more vacant looking: less active and more confused. The lungs are in fair condition so far as can be made out but the breathing is very shallow.
[illegible]ct 26th						No change: Sits idle and impassive all day rarely brightens up even when his relatives are with him. He is silly and enfulled in every way. Physically running down. He has probably acute phthisis though this cannot be made out. He still masturbates automatically each night & often by day.

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NAME, Adam Kennedy No

Admitted, 3rd July 1901 Pr. Ad.

Sex, Male Age, 38 Marriage, Single Occupation, Dyker

Education, Religion, Protestant

Private or Pauper, Dumfries Where from? Greenwell Dunscore

HISTORY.

Causation.

Disposition Quiet, melancholic, introspective

Habits Hardworking, active

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental His father and brother died within a few days of one another in the beginning of the year.

Bodily He became depressed then and he has worked fitfully since brooding a good deal of their deaths.

Recent.

Mental About 10 days ago he left home and after wandering about for a short time, he

Bodily lay down in Castledykes ground 2 nights ago and has since frequented this place returning to it if put away. He was reported

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack a few days acute -

Other Facts or Remarks

to the police who apprehended him and had him certified: Arrangements are being made to transfer him to the private list

Facts of Medical Certificates

Dr Kerr: Insane appearance and manner, restless & excited, talks incoherently, has been wandering aimlessly all day

Dr. Smith: Insane appearance and rambling incoherent conversation - Tells me that he wishes to be shot through the head.

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NAME, Adam Kennedy

STATE ON admission

Mental.

Exaltation ✓

Depression mildly in look and speech

Excitement slight cannot settle fidgetty manner

Enfeeblement marked: has no idea where he is what no initiative

Memory Poor

Coherence Very rambling Can answer questions? – Yes some simple –

Delusions None expressed

Other Abnormalities says that his foot useless.

Bodily.

Appearance Hfairly nourished man

Skin clean moist Hair Brown

Eyes Blue Pupils moderate equal sluggish

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action k.t. present Special Senses ✓

Retina ✓

Lungs Chest of good form. No breath sounds are healthy.

Heart No heart sounds are rapid but pure

Tongue clean Bowels constipated.

Other Organs, Abnormalities, Bruises, &c. There are numerous abrasions + small [illegible] ulcers. No complains of pain over the lower ribs on right side but no fracture can be detected

Appetite Capricious

Urine 1020 Acid no albumen

Menstruation –

Pulse 88 regular moderate Temp. –

Height 5' 9" 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.

NAME, Adam Kennedy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5 July						Kennedy is in fair health. Mentally he is mildly depressed. He is readily confused and answers questions stupidly and incorrectly. He rambles into an incoherent talk about his suspicions of people watching him but is by no means definite. He is very easily elated and laughs in a vacant empty way whenever he is at all excited. He is now eating & sleeping well.
7th July						He is much as at last note off hand in manner, gesturing occasionally as if he heard voices. He is still vacant confused and silly in expression. The depression is passing off.
9th July.						He has been sent out to work in a squad. His friends have made him a private patient on the reduced board fund. He is easy to manage but he comes up to talk in a confused vacant way forgetting his words &c. He is eating well and sleeping well at present.
13th July						He is doing fairly well. He is a fair garden worker but he cannot settle to work constantly. He is easily guided and he is becoming more coherent in talk and he is now enquiring about getting away.
17th July.						He was to day discharged. He is promised work whenever he gets outside & his friends think they can now manage him

RECOVERED.

NAME, Adam Kennedy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Abt 10 days later than date of last note Kennedy left home and could not be traced. His body was found 2 days after this in the Cairn burn.

NAME, James Chalmers. No

Admitted, 8th July 1901 Pr. Ad.

Sex, Male Age, 50 Marriage, Widower Occupation, Labourer

Education, ✓ Religion, Protestant.

Private or Pauper, Dumfries Where from? Quarry Row Locharbriggs.

HISTORY.

Causation.

Disposition Quiet, very easy going

Habits Active

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing

Exciting

Symptoms. First. Mental / Bodily

Recent. Mental / Bodily

He is working in the quarry at present. He became mildly depressed and took to 'reading his bible' this was followed by religious delusions that he had cursed God and was irretrievably lost &c. He has been unable to work for some time owing to this.

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack a few months.

Other Facts or Remarks

Facts of Medical Certificates

Dr Kerr: His insane appearance and manner he believes he is absolutely lost & that he is continually blaspheming his Maker. He heard a voice saying "Thou can't be saved" – unable to work

Dr Ferguson: insane appearance & marked depression He says the devil has got possession of him & that he is lost for ever: Says he has humiliated the Almighty lower than the beasts of the field.

NAME, James Chalmers

STATE ON admission

Mental.

Exaltation ✓

Depression Marked in look, manner & aspect

Excitement slight uneasy restlessness

Enfeeblement Considerable, Stupid & confused

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions Says that he is full of filth which has upset his stomach &c

Other Abnormalities ✓

Bodily.

Appearance Fairly healthy looking weather beaten.

Skin clean Hair Dark

Eyes dark Pupils moderate react.

Muscularity Fair Fatness Fair

Nervous System—*Motor*

Sensory

Reflex Action K. J. present Special Senses There is dislocation of the left lens from an old injury

Retina ✓

Lungs The chest is of good shape The breath sounds appear healthy

Heart The sounds are loud & booming but there are no murmurs

Tongue clean Bowels Constipated.

Other Organs, Abnormalities, Bruises, &c. No bruises

Appetite Fair

Urine 1016 Acid : no albumen

Menstruation ✓

Pulse 76 large wave Temp. ✓

Height 5ft 6 Weight 98.

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 Chalmers

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10th July						Since coming in his one delusion has been that he has got no end of filth in him which is affecting him. He is sleeping fairly: eating well.
12th July						Bowels have been freely moved and he feels better. Still very "filthy" inside "all dirt". He is mildly depressed if spoken to on his religious ideas.
16th July						Still mildly depressed but improving in looks and much faster in movement. He still feels the filth affecting him but not so much as before. He never volunteers a religious delusion. He is sleeping and eating very well.
26th July						He has been sent out to work in garden. He is still "useless" and inclined to be moody but the filth is passing off rapidly he thinks.
3rd Augt						There is not much change. He is working rather better, more frank and open and he is more cheerful and working rather more vigorously & constantly. He is sleeping well & eating well.
17th Augt						His friends are anxious to have him out but he is not at all sure himself yet about going. He is almost rid of the filth & only feels it in the mornings. The depression is gone.
27th Augt						Chalmers is pleasant & more active as the result of a long conversation. He says "I got down-left working - took to reading my bible - I put a wrong view on what it said & thought I was lost." The depression is now quite away. The filth is now also gone. He says that he is scarcely so well yet as he would like to be but that he thinks that he can control all

NAME. James Chalmers

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						his ideas and thinks that hard work in the quarries would not put him all right. He is sleeping seating well. He was treated at first by alkaline stomachic mixture but has not had any medicinal treatment lately except when opening medicine was required
28th Aug						Sent out today

RECOVERED

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NAME, John Walker No

Admitted, 13th July 1901 Pr. Ad.

Sex, Male Age, 31 Marriage, Single Occupation, Labourer

Education, ✓ Religion, Protestant.

Private or Pauper, Kirkcudbright Where from? Leo W. (father) High St. K.

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 3rd days

Other Facts or Remarks

Facts of Medical Certificates

Dr Ferguson: Insane appearance and manner, restless and excited condition and incoherent talk.

" 3rd says that he confines himself to the house and when he goes out thinks the boys & people are scandalising him

Dr Reid: Excited manner - persecuted by people - incoherent talk.

" assaulted a man he had never spoken to and accused him of selling boys & mocks him. Threatens & kill his relatives.

NAME, John Walker

STATE ON admission

Mental.

Exaltation ✓

Depression slight in look and manner

Excitement says he is in no way to blame - curses his brother in law

Enfeeblement slight

Memory Fair

Coherence Yes Can answer questions? Yes.

Delusions Says that a blacksmith has been trouncing the boys on him for some weeks saying he will shame him

Other Abnormalities

Bodily.

Appearance A tall sparely built man

Skin sallow Hair Dark

Eyes Dark - bloodshot Pupils Moderate equal react

Muscularity Fair Fatness Poor

Nervous System - Motor ✓

Sensory ✓

Reflex Action R.J. present Special Senses ✓

Retina ✓

Lungs The chest is of good form. The percussion note is dull at left apex and the breathing is there prolonged & roughened.

Heart sounds are clear

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite Fair

Urine 1028 thin deposit of urates.

Menstruation

Pulse 80 regular soft wave Temp. ✓

Height 5 ft 9 Weight 10 5/4

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.

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NAME, John Walker

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15th July.						He has been quiet since his admission but he is excitable in manner and talk. He is very angry at his relatives sending him in saying that they put a mis construction upon his actions. He is sleeping fairly and has a fair appetite.
17th July.						He still has the suspicious look in manner and will glances rapidly round as if he heard voices but he denies doing so. He is certain that many people in the village were watching his movements and that they hounded on the boys to call him names & to follow him
19th July.						No change. Eating, sleeping very well, but he still has all his delusions of suspicion &c.
25th July.						He has been sent out to work and he has done fairly well. He is quiet enough as a rule but very reticent reserved and watches the others closely. He is in fair health at present.
29th July.						working well and quiet when outside. More uneasy when indoors. He cannot settle for long. rarely reads or occupies his time and he is always brooding over the injustice of his detention.
10th Augt:						No change in any way since last note: He is giving no trouble here.
27th Augt.						He is still much as on admission. He still holds fast to his delusion that he was mocked by boys outside at the instigation of the man he struck: He objects striking him. He is anxious to be allowed out.

NAME. John Walker

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						he says that he could not go home but refuses to say why. He is sleeping & eating well. but he is offhand suspicious reticent and rarely talks to those about him.
Oct 16th						In good health and working out. There is no change in anyway in his mental condition. He is quiet reticent and suspicious
January		10th	1902			In fair health: Sleeps in 3rd Div. He is easily managed - quiet somewhat offhand in manner and bearing. He is suspicious of those about him but has expressed no delusions lately.
March		26th				No change.
April		15th				Removed to Farm Annex.
Decr. 14th			1903			Returned to 2nd House. Sent to Friars Gasse.
Feb 1904.					Copy	Farm Annexe.
Nov 26			1905		FA. Book	In good health. works in farm squad: weak minded laughs immoderately at times.
Jan 8th			1907.			He is bad tempered: he works willingly however. works with the horses at the farm. There is no improvement
June 6th			1908.			The patient is a delusional case who has been at work at the farm annexe for several years. He looks after the horse & cart for the carting work and is quiet but tends to be "bad tempered" as Cat Johnston puts it when any one annoys him otherwise he is all right - when left alone. He speaks little & appears to be absorbed in his morbid ideal. He has a brother - Robert Walker just recently admitted to the B.H.
May 12			1911.			Sleeps in the Farm & works on the Farm
1916			Sept.			A good worker on the Farm. Likes to have his own way and apt to be impulsive if interfered with
1917			Oct			No change BH fair.
1918.			Sept.			Delusional, hears voices, apt to be impulsive. Good worker on Farm.

V. Chr. C.B. p. 405.

NAME, John Anderson No.

Admitted, 17th July 1901 Pr. Ad.

Sex, Married Age, 42 Marriage, Occupation, Fisherman

Education, ✓ Religion, Protestant.

Private or Pauper, Annan Parish Where from? R. I. Dumfries.

(Mrs A - Whinney Riggs.)

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

Dr Kerr: insane appearance & manner trembling speech excited easily - Believes that he is chased about the Infirmary by some women - Cannot sleep - wanders out of bed & loses him self

Dr Craig: Insane behaviour & slurring speech. imagines that a woman is waiting to catch him. Gets out of bed to go home to human

" Has spoken of throwing him self out of a window.

NAME, John Anderson

STATE ON admission.

Mental.

Exaltation marked in manner, bearing & speech

Depression ✓

Excitement slight

Enfeeblement marked, has no idea where he is &c

Memory Fair for some events

Coherence Yes Can answer questions? Yes

Delusions Many of grandeur &c

Other Abnormalities He is a general paralytic.

Bodily.

Appearance He is an active looking man

Skin clean sallow Hair Dark

Eyes Dark Pupils small equal react

Muscularity Fair Fatness Poor

Nervous System—*Motor* There is twitching of the muscles of the face lips and tongue. He is ataxic in gait, speech slurred & shuttling.

Sensory ✓

Reflex Action R.J. absent Special Senses ✓

Retina ✓

Lungs The chest is well formed and the breath sounds are healthy

Heart Sounds are rapid & slightly irregular in time & force

Tongue tremulous furred Bowels "active".

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite Fair

Urine 1022 Acid: trace of albumen

Menstruation

Pulse 89 irregular in T & F Temp. ✓

Height 5 ft 6 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.

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NAME, John Anderson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19th July:-						He is a case of general paralysis in the early second stage. He is an active sharp little man. He is easily pleased, easily diverted and he is often on the outlook for amusement. He is very slow in turning but can manage all right when going straight ahead. He is facile in conduct, elated in condition and he is capable of making almost any object the subject of an insane grandeur or delusion.
21st July:-						He is in the second division and does a little polishing & dusting. He has been very facile in manner and has given no trouble in any way
8th August.						He is atypical early G.P. He is always on the move and always changing his plans. He is wanting back to America to make a lot of money. His wife is the best in the whole world and he wants home. He is also very strong now and we have to fight him. He is restless at nights occasionally. Eats well.
15th August						Pleasant active and becoming increasing facile: every day or two he is the subject of mild attacks of confusion during which the speech is very disjointed slurred repeated. These may last an hour or two and then gradually pass off
27th August:						He is much as at last note and he is easy to guide in every way. He is easily put off when he asks away. He has lost his active manner & is now becoming more slow both in actions & thought. He is very restless occasionally at night [illegible].

NAME. John Anderson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 26th						He is in fair condition at present: He is markedly tremulous & when speaking his lower limbs are constantly jerking. He is very grandiose in his ideas. Has the best wife in the world, is worth no end of money & wants away as he is in excellent health & could make millions. Sleeps fairly.
January 9th 1902						Four days ago, he became semi comatose in the evening and there was marked motor twitching and also incontinence of urine. This is his first congestive attack. He is today still in bed but almost back to his usual. Eating & sleeping fairly.
March 14th						He has been in bed almost entirely since last note: He is very sensible in many ways and his observation is good. He is however very facile and he has many grandiose ideas. His muscular tremor & incoordination is becoming more marked.
June 2nd 1902						Has gradually become weaker & he died today.

Died

2nd June 1903.

NAME, David Hutchison No

Admitted, 25th July 1901 Pr. Ad.

Sex, Male Age, 73 Marriage, Married Occupation, Farmer

Education, ✓ Religion, Protestant

Private or Pauper, £40 Where from? Brachead Lochmaben

– Mr Wm Graham – White Laird Lochmaben Son in law

HISTORY.

Causation.

Disposition Cheery active.

Habits Correct Hard working

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity Half sister's son

Other Diseases

Predisposing

Exciting Pneumonia about 2 weeks ago

Symptoms. First. Mental / Bodily

Recent. Mental / Bodily

About four weeks ago he had a pneumonia affecting left side. This left him weak but he had a fair recovery up to about 10 days ago when he began to be duplex and tablature readily excited and this passed gradually into acute mania. Has only taken small quantities of smith for past 2 days. This has been

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 2 weeks

Other Facts or Remarks

accompanied by great struggling and fighting and two people had constantly to be with him. As a result of a consultation to Dr Smith of Dumfries he was sent in here.

Facts of Medical Certificates

Dr. Sanders: unmanageable, strikes out with his arms + legs – talks continually – will not take food

" refusal of food and two men restrain him with difficulty.

Dr. Smith: wild insane appearance and action talks incessantly in an incoherent way. restless + unmanageable refuses to take food.

NAME, David Hutchison

STATE ON admission.

Mental.

Exaltation: slight: laughs, recognises each we meet him as an old friend &c

Depression: ✓

Excitement: considerable clutched at objects on the way along corridor &c

Enfeeblement: has no idea where he is or what time of year it is &c

Memory: Fair for some facts

Coherence: No — Can answer questions? Some simple.

Delusions: ✓

Other Abnormalities: An acute restless mania.

Bodily.

Appearance: A tall healthy looking old man - looks 65.

Skin: clean moist — Hair: Gray

Eyes: Gray — Pupils: Small equal sluggish

Muscularity: Good — Fatness: Good

Nervous System—*Motor*: ✓

Sensory: ✓

Reflex Action: K.J. present — Special Senses: ✓

Retina: ✓

Lungs: There is no dullness but the percussion and resonance is increased on left side - No moist sounds

Heart: is irregular in time & force

Tongue: Furred, flayed, dry — Bowels: constipated.

Other Organs, Abnormalities, Bruises, &c: There is an erythematous condition of the skin over shoulders & buttocks. Small square mark (blister?) under right nipple.

Appetite: refuses food

Urine: 1022 Acid: healthy

Menstruation: ✓

Pulse: 90 small irregular — Temp.: ✓

Height: 5' 7½" — Weight: 126 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, David Hutchison

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26th July:						He is an active man for his years: He is in subacute mania
	.	✓	94	96		restless, excited, struggling kicks the clothes off him and persists in lying with only a single blanket on him. Threatens to strike anyone coming near him and he is very easily made very excited: The pulse is small rapid & easily excited: He sleeps little & not deeply. The temp is not increased: The mania is a rather pleasant playful one & there is no element of rage in it: He is taking a fair amount of milk several times each hour.
27th July			90	94		He is still exceedingly restless and excited and he is always tossing about & half rising in bed: The "fighting" mood only comes on him at times and he will then endeavour to strike any one near him. Sings to himself in a half crooning half jovial way. He is taking enough fluid nourishment and he seems quieter and more inclined to settle. He is gaining strength & regularity in the pulse but the rate has not diminished. His chest condition is difficult to make out but the increased of the fremitus is on the opposite side to what would be expected. There may be slight thickening of the right pleura. He sleeps a little in [illegible].
29th July.			88	90		He has quietened a good deal. He is still very incoherent and confused when he talks. He has no idea where he is or who we are but he recognises us now

NAME, David Hutchison

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						The bowels are moving freely and he is taking more solid food. He is improving also in pulse rate &c
31st July.			88			The condition continues to improve. He is much quieter and now listens and answers any questions asked about him: He is often incoherent when he endeavours to converse and he is very confused with regard to recent events: He knows he was ill but has no idea of coming here &c. Still restless especially at night when awake but he is sleeping a good deal and is much quieter.
3rd Augt.			94			Pulse has again risen without any cause apparently. He is eating well and he is very somnolent during the day sleeping every 10 mins for 30 or minutes & then wakening with a slight start. The heart action is slightly weaker but not marked yet.
5th Augt			80			Again better and talking nicely for short periods; He mistakes morning for evening & vice versa. He greets you always with "grand day for the crops" or some such remark in the evening & "easy morning this" when 8 p.m. comes. He is a pleasant hearty old man pulse steady today and the temp has never been up.
9th August.			88			Shortly after last note the pulse again ran up - put on Strip [illegible] Tinn gss iij Heir Sulph Dil m iij ter in die this has brought down the pulse from 94 to 88 & he has improved a good deal in expression along with it. Still confused sleeping a great deal mildly incoherent & emotional.

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NAME, James Bell No

Admitted, 25th July 1901 Pr. Ad.

Sex, Male Age, 26 Marriage, Single Occupation, J.L.

Education, ✓ Religion, Protestant

Private or Pauper, Middelbie Where from? Maxwelton Prison

See page 173

HISTORY.

Causation.

Disposition ✓

Habits ✓

Previous Attacks—No. one Kind similar

Duration Where treated S.C.A.

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

Dr. Macdonald: very excitable appearance & talks in an incoherent and exaggerated way, irritable & easily excited.

" C.R.A. previously - friends are afraid of him doing harm

Dr Cunningham:

1 facial expression in dicates mental disorder & he talked incoherently " P.A.

NAME, James Bell

STATE ON readmission

Mental.

Exaltation marked: in manner and speech

Depression ✓

Excitement slight talkative blusterous

Enfeeblement considerable. He is pleased to be back here again &c

Memory Fair

Coherence Yes Can answer questions! Yes

Delusions ✓

Other Abnormalities Talks in army offhand boasting and exaggerated way.

Bodily.

Appearance He is a tall thin rather pale looking man

Skin clear Hair Fair

Eyes Blue Pupils large equal mobile

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K.J. active Special Senses ✓

Retina ✓

Lungs The chest is of good shape and the breath sounds are healthy

Heart Sounds are clear & healthy.

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. There is some tremor of muscles from recent alcoholic bout

Appetite Fair

Urine 1026 Acid: No albumen

Menstruation

Pulse 80 Regular not more Temp. ✓

Height 5ft 11 Weight 154 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.

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NAME, James Bell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27th July 1901						Bell is practically as on his last admission. He is quite happy to be back here again very talkative noisy and boasting. He roars out his remarks in a very loud voice. He is easy to manage & good natured an excellent worker when in the mood: "Nae body can beat Jim o' the hill". Sleeps fairly well.
29th July						No change he has got a dose of medicine which has cleared the bad whiskey out of him and he now feels in very good trim. Scrubbing all day keeping up a noisy din of conversation from morning to night.
1st Augt						He has been sent out to work in grass cutting squad.
6th Augt						He has again been brought in as this was too mechanical for him and he was always on the outlook for some other work. He is a great big bawling cheery man who fills the whole ward in a roar with his remarks. He is pleased with his strength his quickness eye, his ability to work, his power to control horses or cattle or all is an exaggerated idea of his own merits. He sleeps and eats an excellently
13th Augt						Doing well: easy to manage and pleasant & quiet as a rule
20th Augt						No change: sleeping & eating well and always on the outlook for something to keep him occupied and amused: He is still very excited talkative & boasting.
Oct 16th						A big noisy rollicking man who gets through a great deal of work "at a host". Talkative and suggestive

NAME. James Bell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 26th 1901						Always on the best of terms with himself. He works actively and steadily for hours getting through a great deal of heavy work. He is mildly unfulled but evidently is determined to stay in until the winter is past. He is a pleasant, noisy, and hilarious patient. Eats & sleeps well
January 9th 1902.						He remains at at last note. He is easily managed and a typical unsettled comparatively harmless "nice do well" At present he is once more thinking of going out and he is planning accordingly.
March 20th						Has been milking lately and he has had a great deal of liberty. A noisy and easy going pleasant man.
January 10th 1903						James Bell has been somewhat more settled of late. acting as special messenger between 1st & 2nd House. makes himself generally useful. but cannot settle for any time to the same thing. worked for a time with upholsterer but got tired of this. In good health.
July 10th 1903						Has had a prolonged attack of excitement Complains of his 'heid' which is eased by shouting. this he indulges in freely at present. Confined to house. Disagreeable, irritable & has not a good word to say of any body.
1904 Jan.y 10						Has escaped twice since last note. makes keys out of wires. says he will do it again if he doesn't get more liberty. more settled again & trying to please everybody. Spends his time at present as rat catcher in 2nd house.
1904 Jan. 1st.						Has frequent attacks of excitement & restlessness. These are increasing & he is at times most troublesome. In good health.

See page 860

NAME, William Gordon Law No

Admitted, 25th July 1901 Pr. Ad.

Sex, Male Age, 35 Marriage, Single Occupation, Dafer

Education, ✓ Religion, Protestant

Private or Pauper, Dumfries Where from? St Mary's Road

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing Stated to have been always weakminded

Exciting

Symptoms. First.

Mental He has been something of a character about Dfs for some years. He is a good musician

Bodily a penny whistle or fant de miesia his fingers can give excellent airs & variations. He sings

Recent.

Mental comic songs & give "breakdowns". He has been somewhat vain always of his appearance

Bodily and these accomplishments. He is weakminded in appearance & manner. Became excited a few days ago & assaulted his father

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack a few days

Other Facts or Remarks

He is an example of an insane type ground passing into insanity.

Facts of Medical Certificates

Dr Kerr: Insane appearance and manner: silly and weakminded grandiose ideas - might have been a famous soldier to violent and threatens the other inmates of the house

Dr Smith: Manner & conversation. Tells me he cannot control his conduct & that he has struck father & mother

" V.A.

NAME, William Gordon Law

STATE ON admission

Mental.

Exaltation slight in manner both on walk &

Depression

Excitement slight

Enfeeblement marked, cheerful & gaily dressed, easily guided lacks energy and has no initiative

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions None expressed.

Other Abnormalities

Bodily.

Appearance He is a thin poorly developed man

Skin Clear Hair Fair & fine

Eyes Fair Pupils large Equal react

Muscularity Poor Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action K.J. active Special Senses ✓

Retina ✓

Lungs Thechest is flattened at apices and the expansion is limited. The percussion is relatively dull on left side: breathing prolonged and

Heart Sounds are clear (roughened but no morbid sounds

Tongue Clear Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair

Urine 1028 Acid healthy

Menstruation ✓

Pulse 78 regular low T Temp. ✓

Height 5/1 6 Weight 106 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, William Gordon Law

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27th July 1901						He is in fair health though he appears to have quiescent phthisis at both apices: He is an active man pleasant when spoken to: He is weakminded, silly and vacant in expression and wanting in mental energy. He is easily managed. Too ready to show off his musical abilities &c Sleeps & eats well
29th July:						No change: Rarely occupies his time idle and apathetic as a rule. Easily guided & managed.
1st Augt						Has been sent out in garden Squad. His delusions are a little difficult to make out and are evidently the result of a suspicious temperament and habit. He is easily managed. anxious to be home now. Sleeps & eats very well.
8th Augt						His sisters called and Law had a long string of complaints: He is under fed: cannot wear his clothes: He has had to work until his hands are exceedingly painful & blistered. (There is one small blister in right hand). He has been assaulted and abused by the attendants & so on. He is generally a quiet easily managed enfeebled man & these are evidently all made with the intention of awakening sympathy.
13th Augt						He has been given light house work to do till the hands are well! He is always playing a penny tin whistle which he explains cost 6d. He is a fair performer & a quiet easily managed man. Refuses to say why he assaulted his parents He is an imbecile of a high type Has some grandiose ideas. His talents have never been recognised nor acknowledged.

NAME, William Gordon Law.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29 August						No change: Quiet & easily guided as a rule. Heir moderately active in doors & occasionally works out. His people are anxious to get him on to the reduced board fund.
Nov 13th						Was today sent out on

PROBATION.

NAME, George Murray No

Admitted, 26th July 1901 Pr. Ad.

Sex, Male Age, 53 Marriage, Married Occupation, Dealer

Education, ✓ Religion, Protestant.

Private or Pauper, $26 Where from? Pringleton Penpont

HISTORY.

Causation.

Disposition Quiet reserved

Habits Correct

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity ✓

Other Diseases

Predisposing Probably brain disease (apoplexy?)

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack a few months

Other Facts or Remarks

Facts of Medical Certificates

Dr Robertson: i Suspects his wife of keeping an immoral house also that the members of his family with others form a secret society to act on his nervous system

ii Daughter says that she is suspected of immorality says he may require to sell out of they go on as they are doing &c

Dr Byson i as above

ii Do D.

NAME, George Murray

STATE ON admission

Mental.

Exaltation ✓

Depression considerable in look aspect and manner

Excitement slight restless and uneasy

Enfeeblement marked: has deficient control over himself
has not clear idea of where or how he is &c

Memory Poor

Coherence Yes – Can answer questions? Yes

Delusions Electricity acts on him & especially on his lower limbs making him jump & turn round

Other Abnormalities suspicious of all his family.

Bodily.

Appearance A tall fairly fresh looking man

Skin sallow moist Hair Dark

Eyes somewhat oedematous Pupils small equal react

Muscularity Fair Fatness Fair

Nervous System—*Motor* There is slight motor weakness in lower limbs but not confined to any particular side

Sensory ✓

Reflex Action L.J. equal +1 Special Senses ✓

Retina ✓

Lungs Chest is well formed and the heart sound appear healthy

Heart 1st sound loud and booming 2nd reduplicated

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, &c. –

Appetite Fair

Urine 1018 trace of albumen c fine hyaline cast.

Menstruation

Pulse 78 regular tension + Temp.

Height 5 ft 7 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, George Murray

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27th July:						Murray is in fair health: He has chronic bright disease and appears to have had a slight apoplexy probably low down on left side. He is dazed confused and stupid in appearance. He has two main delusions 1st that his wife has been unfaithful to him and that she is keeping an immoral house. 2nd that they work electricity on him and cause his legs to jerk. He is sleeping fairly & eating well.
29th July.						He is a pleasant mildly depressed man: He will not now admit delusion no 1 but no 2 is as strong as ever and he points to his legs as a proof that they are working on him: He is generally easy to guide.
1st Augt						He has been sent out to work in a garden squad and works well. He is pleasant and chatty at times but he is occasionally dreamy & given to turning around under the electric influence as he says: He sleeps well.
7th Augt						No change. Albumen in urine is markedly less in amount and is now a mere trace. He still has the electric influence at work on his body & legs. Mildly enfeebled. The memory is very deficient and he cannot remember names readily &c. He is eating very well.
15th August						No change: He is still engaged in active out door work and he is always seen at his best when out: He wants initiative does not object to working alongside any kind of element &c

NAME. George Murray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27th Augt						There is no change: still has the delusion about the electricity and influences acting on him. He has not lately said anything about his wife but he has expressed no desire to see any of his family.
Oct 16th						There has been considerable betterment: he now talks more freely and says that though the jerking may affect him in the mornings that it soon passes off & that he knows it is his own imagination that it is electricity. He is evidently gaining confidence again in himself. He is sleeping & eating well
Nov 26th						This continues and he is now a pleasant quiet keen man who is easily managed. He is still uncertain of himself but says he is much happier than before
January 8th 1902						He has during the past 10 days had a cold. This has been accompanied by a mild dazed confusion and depression. He is easily managed. It is probable that there has been a return of the delusions in greater force & that this may have occasioned the confusion. He is rapidly regaining his old composed manner.
March 30th						In good health and very well mentally - a good outworker
Jun 28th						Was Discharged Recovered today.

Discharged Recovered

28th June 1902.

773

NAME, James Ross No

Admitted, 29th July 1901 Pr. Ad. ✓

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

Education, ✓ Religion, Protestant

Prisoner or Pauper, Annan Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ Kind ✓

Duration ✓ *Where treated* ✓

Hered History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental He is a private in K.O.S.B militia and he has served his term in South Africa.

Bodily He has been home only a few weeks This attack is supposed to be due to

Recent.

Mental inanition and alcohol

Bodily

Insane Habits and Propensities

Suicidal Doubtful

Dangerous No

Duration of Existing Attack Unknown

Other Facts or Remarks

He is not known in Annan. Yesterday he stripped himself naked & rushed about the banks of the river shouting he was going to kill Kruger - He thought the Annan was the Modder River

Facts of Medical Certificates

Dr Howie: His answers to simple questions are unintelligible and contradictory.

" as above

Dr Murdoch: He has no correct idea of time or place. Merriment in conversation

NAME, James Ross

STATE ON admission

Mental.

Exaltation ✓

Depression slight

Excitement slight

Enfeeblement marked: he has no idea where he is or what he has been doing

Memory very poor

Coherence Yes Can answer questions? Yes

Delusions None expressed

Other Abnormalities He is dull stupid and has no recollection of his actions yesterday

Bodily.

Appearance A thin spare built man

Skin moist sallow Hair Dark

Eyes Dark Pupils small and equal

Muscularity Fair Fatness Poor

Nervous System—*Motor* Tremor of the face muscles &c

Sensory ✓

Reflex Action K.J. present Special Senses ✓

Retina

Lungs The chest is slightly pigeon shaped: The percussion is relatively dull at the left apex and the breath sounds are prolonged (and prolonged)

Heart sounds are normal

Tongue Tremulous furred Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair

Urine 1026 Acid deposit of urates

Menstruation

Pulse 50 regular good wave Temp. ✓

Height 5ft 5 Weight 8st 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, James Ross

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1st Augt						Ross is a case of acute delirium coming in as the result of inanition and alcohol: He has been freely purged; has eaten his meals heartily and he is now coherent and quiet and easily guided & managed. He has no recollection of any of the events of the past few weeks & has no idea where he is. His condition at present is one of marked enfeeblement. He is sleeping very well and his feet which were blistered have now improved.
6th Augt						He is looking about him and doing a little work. He is easily managed. His memory has not improved. He is quite sensible but will not converse at all freely though he can answer all questions correctly and sharply.
11th Augt						He has been sent to the III Div. He is a very quiet, unobtrusive man anxious to be away back to labouring work. He is giving no trouble and he is sleeping & eating well. The enfeeblement is slowly passing off & he will soon be able to earn his livelihood outside again.
27th Augt.						Gradually clearing and he is now probably back to his normal state: He has been very quiet since his admission and he is anxious to be away out to work again. He has never shewn any signs of having hallucinations or any excitement since he came in so that he may soon be discharged.
30th Augt						Today discharged

RECOVERED

NAME, James Ross

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

777

NAME, John Stewart No.

Admitted, 21st August 1901 Pr. Ad.

Sex, Male Age, 20 Marriage, Single Occupation, Labr.

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Kirkcolm

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ✓ *Kind* ✓

Duration ✓ *Where treated* ✓

Hered History—*Insanity* ✓

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Not Known

Other Facts or Remarks

He was found wandering aimlessly by the police and nothing is known regarding him by the authorities

Facts of Medical Certificates

Dr Harper: Vacant expression: will give no definite answers to questions put to

Dr Anderson: 1 Imbecile in aspect answers questions incoherently. 2 defective in memory &c

NAME, John Stewart

STATE ON admission

Mental.

Exaltation ✓

Depression marked dejected in look hanging head &c

Excitement ✓

Enfeeblement marked, answers very slowly, contradicts himself &c

Memory Poor

Coherence attempts Can answer questions! Yes

Delusions ✓

Other Abnormalities Appears to be an imbecile -

Bodily.

Appearance Fairly nourished young man

Skin Sallow : clean Hair Dark

Eyes Dark Pupils large equal mobile

Muscularity Fair Fatness Fair

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action ✓ Special Senses ✓

Retina

Lungs The chest of fair form. The expansion is limited at left apex & slight dullness on percussion. breathing roughened.

Heart Sounds are healthy

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair

Urine 1018 Acid healthy

Menstruation ✓

Pulse 48 regular good Temp. ✓

Height 5 ft 7 Weight 8 st 3.

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 Stewart

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22nd August;						He appears to be a weakminded mildly depressed youth. He says he comes from Cortree and that he has been to Glasgow and then walked to Ayr and on to Wigtownshire. He has little recollection of the places he passed through or of the dates. Answers in a distant depressed and stupid way and frequently contradicts himself. Eats well and sleeps well last night
24th August.						No change: idle apathetic listless never ventures to make any remarks, taking no interest in his surroundings.
27th August						Not much change. If anything he is rather brighter and more settled. He is easily man aged but he is still very apathetic and idle: Sleeping well.
Sept 6th						Today transferred to Inverness

TRANSFER.

NAME,

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

781

NAME, Robert Bellor Watson. No

Admitted, 28th August 1901 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, Wamphray Where from? Greenock asylum Lenzie

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental A procurator fiscal case.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal is not

Dangerous is

Duration of Existing Attack ? Date of warrant

Other Facts or Remarks

Dr Blair: He is insane: He is somewhat restless and excitable, talks in a rambling way & has delusions. Says that voices urge him to do acts over which he has no control & that the voices prevent him sleeping at nights.

Facts of Medical Certificates

He is reported to have stabbed two men in Glasgow & being found insane was sent to asylum at — in October of 17.

NAME. Robert Bell or Watson

STATE ON admission.

Mental.

Exaltation ✓

Depression mild in look & manner

Excitement ✓

Enfeeblement marked, listless attitude and gait. Takes no interest in his surroundings

Memory Defective.

Coherence at times Can answer questions? Yes

Delusions Says that he still hears the voices at night.

Other Abnormalities His speech is hesitating "paretic", jerky and incoordinate.

Bodily.

Appearance A fat easy going well nourished man (looks 50)

Skin Clear Hair Brown

Eyes Blue Pupils small equal react

Muscularity Fair Fatness Good

Nervous System—*Motor* No muscular tone is distinctly lowered.

Sensory ✓

Reflex Action K.J. present Special Senses ✓

Retina ✓

Lungs Chest is well formed - The attitude lessens the apical expansion but there are no signs of disease

Heart Sounds are loud and booming but no murmurs.

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine 1022 Acid Healthy

Menstruation

Pulse 80 regular fair W & T Temp.

Height = 69 inches Weight = 158 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, Robert Bell or Watson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Augt 30th						Watson is in good health. He is mentally enfeebled & probably has heard the voices speaking to him for some time. He lacks initiative and interest in his work and condition. Is quite content to be guided by others while here and has made no suggestions with regard to his condition: Sleeps well eats well.
Sept 15th						He has continued as above and he is quiet, easily managed and the enfeblement is the more marked the longer he is observed. He has been quiet, eating well and sleeping well. Owns still to hearing voices — was sent today to

TARM ANNEXE.

1925. May 30th On Pass 28 days
C/o Mrs Glasgow, sister.

NAME. Robert Bell or Watson.

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

NAME, John Douglas No

Admitted, 28th August 1901 Pr. Ad.

Sex, Male Age, 47 Marriage, Single Occupation, Fisher

Education, ✓ Religion, Protestant

Private or Pauper, Mochrum Where from? Monreith Glasserton

HISTORY.

Causation.

Disposition Social, pleasant, easily guided

Habits Active, hard working

Previous Attacks—No. one Kind similar

Duration (8 years ago) Where treated S.C.A

Hered History—Insanity

Other Diseases

Predisposing P.A.

Exciting Alcohol.

Symptoms. First. Mental / Bodily

Recent. Mental / Bodily

Has been drinking heavily for some month two months ago began to be irritable and excitable sleepless and with many fancied grievances. This condition has gradually become worse and he has been threatening and violent, so that he was unable to get anyone to go out in his boat with him. He assaulted nephew & niece but charge was departed from on his certification

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack Two months.

Other Facts or Remarks

Dr Hunter: extremely restless and excitable - In a long conversation was very incoherent and could not talk of one subject for more than a few seconds said he would use a sword & a revolver against anyone interfering with him.

(2) threatened & has assaulted nephew & niece

Facts of Medical Certificates

Dr Selby: Every excitable and irritable. wrote me a very incoherent letter.

(1) John McH: says that Douglas threatened to do violence to his father and myself for fancied injuries - wanders excitedly late at night.

People afraid of accident in boat.

NAME. John Douglas

STATE ON

Mental.

Exaltation marked: nothing the matter with him, delighted to sa us all &c.

Depression ✓

Excitement marked restless, wandlos uneasy cannot settle.

Enfeeblement marked: silly & cant unreasoning talk & conduct

Memory very defective on many hints

Coherence very incoherent Can answer questions? Yes

Delusions Has been defrauded by railway company soon

Other Abnormalities

Bodily.

Appearance A fairly nourished weather beaten alcoholic looking man

Skin clean moist Hair Dark gray

Eyes Blue Pupils moderate equal & reset

Muscularity Poor Fatness Fair.

Nervous System—*Motor* Twitching of the face muscles and sew of the tongue & lips. The legs are paretic and ataxic.

Sensory Pains in legs

Reflex Action R. J. much dimin. & Special Senses ✓

Retina ✓

Lungs The chest is of good form and there is chronic bronchitis.

Heart 1st sound reflected by a systolic murmur 2nd Accent

Tongue clean Bowels constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine 1036 Acid: deposit y mates.

Menstruation ✓

Pulse 72 regular fair W & T Temp. ✓

Height = 67 inches Weight = 114 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, - John Douglas -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1st Sept:						Douglas is still under the influence of his alcoholic bout. He is dazed stupid confused excited and talkative. He has many delusions fleeting & transitory. The most fixed is that the Railway Coy has defrauded him of £17-10. He is noisy chattering and very unsteady on his legs. Sleeps little & has acute hallucinations of sight & hearing.
Sept 16th						He has been gradually settling & sleeping better and the condition is now one of marked enfeblement & partial collapse. He is very stupid dazed confused rambling & incoherent in talk.
Sept 30th						He is now in a pleasant affable and enfulled state. The reactionary stupidity and confusion is passing off and he is easily managed. Chatty and doing a little housework. His delusions are to a large extent gone at present. He sleeps & eats well.
Oct 12th						He has been sent to the 5th Div where he does fairly. Wants initiative and energy, is silly & offhand in his replies and evidently exalted in manner & bearing. He is wonderfully coordinate as a rule but any special act such as dancing causes a break down at once.
Oct 20th						There has been little change. & he remains practically as at last note.
Nov 21st						He is in good general health. The incoordination and paresis of the lower limbs is gradually improving. He is in good general mental vigour also except that the memory is very bad & that he lacks interest and initiative in his surroundings

NAME, — John Douglas —

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
January 16th 1902: —						The improvement has continued and he is now almost as well as he will be. The usual alcoholic facilities want of energy & loss of memory are marked present. He sleeps & eats very well
						Discharged —

789

NAME, James Green No

Admitted, 1st September 1901 Pr. Ad.

Sex, Male Age, 52 Marriage, Married Occupation, Lawyer

Education, Religion, Protestant

Private or Pauper, Lochmaben Where from? Marjoribanks –

HISTORY.

Causation.

Disposition Quiet, retiring, diffident

Habits Active hard working correct

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—Insanity Brother Charles at present in C.R.I.

Other Diseases

Predisposing N. P.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Five weeks

Other Facts or Remarks

Dr Geo Mackie: He has a suspicious and hunted expression constantly hears people who are not present swearing at him and calling him names. Imagines that people are following him and trying to enter his bedroom at night.

Facts of Medical Certificates

Dr Reid:- He has a wild suspicious expression is always watching and looking round corners. Says people are after him with sticks to kill him that they tried to pull the house down about him last night. He is unmanageable, he always tries to run away & was making a great noise about people coming to murder him.

NAME. James Green

STATE ON admission.

Mental.

Exaltation ✓

Depression marked in attitude look voice

Excitement ✓

Enfeeblement marked takes no interest in his surroundings dull apathetic

Memory Fair

Coherence Yes Can answer questions? Yes

Delusions Many: that he is being constantly watched that people are going to kill him &c.

Other Abnormalities Speech is slow unintelligible and is very dazed. Occasionally has hallucinations of sight & hearing

Bodily.

Appearance A thin worn looking man

Skin moist sallow Hair thin fair

Eyes sunken. bloodshot. Pupils small equal sluggish

Muscularity Fair Fatness Poor.

Nervous System—*Motor* very poor muscular tone.

Sensory ✓

Reflex Action K. J. present Special Senses ✓

Retina ✓

Lungs The expansion is poor. Chest somewhat barrel shaped Dulness at L. apex. Breath sounds normal except at L. apex where

Heart Sounds muffled: no murmurs (they are heard with difficulty.

Tongue furred Bowels Constipated

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite Poor

Urine 1026 Acid: healthy.

Menstruation ✓

Pulse Not per min very feeble Temp. ✓

Height = 70 inches Weight = 130 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.

791

NAME, James Green

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 1st 1901:-						Green is a case of marked melancholia with delusions. He is very depressed and he is evidently relieved to be among others for the safety they afford him. He is however suspicious and reserved and he has many delusions that he is being hunted about to his death. His physical health is much reduced.
Sept 16th						He is still very depressed confused and delusional and hears voices at night which he says come from men who are breaking into kill him. He sleeps fairly in the early morning and he is taking his food much better. He is quiet & inactive in habits.
Oct 4th						He is at present almost in a state of melancholia attonita. He sits quietly & moodily all day in one seat and only moves to get his meals which he is taking well. He is stupid distant and irrelevant in his replies to any questions.
Oct 11th						Still very dazed stupid confused and self absorbed. He is looking rather better "set" muscularly and he is more easily interested in conversation. He is sleeping fairly & he eat well.
Oct 21st						There has been considerable improvement. The fixed stare and hunted look is rapidly passing off and a wearied exhausted look has taken its place. He is more easily interested and brightened and he can now speak very rationally on most subjects. The delusions are loosing ground and the hallucinations are at present absent. He is now sleeping very well.
Nov 8th						The improvement continues he is brighter more active and [illegible]

NAME. James Green

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						and he has to a large extent quite lost the self conscious appearance and manner in answering questions. He is anxious to be home
✓ or 23rd.						He was today on the application of friends discharged. He has done very well during his residence but he would have been better to have remained a few weeks longer.

RECOVERED.

793

NAME, Thomas Bell No

Admitted, 10th September 1901 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, Haddenham Parish Where from? Ecclesiastical

HISTORY.

Causation.

Disposition Careless, Cheery

Habits Unstable -

Previous Attacks—No. ✓ Kind ✓

Duration ✓ Where treated ✓

Hered History—*Insanity*

Other Diseases

Predisposing

Exciting Alcoholism

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Epileptic.

Suicidal No

Dangerous Yes

Duration of Existing Attack some days.

Other Facts or Remarks

Dr Logan: He says that there is fire in the middle of the bedroom floor. He is very excited and outrageous requiring several people to hold him. Swearing & yelling with people holding him at 2 A.M.

(2) wife cannot possibly stay near him.

Facts of Medical Certificates

Dr Bell: Says he sees a large gun pointed directly at him & that it has to be fired at a certain hour to kill him.

(2) Fits on previous Saturday: had not slept since. Imagined that snow was falling & that a clock in the floor sat at the time he had to die.

NAME, Thomas Bell

STATE ON admission.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions!

Delusions

Other Abnormalities

Bodily.

Appearance well nourished fresh looking

Skin Clean moist — Hair Gray

Eyes Blue — Pupils moderate equal react

Muscularity Fair — Fatness Poor

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action Knee jerks active — Special Senses ✓

Retina ✓

Lungs The chest is well formed and the breath sounds are healthy

Heart sounds are healthy

Tongue Clean — Bowels regular

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite Fair

Urine 1018 Acid healthy.

Menstruation

Pulse 72 regular, good wave — Temp.

Height = 70 inches — Weight = 146 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.

795

NAME, Thomas Bell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16th Sept.						He has now settled considerably and he is an active pleasant affected man. easily guided. Talkative + garrulous with tremor of the facial muscles as he speaks. Shaking walk.
Oct 4th						He is now working outside and he is a pleasant affable and talkative man, anxious always to be agreeable. Weak minded and silly in many little ways.
Oct 26th						There has been no change to report. He is an active outdoor worker, and easily managed and guided. He is at times very garrulous with the others and apt to be quarrelsome.
Nov 18th						He is at present practically in status epilepticus. He has had a series of about 20 fits since last night.
" 19th						He is still having an occasional fit and is lying practically unconscious with stertorous breathing
" 20th						The coma has passed off and he is now in a state of mixed motor agitation and restlessness, crying and whining. The mental state is one of considerable confusion but there is no great amusement
Dec 10th						Almost back to his normal but very silly + more weak minded
January 18th 1902						He is now practically as on September 5th
27th July 1902						Left home today as

Recovered.

NAME.

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

Harold Jackson

From p: 456.

1903 Jany 10th: Continues a dirty, mischievous, destructive & impulsive imbecile - the special charge of Attendt. Jas. Wallace: In good health.

1904 March 1st: no change. a most troublesome imbecile - requires constant & close watching & supervision. Keeps in fair health.

1905 March 1. An imbecile of a very low degree. Destructive impulsive & filthy. Requires constant attention: In good health.

1906 June 3 About a month ago he put his hand through a pane of glass and severed the tendons in front of his right wrist. They were not joined, the skin was stitched and the wound has almost healed up by now.

1907. July 13th. This 'creature' continues to be in remarkably good health. He is continually dosed with Tinctr Cannabis Indica which in large doses has a very good influence on him - It quells his destructive habits & makes him more amenable to the administrations of the attendants. Since the last note he has completely stopped biting off the tips of his fingers which used to be a perfect nuisance with him until he got Cannabis Indica. At times when the drug is stopped he becomes violent & destructive again breaking windows by apparently sudden impulse or getting suddenly out of bed in the night & banging his feet on the floor, waking everyone in the sick room.

1908 July 23. This patient who is an idiot but of good physical development, has been sent up to the III. Div of II. Ho. He is being treated with Bromide of Potassium gr xxx. morning & evening. The other drugs such as Cannabis Indica & Sulphonal having lost their effect on him without being pushed to dangerous doses. However he at present is doing well with the Bromide & is having his rectum frequently washed out to prevent him from dirtying himself with his hands.

1908. Octr. 8. Patient is now in Male Hospital and is suffering from Lobar pneumonia of a mild type.

Octr. 28. Has now recovered from this attack of pneumonia.

Dec 31. Patient has had an epileptic fit of severe type since he came

1909. Jan 3 He had several very severe fits in succession this morning & then and after the last one was in a condition of extreme weakness & cardiac failure.

Jan 7. Patient looking weak this morning. In the evening at 5.50 he was on the commencement of a fit. He vomited his food & a few minutes afterwards he died.

DIED. 7. Jan 1909.

Samuel Wilson Trans. f. 696.

1903 Jany. 10th

— Thomas Gillespie — 328

907. Dec. 15. This patient is a stout partly faced man who suffers from epileptic attacks. He sleeps under observation now that the new observation dormitory has been substituted in the back wing of the second house. He works energetically polishing in various parts of the house but after his fits he becomes often very excited & quarrelsome and then suffers from various bodily complaints which necessitate him going to bed for a day or two.

— Robert Annan Veitch — 560.

1906 March was sent to Rosebank from the second House in the early part of the year. He is getting pretty feeble now and can go about only with difficulty; he has lumbago which troubles him a good deal. Mentally he is also feeble, his memory for recent events is very bad though he can remember events of his boyhood. He is easily caused.

1907. Feb 14. He was sent from Rosebank to the 2nd House a few days ago. He is a somewhat frail 'testy' old gent. His usual remark is "Show me your warrant" "what right have you to detain me here"! He has a typical legal face & is always quite pleased to tell at length the history of earlier years. Physical condition – frail.

April 28th. Old Veitch has been in bed the last few days suffering from a pain in his breast – the left side – It is apparently due to pleurisy & is accompanied by a slight rise in temperature. His heart condition is that of mitral incompetence & senile heart. His pulse is irregular at times. There is no albuminuria & no dropsy.

June 12. Old Veitch with the occasion of a few days out of bed has been in bed for the last few weeks suffering from what he calls lumbago. His conjunctivae are everted & very red. His urine looks slightly bilious tho' it doesn't react to bile tests. His liver is not tender. There is no albuminuria.

Decr. 16th. Mr. Veitch has been gradually going down hill. He seems wonderfully cheerful however, always ready to "Show me your warrant" in his brisk bright way. A few days ago notice was sent to his son in Fyeshire that his father was failing. He seemed not so bad however when his son arrived & brightened up.

Dec. 19th. Mr. Veitch passed away quietly at 6 o'clock this morning.

DIED. Dec 19. 1907.

—— James Allison — 732

1906 June 18th Has been living at the Male Hospital since July 1905 and has been employed regularly at breaking stones for which he got something every month. He began to complain about the food so he was removed to the Farm Annexe on April 2nd of this year, for the same reason he was sent to 2nd House on 6th April. He takes fits at intervals and at those times he is an extremely quarrelsome & unpleasant man. he had one or two fights with Jamie Bell and got the worst of it. He has been kept away from the stonebreaking since the 16th as it was thought it gave him too many opportunities for injuring others.

" July 4th Sent back to Male Hospital yesterday, this morning he started quarelling with the other patients and threatening them, so he was given 3 iv Paraldehyde with the nose tube and put into a single room for the day.

July 10th Since last note has given no trouble.

Aug 17th Sent back to 2nd House as he had been giving more trouble

1907. May 23rd Allison has been getting on fairly well in 2nd. Ho since last note until today when in the morning he struck out at attendant Cuthbertson with his fists inflicting a badly lacerated nose & cheek. The assault was entirely unprovoked Cuthbertson simply having directed Allison to polish a certain part of the floor. - Allison rescated & hit out.

June 3rd Allison escaped either late last night or early this morning. He is supposed to have gone through a door at boothall of 1st division during the time it was unchecked - possibly before 10 o'clock last night. He had deliberated this escape because he has taken all his clothes with him.

Escaped 3.6.07.

June 12th Nothing has been heard of Allison since last note.

Vic for. - June 27th Allison was brought back to-day from Glasgow Infirmary an attendant from the 1st House being sent for him. He had fallen in Glasgow & cut his chin badly & was taken to the Infirmary. When brought here, he was practically in the status epilepticus from which he never recovered.

Returned. 27.6.07.

1907. July 2nd 6 A.M. Died. vide P.M reports 1907.

William Goldie Neisham - from 878 -

Oct 16th: In fair health: Still refuses to go out and has an outburst every fortnight about his confinement here and about his illtreatment.

January 13th 1902:- Neisham is gradually becoming more unsettled. He now lies huddled up on the sofa for long periods each day sleeping. He cannot be got to occupy himself usefully. He is often quite short active and energetic and still rages and abuses everyone for his detention here. He still has hallucinations of sight hearing & common sensation each night and his delusions are of a personal and dangerous character. He is very threatening and the slightest provocation would lead to a violent assault: noisy at nights.

July 30th 1902. Still in Chamb. Continues to have acute hallucinations of hearing & delusions of a personal nature. Always demanding to get away & has had several threatened outbreaks of passionate excitement with impulsive violence. Still kept in single room - Quite a scene on bathing days. Refusing to go to his bath. In fair health.

Oct: 25 - Has been more aggressive & threatening of late in his demands to get away. Delusions & hallucinations very acute. This morning he attacked Robt. Halliday a fellow patient in 1st Div. with his sharpened Corset Spring he attempted to cut Halliday's throat, saying his reason that he (Halliday) was tampering with his food. Mr Smith Head attendant sent for the A.M.O & in his presence Neisham was searched (privately) when another sharpened instrument of the same nature along with a stone which he had used to sharpen his instrument with, was found in his pocket. He became acutely excited & threatening said he would go for me the first chance he got & was very abusive in his language.

1903 January: 10th: In fair health. Still delusional & irritable. Threatening & abusive.

1904 January 10th: Continues threatening. delusional & dangerous. Has had several sharpened instruments taken off him lately with which he said he hoped to do for some of us. In indifft. health.

— William Goldie Nisham —

1905. Jan 1st. Impulsive & homocidal. Has an outburst of excitement every bathing day. Requires two attendants to bathe him. Is in good health.

106 Sept 24th. He is in the Cross. Is very delusional
1 & 1907. and evidently has also hallucination of hearing as at times he looks into the grounds and talks when no one is in sight. His delusions are mostly sexual in character. He complains of electric wires hurting his testicles during the night. Is a very dangerous man who is easily roused. Keeps in good health.

908. May 25. Neisham has been in the same mental condition since last note. He has given no trouble but is very easily excited & is not at all inclined to be communicative to A.M.O. about his various ills. When asked what it is that troubles him, he answers "Oh you know fine what it is" & looks at one in such a ferocious way that one quickly moves a few paces into safety. He is always in the sick room during the day & except when outside helps with the work in the ward & is generally an obliging patient when his delusions are not referred to. He believes that A.M.O. is responsible for "working the electricity" on him.

1909. Aug 22. This patient who has been quiet for some time, was upset on being transferred to new quarters in the Closed Villa.
At first - on Monday when the patients were being transferred - Neisham flatly refused to leave II. House. He sat in the Bathroom Lavatory of 1st. Division - window and it was only after considerable persuasion by attendants who knew him & amidst much blustering that he was removed. He slept quite quietly that night in a single room. However next day he took advantage of being left for a few minutes in the Lavatory - to deliberately smash a large plate glass window lower pane in the Lavatory. He did this with his feet & without hurting himself in any way. He was put into the strong room to sleep but broke the cord holding up the shutter - in order to get at the window. He swore he would break every window in the place.
He has refused food for the last 2 days & only had a glass of milk on Friday. Att. Cuthbertson says that he has behaved in the same way in regard to food on a previous occasion - going without food for 10 days & then taking it quite normally. As he is a powerful little man - a few days absence of food is not to be feared.

1909. Aug. 23. Neisham is sitting quietly playing draughts with Mr. Bell to-day. Has not taken food yet.

Aug 24. He is taking his food to-day & has evidently settled down again.
Oct. 1st. He was at the Rood Fair to-day with Att. Cuthbertson.

P. 977

Johnston Hunter - 436

August 31st: The feet have done very well as regards position but there is great thickening in and around the ankle joints. He is still absolutely confined to bed. He is moody, taciturn, and silent and he will not converse. He takes his food well and sleeps fairly.

Sept 16th: He is continuing in bed and gives no trouble. Easily managed but moody, silent and taciturn. and irritable when spoken to or worried in any way. He sleeps fairly.

Sept 30th: He has been got up and is now sitting in a chair all day. Depressed at times but he has had no syncopal or epileptiform state lately. He sleeps & eats well.

Oct 28th: Now moving about ward very lamely and hobbling. He has no pain in the feet. He is sleeping well.

January 8th 1902:— Moves about the sickroom very uneasy and unstead if constantly on the move with a restless furtive expression and manner. He is treated as requiring constant attention and he is actively looked after. He rarely speaks voluntarily and when he answers questions he is generally morose and sullen. Sleeps fairly.

1903 July 10th: continues in the same date, moody state. at times irritable & apt to be impulsive. In good health.

1904 March 1st. No Change. Keeps in good health.

1905 " " Irritable, impulsive & dangerous. Morose & taciturn. In good health.

1906 June 20th This man is in the first division and shows no change mentally. He keeps in fairly good health. Up till today he has been a private patient but today he was put on the list of paupers.

1908.

May 24. This patient is in the cross. He is very restless & is very taciturn & sullen & shows no change mentally. He keeps in fairly good health.

Nov. 5th He fainted at tea hour to-night, & vomited up his food. & it appeared for a while that he might not come round. Put to sleep in observation to-morrow in place of Ward. Cowan.

1910 June 14th Patient is in North Villa. He is sullen and delusion but not inclined to quarrel much. He has just a bad attack of diarrhoea lately but is now quite recovered.

C. R. I. POST-MORTEM SUMMARY.

N.B.—To be inserted at end of Clinical Record by Physician who was in charge of Patient.

Name Johnstone Hunter

Died on 15·4·17 at 5·50 a.m. P.-M. on 16·4·17 at 12 noon

Mental Disease Dementia.

Cause of Death Mitral Disease & Hypertrophy of Heart. Congestion of Lungs Congestion & Cirrhosis of Liver.

General Survey.

P.-M. Lividity present

P.-M. Rigidity present

Nutrition fair Pupils

Integumentary, Locomotory, and Hæmopoietic Systems.

Skin

Subcutaneous Fat fair quantity

Bones

Joints

Muscles and Fasciæ

Lymph Glands

Thyroid Gland

Spleen (M. 6 oz., F. 5½ oz.)

Blood

Nervous System.

Peripheral Nerves

Spinal Cord and Column

Sympathetic Chain

Sense-Organs

Brain.

Scalp

Skull—Measurements

Vault of Cranium

Floor of Cranium Hard Palate

Dura Mater

Pia-Arachnoid

Fluid in Cranial Cavity Weight of Encephalon (M. 49 oz., F. 44 oz.)

Arteries at Base of Brain

Cerebrum

Cerebellum

Pons-Medulla

Ventricles

Choroid plexuses

Pineal body

Pituitary body

Circulatory System.

Pericardium — some pericardial effusion.

Heart (M. 11 oz., F. 9 oz.) 21 oz Large

Cavities of ventricles 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.) Mitral valve dilated & thickened. Tricuspid less so.

Muscle much hypertrophied.

Aorta and Vessels

Respiratory System.

Left Pleura Adherent. Pleural effusion

Left Lung (M. 21 oz., F. 15 oz.) 32 oz congested & edematous

Right Pleura Adherent. Pleural effusion.

Right Lung (M. 24 oz., F. 17 oz.) 37 oz congested & edematous

Respiratory passages

Alimentary System.

Peritoneum

Liver (M. 53 oz., F. 44 oz.) Congested & cirrhotic. Adherent

Gall-bladder

~~Pancreas (M. 3 oz., F. 2¾ oz.)~~ & diaphragm

Large intestine

Small intestine

Stomach Distended with flatus

Upper alimentary passages

Urino-Generative System.

Left Kidney (M. 5½ oz., F. 5 oz.) 7

Right Kidney (M. 5¼ oz., F. 4¾ oz.) 6 } enlarged.

Bladder and ureters

Generative organs and passages

Microscopical Examination.

Signature of Assistant Physician

Johnstone Hunter.

12 Mg 1911. Is in Annandale House. Does a little polishing. had a Bromide rash which has improved by using Arsenic with the Bromide.

27th Oct. 1912. When getting up from tea yesterday he fell. For a short time he was in a sort of stuporose condition, but had recovered in an hour. He slept well last night and also this afternoon.

Nov: 24, 1913. Is getting very impulsive now. Gets up at night & wanders about the ward. B. H. poss.

9 Ja-17. Much less impulsive of late. In a demented condition and is unemployed.

15-4-17. He died this morning at 5.50 a.m.

Died.

Alexander Andrew Thomson – 432 –

Sept 23rd 1900 :– There is little change in Thomson. His bodily health has improved a great deal and mentally he is a quiet inoffensive and somewhat retiring man: His deafness handicaps him greatly as a conversationalist but he talks well as a rule. He is still suspicious at times of them about him and anxious to avoid any intercourse.

January 7th 1901 :– In fair health. He is pleasant and chatty: He says that he is not sure of himself yet: He never asks away and he is by no means anxious to be out. He is very useful at house work and he is a beautiful sketcher and engrosser.

June 16th 1901 :– He now sits up till 10 P.M. and enjoys himself at the bagatelle or outside at bowls. He is an easy managed: very quiet man.

January 7th 1902 :– He is in good health at present. In active work as a house man pleasant when spoken to: He makes few friends. Keeps himself much to himself and generally is quiet & retiring: Seldom venture any statement. Is suspicious when conversed with and not easily drawn on the subject of his delusions.

1903 July 15th: Much the same mentally. Suspicious & retiring. Keeps in good health.

1904 March 1st: No change mentally. In good health.

1905 " 1st: Suspicious & reserved man. Always pleasant & obliging. Draws very well. In good health.

1906 Sept 24th: A quiet reserved man who is somewhat suspicious and takes unreasonable likes and dislikes to people. Is very deaf. Keeps in good health.

1908.

May 24th: This gentleman remains in the same mental state as on last note. He is quiet & reserved but is always polite & pleasant. He is one of old Mr. Fleming's enemies. Mr. Fleming blames him for putting onions into his (Fleming's) bed to annoy him. Mr. Thompson is very deaf.

1909. Aug 16. Transferred to new special department of II Ho. no change to note either mentally or bodily. He is stated by the attendants to be rather fond of irritating any irritable patient such as old Mr. Fleming.

1910. Mch 10 no change to note, mentally or physically

12. Dec. 7. No change to note in this gentleman.
13. Dec. 8. I's keeping very well & is a most useful man.
14. Feb. 5. I's in bed in Galloway House. Has a chill & his heart is not in a satisfactory state; pain & cyanosis.
8/8/16. Now in fair B.H. and well occupied in distributing parcels to the different houses.
1917. May. No change at all. B.H fair.
1918 May. No change of any kind.
1919 Jany. He has been laid up for two or three weeks with gastric disturbance with which there has been nervous depression. The gastric trouble has improved but he is still unduly nervous and has lost weight.
1924. June. B.H. fair. Heart. Apex beat 7th space. Slight roughening of 1st sound. Pulse irregular irregularity but giving rise to no symptoms. Mentally quiet & timid.
1926. Sept. 22. In Dudgeon Ho. Quiet and amenable. Enfeebled. On Ground parole. B.H. fair. (Bld Wassermann negative)
Oct. 25th. ~~Back in Wakefield Ho.~~ Mentally & physically I.S.Q.

Alexander Kirkwood - 592

August 20th 1901:- His wife died some time ago but Kirkwood is sure he can manage to get another as good. He is not at all depressed. He is still subacutely excited and restless and wanders about uneasily picking up & playing with trifles, or threatening on the slightest or no provocation to fight.

Nov 3rd No change: demanding to be home: a tottering feeble old man who is quite past doing any useful work.

January 6th 1902: No change in any way. In fair health, with recurrent attacks of mild bronchitis in the cold weather. He is a silly unfolded trouble lesson and obstinate old man who is either in mischief or coming out of it. He eats & sleeps well.

August 25th 1902. Has been quieter & more settled of late & at the request of his friends he was sent out on Probation today.

— PROBATION —

October 2nd 1902. Was returned today from probation. Had become restless & excited again & could not be managed at home.

1903 Jany 10th: No change. The same excitable, feeble old man. always demanding to get away.

1904 Jany 20th: Keeps in fair health. No change mentally.

Discharged from Male Hospital to Stranraer Poorhouse.

Daniel Houstan Walker -512-

Nov 1st 1901: There is no change: Erotic in conversation and manner and still writing to his 'friend' at Saltnarel. He is a lazy easy going dement.

January 6th 1902:- In excellent health. Mentally says he is anxious to get away. He is a fair conversationalist when he can be kept off sexual matters but he soon degenerates into "smut". Eats well.

January 16th 1903. In rather indifft health. his urine has been tinting him of late & he has an imperfect circulation with weak heart.

April 20th 1903. Has gradually gone downhill & he died today.

Died
20th April 1903.

Thomas Palmer — 5014 —

July 1st 1901:- He has written one or two letters recently to his sisters but they do not seem anxious to have him at home: Mentally & bodily no change.

Oct 29th:- He has been comparatively well all summer The paroxysms are not so severe and are of shorter duration. They are in all probability associated with a uniform dilatation of the arch of the aorta. Mentally he is a quiet very easy going middle aged man who sleeps a good deal but also is wonderfully sharp and correct when spoken to.

January 6th 1902:- No change either in mental state or in bodily condition.

1903 January 10th: No change & keeps in fair health.

1904 January 10th: Much the same mentally & keeps in fair health.

1905: Jan. 10th Mentally enfeebled old man who gives no trouble. He is subject to Angina Pectoris.
Discharged.

Joseph Lawrie — 480

Oct 3rd 1901 :- In fair health : Chronic bronchitis is occasionally troublesome but is relieved by R Campbell. Quiet and inoffensive & every way.

January 14th 1901. Has been troubled lately with frequency of micturition. R Hyoscyam has relieved the symptoms so far, but as the condition is due to dilated bladder from hypertrophy of prostate it may be necessary to begin catheterization

1902 Jany : 10th : No Change. Quiet, depressed, enfeebled man. does a little dusting &c in 3rd Div. Urine is at times troublesome.

July 10th : Much the same. In fair health.

1904 Jany 10th : A quiet, decent old man. mildly depressed. Urine has again troubled him. In fair health.

Sanatorium.

1905 Jan. 1st. Querulous & complaining as a rule; but is quiet & well behaved. In poor health.

Frederick Charles Blunt— 396

July 31st 1901 :— The spitting habit has again been marked. It passed off in about 3 weeks on the first occasion. She sits constantly at the floor round him for about 3 yards square & constantly soaking. It is a pure watery saliva. Mentally very confused stupid and dazed. It is very difficult to know the cause of the spitting but it seems to be accompanied by an increase in the amount of saliva secreted—

August 18th : The spitting has been discontinued.

Dec 31st 1901 He is quiet, inactive, silly but more neat in his personal appearance than formerly. He is very emptied. The bodily health is good at present.

Stanley Walters Kerans - 564 -

January 31st 1901:- He has been very restless excited and argumentative lately and still very depressed, groaning, and wilful.

March 16th 1901:- He has improved lately. He is not so depressed, he lies actively miserable and he is now trying to control himself. He is sleeping very well at night, and his appetite is also good.

March 30th He has been out at work. He keeps his head down and is always chewing away at a piece of stick or something of that sort. He is comparatively easy to manage now and though still he begs not to be killed he is taking a more active interest in his surroundings.

May 18th He has been visited by another friend and he is now doing fairly well. He is more pleasant less absorbed in himself and he is taking a pride in keeping his self clean + tidy.

June 26th The improvement has steadily continued and now he is doing very well and he is settled almost entirely. He is very easy to manage. The only feature of his case is now the permanent enfeeblement.

July 3rd He has come to day

RECOVERED.

Thomas Johnstone - 552 -

May 23d 1901:- Still very depressed and miserable - He keeps up a continuous tearless groaning wringing and sleeps badly at nights.

August 27th:- No change for the better. He has many mistaken delusions that his blood has turned into water, that his organs are all diseased. That he cannot take food or he will burst. He also thinks that he is to be killed each night and he prays each person to avert this trial from him.

Oct 30th:- He is still in bed in the S. Room. He has many delusions. He sleeps badly and requires constant coaxing to get him to take enough food + so on.

January 9th 1902:- In constant restless agitation. He gets up + follows you about to protect him from the death he thinks is following him and he is constantly crying for Mr Smith or Dr T. even when they have just left him.

Sept: 16th 1902. Has been gradually growing weaker of late past week he has had a very severe attack of diarrhoea which has resisted all treatment. Died today.

Died

16th September 1902.

Thomas M. McCrae - 524 -

March 16th 1901 :- A chronic case: He has marked hallucinations of hearing and of sight. He sleeps fairly after midnight but up till then often revils the voices he hears speaking to him.

August 23rd : He walks about the terrace and he is a pleasant, very plausible old man who is easily managed as a rule. He is fulle and unsteady in gait and his memory is very defective. He rages whenever his tobacco runs short & demands more in angry manner.

Nov 28th : Still at night's especially answers the voices speaking down the chimney to him. No improvement.

January 9th 1902 :- In fair general bodily health. He is easily managed but somewhat cantankerous if crossed in any way. He sleeps & eats fairly. Still has acute hallucinations of sight and hearing and still is very forgetful of recent events.

January 10th. 1903 : His health seemed to be running down some months ago but he has picked up again & at present it is fair. No change mentally. Delusional & constantly annoyed with hallucinations.

March 1st 1904. No change mentally keeps in fair health.

March 1. '05. Hallucinations of hearing & delusions persist. He is in good health.

1906 Sept 24 This man is in the 1st Division. Mentally he is a good deal enfeebled but he can still converse a little. Last winter he had an attack of acute lobar pneumonia which he got through all right. His health is good. (This note applies to John Macrae)

1906 January Sent to Rosebank.

1908. Sept. 1st. This old gentleman is at times somewhat cantankerous, - grumbles about his treatment, but is quiet & easily managed as a rule. He suffers from very irregular heart act

1909. Jan. 10. Mr. McRae is now at the Sanatorium, he was sent there to have rest in bed during a severe chill which he contracted at Rosebank. His heart action was so irregular to make it advisable that he should have night observation. He does not like staying in bed. Feb. 28 Patient is not making much progress. He suffers from persistent constipation & requires constant enemata. Will not take med

DIED. 22. March 09. { Miliary Tuberculosis of Lungs.

William Thomson Walker - 232

January 7th 1901:- In fair health. He is a chronic case. He is easily managed, a lazy slouching, loafing man with hallucinations of sight & hearing and also smell: He eats & sleeps well.

June 16th No change in any way. He is useless as a worker except for scrubbing. He is a lazy good for little man.

January 10th 1902:- Walker is in good health. He works indoors polishing and scrubbing. He still thinks about the spirits bothering him. He has marked hallucinations of smell and often goes about holding his nose: He is always careless of his appearance and dress untidy & slovenly. Sleeps well.

1903 July 10th: Continues in 3rd Div. delusional demented & irritable at times. In fair health.

1904 March 1st: No change mentally, a lazy inactive man always wanting away. Keeps in fair health.

Male Hospital

March 1. '05. Mentally he is quite unchanged. Delusional with hallucinations of smell: careless & untidy in dress. Works at general cleaning. In good health.

8/5/16. In fair bodily health and is usefully employed working with the motor lorry. Mentally enfeebled.

10.4.17. Continues the same.

7-7.18. Delusional, weak minded, cheerful. & Works well with motor lorry. B.H. fair.

24.11.18 He has had an attack of Influenza.

V. Chr. C.B. p. 389

David Hutchison - 760

14th August: This morning he is greatly distressed with hiccough and this comes on after the ingestion of any food. He is still pleasant looking and active but this annoys him greatly. He is being given milk in small quantity &c. With care the hiccough can be much mitigated as a rule only for 1 hour in the morning & one at night pulse 100 small rapid not irregular. (The strophanthus was stopped on 9th.)

16th August: Improving again. The hiccough not so marked & lessening. He is very pleasant but more emotional "You've saved my life" &c. The pulse still fairly high.

August 17th Was seen by son in Law. The condition was explained to him & it was agreed to wire him next week whenever he was strong enough to go.

18th Pleasant and more bright again today: he is almost free from the hiccough but complains of pain behind sternum. Grapes which have been given freely seem to ask the pain greatly.

August 19th Died this morning. When he wakened at 6 he was not looking so well & told head attendant that he was not so strong. I was called to see him shortly after 8 and found him unconscious & in articulo. Fatty heart probably, sounds very feeble & distant.

DIED.

Michael James O'Brien — 452

June 16th 1901:— He is again looking flushed and ill but the temp: so far has never been above 99.2. He is thin and muscularly feeble. He is eating well. Mentally very enfeebled. The fits are severe and often then he has long periods of energic stupor. He is easily managed as a general rule but every now & again becomes irritable & swears at those about him.

Nov 2nd 1901:— About 3 weeks ago. He had a temp of 104° and on examination he was found to have consolidation of the left lower lobe with bronchial breathing and crepitations at the lower margin posteriorly. The temp: came down to about 101° & was then fluctuating. The right lung became affected and he gradually lost ground and died of exhaustion — probably from an acute miliary tuberculosis from spread of old lesion.

DIED.

Joseph Crosbie - 472 -

January 7th 1901 :- In fair health : Fresher looking. He is idle listless & apathetic: will not work as "he has other work to do" - Still hears the voices telling him he is to get away, that we have parcels for him &c: He is more enfabled & talks more freely regarding them -

March 16th : He has been very talkative lately and is constantly answering the voices he hears in a high pitched squeaky voice. He becomes mildly abusive at these time when any attempt is made to convince him of the unreality of these voices. He says he has much work to do before he can attend to painting again.

Aug 26th He has been got out to do garden work but he still absolutely refuses to resume painting again.

January 16th 1902 :- Many efforts have been made to get him to resume work as a painter but he always absolutely refuses. He has a divine mission which he must attend to. He still answers the voices he hears talking to him in a high pitched voice. His physical health is fair and he is eating & sleeping well

1903 July 10th : Now working in Garden. No change mentally & in fair health.

1904 March 1st Keeps in fair health No change otherwise

June 3 - '04 . Transferred to Farm Annexe.

see notes in Farm annexe Case Book.

1909. May 11. This patient was to-day brought in from Friars Carse where he has been for some considerable time.

He is a thin spare man with sharp rather "Captain Kettle" features & pointed beard. His eyes have an insane nervous appearance & his expression denotes intense introspection. He is the victim of hallucinations of hearing but has always been considered a trustworthy patient

April 1910 This patient's mental condition is of any thing worse He still has hallucinations of hearing and his bodily condition is not so good as it was.

23 Feb. 1911 Patient had a cold abscess behind the left ear & the contents looked markedly tubercular.

Aug 12. 1911 No change. Chatters & hears voices. Sleeps in marks on Farm

Nov: 17. '13. No change mentally. Is in rather feeble bodily health

Joseph Crosbie.

but still manages to go about.

5·16 Has lately been laid up with an inflamed hand which suppurated. It was opened and is now well again

4·17. Has again to be laid up at Nithsdale House on account of inflamed right hand. which is being fomented. He is a good worker, helping with the engine at the Farm and in carrying milk. Quiet and unobtrusive. Mentally enfeebled.

5-18. Is going on well and has had no further trouble with his hand. Is now in his usual condition and working well.

7·18. Went out on Pass to Mrs Crosbie (wife) 135 High St, Dumfries.

7·18. Discharged. Relieved.

.853

Peter Cochrane — 464 —

January 7th 1901 :— Still in bed — physically very much reduced : Skin & wasted muscles Eyes chronic conjunctivitis — He eats fairly sleeps fairly : the urine is being passed in fair stream naturally. He is depressed & miserable emaciated has no energy & little initiative ——

Feby 21st 1901 :— Died today gradually increasing exhaustion and weakness

DIED

Encs

James Love — p. 915

Crichton Royal Institution
Second House
4th June 1908.

Yesterday morning in church about
hundred outward & hypnotic false &
slanderous statements were made against
me some in your own vicinity. The causes
of these are that I am wrongfully detained,
that patients & officials are most [illegible]
manipulated against me.
The worst patients in fault in the church
were T. Gillespie, J. Lee, C. Stuart, J. Cashey — these are
infamous devils & nothing else. Attd. McKinnon
who was in charge of these was little better.
But patients in day-room & manipulating
room there were A. McNaughton & J.
McRae — two infamous devils also. Attd.
Nicolson (the one turned out of the first
ward for thieving) badly in fault.
I understand that you made some
remarks yourself in the vicinity of the pulpit
[illegible] "That something of the kind was
the matter or the patients & others would
not have behaved so" also insinuated
that there were doubts in regard to my
[illegible]. I would be glad to hear from
you in regard to this in writing if possible.
These reports will get circulated at large
and will be stated that the Doctors vouch
for the truth of them. You were breaking
the regulations anyway in regard to
private affairs if they had been mine.
I am Sir
Yours faithfully J. Love.

[illegible] is in the 1st Division.
[illegible] writer and also a under
[illegible] books. He is extremely
[illegible] complains constantly of being
[illegible] very badly used by patients
[illegible]ts.
[illegible] to the A.M.O regularly about
[illegible] claiming about being hypnotised etc &
[illegible] delusions. He often says he has been
[illegible] during the night & gets very angry if
[illegible] regarding his statements.
[illegible] delusional. In physical health he
[illegible]. He is pale & thin.
[illegible] unchanged.
[illegible] to "Sec. G.P.O. London" shows
[illegible] state
[illegible] in Mr. Loves delusional
[illegible] physically also unchanged
[illegible] same as shewn by letter of.

[illegible]sions. Constantly grumbling and
[illegible] detention here. B.H. Jais.
[illegible] on expiry of pass. Improved.
[illegible] Etherington
[illegible] St.
Castle Douglas

Peter Cochrane — 464 —

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He is depressed &
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exhaustion and

DIE

Important.
Dr. Gordon,
Second House,
Crichton Royal

Encs

James Love — p. 915

1906 Sept 18 Mr Love is in the 1st Division. He is a great writer and also a reader of metaphysical books. He is extremely delusional and complains constantly of being hypnotised and very badly used by patients and attendants.

1907. Dec. 19. This man sends notes to the A.M.O regularly about once a month complaining about being hypnotised etc & expressing other similar delusions. He often says he has been acted on by electricity during the night & gets very angry if any doubt is expressed regarding his statements.

1908. Mar 10. Mr Love is very delusional. In physical health he keeps fairly well. He is pale & thin.

1909. Oct. 2. This patient remains unchanged. The attached letter to "Sec. G.P.O. London" shows his present mental state. [illegible]

1910. Feb. 22. No change to record in Mr Loves delusional mental state. Physically also unchanged.

1911. Mar 5. Condition the same as shewn by letter of 16th Feb. 1911.

12. Aug 1911 No change.

1912. Nov. 17. Still full of delusions. Constantly grumbling and complaining at his detention here. B.H. Jain.

1913. Nov. 8. Discharged to-day on expiry of pass. Improved.

Mrs Hetherington
King St.
Castle Douglas

John Lee — 460 —

January 7th 1901:— In fair health: working out each day. He is active pleasant & quiet when outside — Indoors moody dour & easily made irritable: Hears voices speaking to him: Has the delusion that he is being persecuted &c: & that he is the highest craftsman in the highest degree &c.

May 23rd 1901:— He is still working outside. He has many grandiose delusions. He is inactive as a rule unkempt in appearance and untidy. He thinks he is the highest degree of craftsman &c. He is a case of the megalomanie of the French.

Oct 6th 1901: He has been employed for some time making hutches for guinea pigs and his rate of production is slow and the workmanship poor and unfinished. He is easily managed if left alone and eats & sleeps well.

January 10th 1902:— No change: He repairs some of the gardeners tools & at present he is practically on parôle. He is very untidy in his personal appearance and unfinished in his workmanship. He has many delusions of persecution — engines are worked on him and grandeur — no man is fit to work alongside him.

1903 July 10th: Delusional. Suspicious & demented. Keeps in fair health.

1904 March 1st: Much the same mentally. In fair health

1905 March 1st Untidy dement. Seeks solitude. Gives no trouble. Is in fair health.

1906 Sept 24th Is in the 1st Division. He is a quiet demented man who never gives any trouble and goes out to work with the squad. Keeps in good health.

1907. Dec 1st. This man remains in the same mental state. He is quiet: demented & gives no trouble. Works regularly outside with the garden squad. He keeps in fair health

1908. Nov 4. Patient remains unchanged. Is a useful man at Toothouse with garden squad.

1909. Aug 16 Sent to Day to New South Closed Villa.
Sep. 27. — has been troubled with a cough lately & not working so heartily as usual outside. His right apex & upper lobe are tympanitic and breath sounds are very harsh. Temp 99°. He has considerable

John Lee :-

Flattening of right side of chest - is evidently suffering from a slightly congested condition of the right lung - possibly tubercular.
Sent to Sanatorium -
Dec. 2. Still at Sanatorium. His health slightly improved
Aug 12 - 1911. Lives in Eskdale Hse & works in Gardens. No change.

August 15th Lee has had a bad cough & right sweats lately. There is a localised area over the right base of the right lung where the breathing is distinctly bronchial in character.
He has been sent to the Sanatorium.
Nov 1st 1911. Lee has put on weight lately. He is confined to bed on the Sanatorium Veranda.
Nov 10th. He has not been quite so well the last few days. Pulse 108. No temp or night sweats.
Nov 15 Same. Pulse 102.

1913. Dec: 8. It's now keeping in fair health. Mentally he is unchanged.
1916. Apr 26. Weak minded. occupies himself by working with carpenter. B.H. fair.
May 1. Transferred to Pauper Class.
1917. Aug. Continues the same. Speaks very little, self absorbed, handy man at his work. Thin but BH fair.
1918 May. No change.

V. Ave. C.B. - p. 395.

January 7th 1901 — continued:— He is pleasant as a rule & a great part of his blustering talk cannot be taken in earnest. He has a trick of coming forward whenever you are button-holed by another patient, storming & threatening & quite pleased when the other patient leaves you in disgust — "I thought I could get that man away" — He has been more irritable on one or two occasions however & recently struck R.A.V. another patient knocking him down. He has the art of finding out the weak spot in his fellows & uses it not to the kindliest advantage sometimes; sleeps & eats well.

Oct 16th 1901:— Pleasant as a rule. He is somewhat given to being overbearing to the other patients in the gallery. He is however easy to manage. His memory is very defective. Only his daughters recently got married and this has been a source of annoyance and complaint to him ever since —

January 10th 1902:— Pleasant, affable and communicative when he pleases, he is somewhat irritable at times. Says he will never work again at any clock of timepiece as he will pay old Lewis out for placing him here — "If I ever get away I will go to Dundee to settle up some money affairs. Then I will go down to the village and nip the old b— & if I swing for it". His resentment against his father is strong and he might at any time be very dangerous to him. He is a man who, if he had a glass or two of beer in him, would not scruple to proceed to any depth to gratify his feelings of vindictiveness.

1903 July 10th: No change. Continues in good health.

1904 March 1st: Mentally as above. Has an excellent appetite for his food & keeps in good health.

1905 March 1st Very irritable at times but as a rule cheery & pleasant. Delusional & suspicious. In good health

— John Lewis. —

906 Sept 24th. Is in the Special Division. Mentally he is rational on the whole but is at times badtempered and quarrelsome, he has a great flow of descriptive language to describe the other patients in the gallery e.g. "bastards", "vermin" etc. etc. He is lame in one leg but keeps in good health.

1907. Dec 19th. Mr Lewis is an active man & has been less abusive in his language in the mornings since Mr Smith left. His description of his companion in distress is anything but polite or picturesque! Bodily health is good.
He talks about being shut up here "with a lot o' damned ediots"

910 June 15th. Mr Lewis is very quiet at present. Occasionally he quarrels with other patients eg. on religious subjects but his memory is so deficient that he has forgotten all about it by the next day. He polishes doors etc. very energetically in the South Villa.

2. Mg 1911. Eskdale Hse. Polishes well is Happy. Feeds the Birds by Cricket Lawn every day

913. Dec: 8. Is in very good form. Cheery & boisterous, irritable at times. B.H. good.

914. May: 17th. Always cheerful & in good form. Contented & happy.

915. Feb. 20th. Discharged Recovered.

John Aitken — 400 —

January 7th 1901 :— In fair bodily health. He is working each day in the tailor's shop doing light mending. He rarely speaks merely holds up his thumb & begins weeping when spoken to. The slightest mental effort causes him to weep. He only answers in monosyllables. He has been less impulsive lately. He is still requiring attention day & night to keep him clean. Stays generally fairly. Eats well.

August 6th :— There has been no change here. He is easily managed but requires attention as regards cleanliness. He works quietly but very slowly in the tailor's shop. He is still very emotional and weeps on the slightest provocation.

January 10th 1902 :— He is now past work. During the past 3 months he has become even stunter and more infeebled. He wows sits and sleeps nearly all day in a semi confused stupid condition. Pays little attention to his surroundings and he has become increasingly infeebled and there is now attention both by day & night required to keep him clean.

January 23rd 1903. Died today.

Died

23rd January 1903.

—

Private.

1906 June 3rd For some time past has been laying himself out to make as much trouble as possible. About a month ago he escaped and went to Ecclefechan where he saw Major Irving - a director and also went home. On some nights he has also been keeping everyone awake by shouting continually. ~~Last~~ He has also been quarrelling and fighting with other patients, one in particular - Allison, an epileptic - he threatened to kill. Last Thursday he was in a bad mood and having thought himself insulted by some chance remark he broke out altogether. When no one was observing him he climbed up the outside of the fire escape at the back of female side of the 2nd House and started to run about the roof, climbing the chimney stacks and out on to the end of the gables, all the time keeping up an opprobrious shouting. This happened about 70 o'clock and he kept it up until mid-night. At first he was abusing the Institution & everyone connected with it but latterly he was simply roaring, making a noise that could be heard for miles around. About 1.30 after he had been quiet for an hour or so a night attendant went up and brought him down. He had done a good deal of damage, tearing up slates and lead. He was put to bed in the sick room & next morning he picked up a wooden box and threw it through a window, breaking glass & frame. During the course of the day he was transferred to the 1st House and put into a padded room.

June 4. Was secluded in the padded room on 1st June for 6 hours. He is in a state of mental excitement using very bad language, and declaring that he is going to see all the officials put into prison. He is being kept in bed.

June 10. Has been fairly quiet, though abusive at times during the last 6 days. Today became very excited. Was given 1/4 gr Morph & 1/50 gr Hyoscine hypodermically & secluded from 3 to 6 p.m. Destructive, tore up his blankets and mattress. Given ʒvi Paraldehyde at night.

Continued to 868.

William Wilson Brown 188

Oct 6th 1901:— In very fair bodily health: no change mentally. Dull listless idle and apathetic. He never speaks of his own accord & when answering questions he is careless and uninterested.

January 10th 1902:— The bodily health is good at present but his mental condition is not improved. He is still very dull and listless and he is not easily roused to take any interest in his surroundings. He is developing a very pronounced stoop of the shoulders — He sleeps & eats well & is quiet

1903 July 10th: In the same dull inactive demented state. Seldom speaks & in fair health

1904 March 1st: No change mentally. Keeps in fair health.

1905 March 1st: Demented, depressed & listless. In good health.

1906 Sept 24 In the 3rd Division. Is quite unchanged, he sits quietly all the time and is considerably enfeebled. Keeps in good health.

1908. July 23. There has been no change in this patient since last note. He is very demented now & sits quietly in the 1st Div. Dry himself. He was originally a clerk & was always considered a little weak minded & this developed delusions of suspicion. He is in indifferent physical health.

1909. Aug 16 Transferred to new Intermediate Department of Ho no change mentally or physically.

1910. Mch 10. Patient is debilitated & is much enfeebled mentally

1912. Dec. 7. B.H. improved slightly. No change mentally.

1913. Dec. 8. Is in Galloway House now. No change in mental condition. B.H. fairly satisfactory.

1916. Aug. Demented and unobtrusive. Occupies himself with polishing the floor.

1917 May. No change. BH fair.

1918 July. No change.

Chr. C.B. p. 379.

Enc.

John Dale – 180 –

Augt 26th 1901:– In good health: There has been no change mentally he is a high type of imbecile. He is very useful and easily managed if taken the right way and he does a great deal of bed making and so on. He works indoors. Still subject to outbursts of temper during which he is very irritable and inclined to be angry & vindictive: His size and figure prevent him at any time being dangerous.

January 10th 1902:– Still acts when he is getting away & is always content with the reply "next year" –

1903. Jany 10th: No Chang. & in Good health.

July 16th: A contented useful little Chap. like to be noticed & spoken to –

1904 Jany 10th: No Chang & keeps in good health

May 1904 Male Hospital.

Jan 10th 1905. Acts as messenger for male Hospital. Is more intelligent than he looks & is very useful. Keeps in good health

Photo. of John Dale & his brother 7.7.08.



1.

John Dale.

1909. Aug. 16. Transferred today to Farm Buildings. & is to assist in carrying the food between the N. Hosp. Kitchen & Farm Dining Room.

1909. Dec. 10. No change to note

1910. Feb 3. No change in John Dale – a useful imbecile patient who can't be trusted to look after himself at home but does well under moderate supervision here.

James Grant Davidson - 408 -

July 31st 1900:- In good health - an active outdoor worker - Talkscrew.
Has still many ideas about the rupture of his brain & so on but has recently given up the idea of getting "anything out of Yellowlees". He now looked forward to being boarded out he says as a relief from asylum life -

January 4th 1901:- Davidson has of late been disappointing: about 2 months ago he had improved very much was pleasant & active and looking forward to doing work outside again: He had given up all thought of Dr. Yellowlees & was more pleasant with regard to his people & more conciliatory -
This ended suddenly in his refusing to do anything that his father was in any way consulted about: The change back to his old ideas was very marked: They are not quite so acute as formerly but they are undoubtedly strongly present - He is now anxious to give up all outdoor work etc & has given himself lately many "airs" with regard to his brain superiority. He is pleasant but querulous when spoken to but always now anxious for us to back him up in statements & attitudes we never adopted: Health Fair.

May 23rd:- No change in bodily health. Still very delusional. Refuses at present to work outside.

Oct 16th- Back to his old habit of writing notes for our perusal at each visit and writing long letters to people less or more intimate with him to get their influence to have his sister examined and freed from the influence of that mad man his father.

January 13th 1902:- In fair health: Still write long and involved notes about his affairs and still very insane: He gives himself severe mankings with his fists occasionally at night after going off to bed: Says that all his betterment is due to his own struggling against the pulpy feeling & causing his brain to crystallize.

James Grant Davidson -

He still has the idea also that he should get "swinging" damages from Dr. Yellowlees to make up for the years that he spent at Gartnavel.

1902. July 10th Shows no material chauf. The same fixed delusion. Thinks his brain is hardened & that his sister's brain is in the same condition, due to his father's influence whom he is very bitter against - out working daily & keeps in fair health.

1903 Jany 10th: No chauf mentally. the same morbid ideas & delusions regarding his sister's mental state. Has been advised to go out to work in garden.

July 10th: Continues to work in garden. No chauf mentally.

1904 Jany: 20th: Much the same in every way. In good health.

1905 Jan 1st Has entirely ceased from work. Is restless depressed & delusional. Keeps in good health.

1906 Sept 24th Works occasionally in the Clerk of Works office when they are short handed. He seems to be in great mental agony at times to judge from his general bearing and the expression of his face, also from some of his letters. Has delusions of persecution on the part of some of his near relatives. Keeps in good health.

907.
Mar 30th

This patient continues to be in a delusional mental condition. He is always inquiring the address of the secretary of the Royal Society or some other great personage - He writes as follows:-

// Dear Dr. Wallace.

Are you familiar with the law as to curators? What I want to know is whether a person guilty of legal crime can act in that capacity toward one locked up in these places. Perhaps you will tell me to-morrow whether you know any enactment bearing on this point. The question is not motiveless. J. G. D. //

His physical health is indifferent. He appears anaemic & thin but there is no complaint as to ill health.

June 12th Mr. Davidson gave a.m. the following two notes written on scraps of paper which show his curious mental condition to some degree.

(1). Dear Dr. R.

"To save Dr. G all possible trouble I draw up this short certificate.

He has but to append his name. Could I ask less."

(2). "I hereby certify that the will power in James Grant Davidson's brain was broken in childhood by his father"

page 868

Henry Blake or Sheedy -371

April 6th 1900 :- In good health: not so noisy when indoors - He shouts & talks very obscenely when outside - noisy and dirty in all his habits at night. He is also spitting, swearing, talkative & incoherent when there is any noise in the ward.

July 31st 1900:- Gradually settling. Still rambling incoherent & inconsequent in talk but he is now doing a little polishing and house work. The swearing fits are also shorter: He rarely goes very far off now and even at night he is quieter & more settled - sleeps well and eats well.

January 4th 1901: Still more or less noisy rambling & incoherent: He is gradually settling but only very slowly -

April 18th He has been sent out to work in a gang He is very noisy, abusive, filthy & obscene in his language and at times refuses to work on the whole however he is gradually settling.

Oct 26th There is little change. Every day or two he has a very prolonged and noisy swearing and cursing bout which ends in an incoherent and disconnected account of his wrongs. He swears & looks very threatening at time but he has as yet struck no one

January 13th 1902: There has been a great change for the better and he is now anxious to be "home to Middlesbrough". He has been much less noisy lately.

June 3rd 1902. Was discharged Recovered today & was sent to Middlesbrough.

Discharged Recovered

3rd June 1902.

James Bell.
Continued from page 860.

June 11. Excited again today. Given at night 3ss Paraldehyde. Slept.

12. This morning given 3ss Sulphonal. Became quiet and was removed to bed in single room. Says he is now going to behave himself.

21. Being kept in bed.

HARTWOOD

[illegible] 1/4/08

CRICHTON ROYAL INSTITUTION
DUMFRIES

Sir,

My last experience of correspondence with you was not such as to tempt me to renew the effort, but I cannot refrain from drawing your attention to the following point. (I have no request whatever to prefer).

I was transferred to fresh sleeping-quarters on the ground that I was contemplating suicide, as revealed in a letter to you. If I had been contemplating it be sure I should not have revealed my intention to anyone and for that matter drowning they tell me is a rather quick death and you know I could have been at the bottom of it Nith a thousand times. But my point is that my note unbelie-

[illegible] Yours sincerely
J.G. Davidson

Top 870

from page.
rant Davidson - 866 -
under daily observation.
r would he had written - 5
n g some strange terrible
That such letters had been
near trouble.
the day in which he
n' diabolical game I said I was"
e both Tell me this exclaimed"
foretell this change in midlife"
g manner g death for"
I not became I am a deranged
. Davidson'."
his letter, it has been
night supervision also. I not

Multiple Personality.

on 8 Aug. 1908.

best authenticated cases of compound and ing personality on record has been brought otice by the superintendent of one of the asylums. It derives additional interest egious and terrible manner in which the ss of the situation was misunderstood by other asylum, who thought the patient was when in reality he was emerging from a n caused by another member of the same ysically affected the nature already broken sly-irrational treatment. Natures, it seems, xquisitely percipient that members of the affect the brain with a twisting and blow- ment, or a personality-destroying sensation tone had been thrust into it, or a hardening g process accompanied by a heavy infusion n. With the will-power broken, the charac- h the last affecting person with whom the this moral tragedy has come in contact, y left over from previous infusions of virus. w their Scotland will need to be told that y constituted person in question was of the Aberdonian type, the most perfection- nd the most torturable and easily injured y. In this connexion it is greatly to be Scotch medical psychologists, and, for that nen generally, would pay some attention to the daring and individualising effect of the national climate on the brain and frame, especially in the West, where men and women of an impersonal, agreeing structure are in the greatest danger. "The world of Scotch . . . manners," said the late Matthew Arnold, "is too often hard, bare . . ."; and it is no exaggeration to say there are people born in the Aberdeen district in whom the physical and moral come so closely identical, and the system is so quickly, deeply, and irreparably hurt by contact with these harsh, bare natures as to render their crossing the Border highly desirable.

G. D.

Henry Blake or Sheedy -371

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January 4th 1901 : rambling & n settling but n

April 18th He has bee He is very noi language an on the whole h

Oct 16th There is little he has a ... and cursing and discomm He swears & but he has

January 13th 1902 : for the little he "home to ben much

June 3rd 1902. W sent to Midde

Dise

-gently read meant the exact ... -posite. This appeared perhaps ... clearly in my Communication of ... day following to Dr Easterbrook ... -ten with a mind running on the ... ideas. One of ... termi- -nations to my life ... -certain; either will be tragic. Me... -time by means known to myself ... stave off the consummation. To tell you this is the same as telling you ... not going to commit suicide. Mo... -psychological experts are bound ... their position to be patterns of ration... but in this affair the Crichton aut... -rities have figured as patterns of ir... -tionality, much as David Yellowl... did, when having out of his own ... mouth ("You're a different man!" ... -dorsed my statement that my ... personality was disentangling itself ... he proceeded to add "And you'll ... oh what a fool I've been," and go ... to have the brain falsely repluggea... The Lowland-Scotch busy "workin... with their heads buried in the sa... seem unaware how deeply these con... -nual wounds dealt to the moral ... -telligence are sinking into the Eu... -pean and Asiatic consciousness ... within the last fifteen years the mor... side of the nationality has become alm... universally discredited. J. G. Davids...

James Bell.

Continued from page 860.

June 11. Excited again today. Given at night ʒ vi Paraldehyde. Slept.

12. This morning given ʒ i Sulphonal. Became quiet and was removed to bed in a single room. Says he is now going to behave himself.

21. Being kept in bed.

TRANSFERED TO HARTWOOD

May 25th 1908. James Grant Davidson - from page 866 -

Mr. Davidson has been in the cross for some weeks under daily observation. because when he had parole, he posted some letters which he had written - to Cape Colony - accusing some people he knew of there of some strange & terrible crimes. A letter was sent to Dr. Easterbrook saying that such letters had been received & had caused a great deal of annoyance & trouble.

In consequence of a letter which he sent to A.M.D. the other day in which he said. "Let me remind you that at the very start of this diabolical game I said I was" "struggling out of a false self - when I came back Yellowlees exclaimed" "you're a different man"! I was able to foretell this change in midlife" "as I now foretell a strange and ghastly manner of death for" "myself (which you may see or hear of) not because I am a paranoic" "but because I know all about it" J. G. Davidson".

In consequence of the strange statement made in this letter, it has been considered advisable to place Mr. Davidson under night supervision also, & not to remain in the single room where he has been so far.

Septr. 17. 1908.

The accompanying production of Mr. Davidson was printed in the "New Moon" for Aug. 08 being a unique article.

He cut it out of a spare copy & enclosed it with a letter to the following effect to C. Caird Esq. B.C.L. Glasgow.

"C.R.T.

Sept. 14. 1908"

Sir,

"This is the monstrous case in which you" "set the ball rolling, and by which" "David Yellowlees is going to be remembered"

Yours sincerely"

J.G. Davidson

To p. 870

Multiple Personality.

"New Moon" Aug. ~~1908~~

ONE of the best authenticated cases of compound and fluctuating personality on record has been brought under our notice by the superintendent of one of the largest Scotch asylums. It derives additional interest from the egregious and terrible manner in which the true inwardness of the situation was misunderstood by the staff of another asylum, who thought the patient was going wrong, when in reality he was emerging from a long obsession caused by another member of the same family who physically affected the nature already broken into by furiously-irrational treatment. Natures, it seems, are born so exquisitely percipient that members of the same class can affect the brain with a twisting and blowing-out movement, or a personality-destroying sensation as if a sharp stone had been thrust into it, or a hardening and shrivelling process accompanied by a heavy infusion of moral gloom. With the will-power broken, the character varies with the last affecting person with whom the pratagonist of this moral tragedy has come in contact, and the supply left over from previous infusions of virus. None who know their Scotland will need to be told that the abnormally constituted person in question was of the quintessential Aberdonian type, the most perfection-incarnating, and the most torturable and easily injured in the country. In this connexion it is greatly to be desired that Scotch medical psychologists, and, for that matter, Scotsmen generally, would pay some attention to the baring and individualising effect of the national climate on the brain and frame, especially in the West, where men and women of an impersonal, agreeing structure are in the greatest danger. "The world of Scotch . . . manners," said the late Matthew Arnold, "is too often hard, bare . . ."; and it is no exaggeration to say there are people born in the Aberdeen district in whom the physical and moral come so closely identical, and the system is so quickly, deeply, and irreparably hurt by contact with these harsh, bare natures as to render their crossing the Border highly desirable.

R. G. D.

James Welsh - 448 -

April 16th :- Is now working outside and doing excellently Gradually losing the confused look and manner, & being cheery and pleasant - He probably still hears voices occasionally as he stops when working to listen for a second or two.

May 3rd 1900 :- Active and doing well - Improving - look and becoming fat and healthy. He sleeps well & eats well - He talks very rationally and does not in any way lead only to believe he is keeping back any delusions - He recognises that he has been ill and says he is now well. He lately said he had had great trouble with his wife who was now separated from him. This appears to be true so far as we can test it.

June 16th - Very quiet active pleasant man - good bowls player & very keen on the game - He talks well and has no delusions. Is spry & active and appears to have quite got over the confusion of idea. He is soon to be discharged -

July 14th - Today sent off - [illegible] sunny in choir letter.

COVERED.

Robert Coupland - 740

Nov 16th - He is gradually losing ground and the right apex is now showing very markedly roughened and almost cavernous breathing but there is an absence of crepitations. Mentally very energic stupid confused and depressed answers all questions in a slow hesitating high whisper as if he were under some delusion. Eats fairly.

Dec 8th - The phthisis is now very active. Mentally no change. His people have been told and are anxious to get him home. He is not doing as anyway. They have been warned of the risk of suicide.

Dec 21st 1901 discharged today -

TO CARE OF FRIENDS.

James Grant Davidson. (from p. 868)

1909. Aug. 16. There is no change to record in Mr. Davidson's mental state. His delusions are as active as ever & he is continually employed in writing letters to various people re "The Minor Phenomenon" etc.

2.2. 1910. Mr. Davidson remains unchanged mentally & physically

4. Nov. 1910. Mr Davidson still writes his incoherent & rambling letters & always wants to know that they will sure to go. Seems cheerful.

1913. Jan. 6. No change to note.

Dec. 8. Is still in the same frame of mind. Looks upon himself as greatly wronged & misunderstood. B. H. fairly satisfactory.

4. VIII. 15. Physically Mr Davidson doesn't look as well. Very delusional & restless.

28.6.16 Delusional & slightly excited. Writes a great deal. At times hammers his head with his hands and raises large bruises.

13-2-17. Condition much the same. Delusions of persecution. Believes himself to be very highly endowed - in fact a genius. Often gets excited & hits his head. BH poor. Constantly writing long, rambling & disconnected letters giving full expression to his delusions.

10.2.18. No alteration. Has not been sleeping very well. occasionally noisy at night. Has the same delusion that he is wronged & misunderstood. Does not look strong.

V. Chr. C.B. p. 391.

871

James Campbell — 248 —

Nov 8th 1899:— In good bodily health and working well: He is active pleasant + obliging and is becoming very quiet + settled Stout and fat looking Pleasant + natural wee

January 30th 1900: In good health and a most handy man about the ward - very quiet and rather reserved at present: He is keenly interested in the war news —

July 30th 1900:- In good bodily health. He is a quiet active pleasant man working pleasantly and well polishing the pipes + so on — He is mildly enfeebled + still slightly affected in conversation but he must do well now outside if he had a good guardian + would do so.

January 4th 1901:- Quiet very pleasant + now practically well: He has been urged to write to his friends to arrange for his going home but he always puts off. A good messenger and a very reliable patient

Dec 31st 1901:- There has been nothing to note about Campbell during the past year. He has been active pleasant + hard working and to-day he was discharged and retained as a "helper"

RECOVERED.

Gilbert Manson Ogilvie - 220 -

Nov 13th 1899:- More active & fresh looking and doing a little polishing - He has been writing long letters to various well known people J. Chamberlain, Dr. Macgregor, & others asking them to get him into a university; answers advertisements for situations &c on the backs of envelopes and always explaining that he thought this was a hydropathic when he came here. He still prays by anyone who requires it -

January 20th 1900:- Little change: If anything rather more active: Is fresher looking. The beard is beginning to sprout a little.

July 31st 1900:- In fair health: The beard is beginning to grow but he still has the stooping bent way of walking & standing - He pays little or no attention to his dress or to his appearance his nose being generally watering. He still has the delusions regarding his religion and also that he has been commanded to do penance & so on - He would not speak when his Father called to see him lately & he was very disappointed in him.

Sept 18th 1900: He was semi stuperose and silly all last month and refused to answer questions &c.

January 4th 1901: More alert and active: He dresses tidily and does a good deal of reading at present: He made a scene at the concert lately but bursting in singing in the middle, they the songs in a strong bass voices He was soon pretend. He waves his hands as if in time to music hears voices & is silly & confused when spoken to.

January 13th 1901:- Since last note practically no change: He is in good bodily health at present. and he is working out each day. He is still very changeable mentally. Silly grimacing. gesturing; hearing voice

Gilbert Manson Ogilvie —

he has periods of religious delusions. He is occasionally more depressed and at times practices self abuse. The memory is good and the enfeblement by no means permanent — He generally sleeps well & eats well.

1902 Was Discharged Relieved to stay & sent to his friends in Ireland.

Discharged Relieved

—

January 19th 1900: Still taking fits and being bruised etc by them. He is cheery and pleasant between hands - Has no bottle at present.

July 31st 1900:- No change: He is, as a rule, quiet and helps in the sickroom - He however takes active dislikes to many of the other patients and attendants, thinking that they in some way cause his illness - He takes his fits as violently as ever and he is very excited after them.

January 4th 1901: No change: Still takes his fits one or two each morning & one in the evening. He is easily managed pleasant quiet & helps in the sickroom when well enough. Every few days when coming out of a series of fits he takes a very marked dislike to some one blaming them for the fits & threatening to attack them. This he does without any basis or reason & he is very difficult to quieten being best left alone. The Iodide has been used at intervals in his case but it has been stopped recently. It only exerts a minor amount of influence on the fits now.

2nd May 1901:- This morning in a state of great motor agitation and excitement following a series of fits Gillespie rose up in bed & fell against a window in sickroom. Cutting the side of face in a long shelving ragged cut & also slicing off about 3/4 of an inch of his nose. The piece was stitched in position by catgut suture.

9th May: He has been more quiet lately. The nose is healing slowly and a large portion of the detached part seems likely to be saved. Mentally very confused restless & tabatine.

June 8th - The nose has now healed & the scar is a fine and uniform one so that no deformity is present. Sleeps & eats well again

Oct 16th - He has continued to take about 2-3 fits each morning and after each he is very confused restless & agitated for short periods. He has also had one or two series of fits

— Could

after which the restlessness and confusion has been marked lasting a week and necessitating his being kept in bed.

January 13th: Had a prolonged series of 16 fits 4 days ago between 6 + 9 A.M. from 9-11 he was in constant restless tossing tumbling and semi convulsive movements uncoordinate and unguided. He has gradually settled and is again more sensible and quiet in every way.

1902 - Augt 16 - Died after a succession of fits lasting from 2 pm on 15th to 3. A.M. on 16th

Died
15th August 1902.

William Goldie Neisham - 192 -

Dec 10th - 1899 contd :- a blow on the jaw, a struggle ensued with two attendants who went to assist and as they were rolling on the floor McSmith took off his slipper & struck him one or two 'scuds' on the buttocks - It was reported in an offhand way "Neisham was wild last night & nearly broke my jaw, he fought like a demon & as he was rolling over I gave him a scud (laughing) on the backside". I saw Neisham next morning & again, alone, at night and he made no complaint nor at any subsequent time - An attendant leaving threatened to report it unless his dismissal notice was withdrawn and was told to do so -

Dec 18th - 1899 :- Dance night : On going round the houses tonight when the galleries were empty I stayed a minute or two in the 1st Div to speak to James Collart & McClelland when there was a great disturbance down in the "10" - Neisham was let out of the dormitory by (Johnstone a patient) & came along in a towering passion threatening to go for me as I had just stated "I was going to geld him" He was with difficulty got back to bed.

January 30th ~~1899~~ 1900 :- Dr R. asked him recently if he was still to be gelded & he said "no They are talking now of taking off my head" - Still hears the girl and the machinery above him -

May 4th - 1900 : Today he refused to go to the Bath and head attendant Smith told two attendants Fraser & Christie to bring him. The moment they approached him he struck out with a sharpened shoeing nail mounted on a stick stabbing Fraser on shoulder & upper arm on left side & Christie on wrist of right hand The wounds on wrist & shoulder were deep but not dangerous looking. The stick broke over as he struck the blow. He had endeavoured the previous evening to "rouse"

Mr Smith and on the morning visit asked me if I would allow him upstairs to see Shipsmith he became very angry when I said he must surely know she was not there and became aggressive looking but did not strike. He has been sent to sleep in Single room. He has never been dangerous to attends but has threatened the official repeatedly & especially Mr Smith.

July 31st 1900:- In good health: Refuses to go out. Is very vehement in his demands to get away and threatening when refused — He states that he will go for me + slacken my eyes if I do not open the door for him &c. He still has very marked hallucinations of hearing and is a dangerous + aggressive man

Sept 18th 1900:- This afternoon as Mr Smith head attendant was passing through the gallery Heisham jumped up from his seat & said that Mr Smith was "jagging his privates". He became threatening and as Mr S. was passing towards door, he attacked him. Mr Smith held out his hand & kept him off when he kicked + was very excited before the attendant & the gallery could get hold of him: Mr S. was bruised from the ankle to knee on left side from the kicks.

" 19th Is. this morning has a slight abrasion on right cheek from the key that was in Mr S's hand as he was locking him off. He vowed vengeance if ever this jagging of his privates were again attempted.

January 4th 1901: No change: Idle and threatening yesterday he said that if he did not get out he would smash every window in the place and he has also threatened to smash every official here — if he does not get justice. Is a room at night. He is very noisy shouting answering the voices he hears and using very violent language against the people who have the management of him.

April 1st: no change in either bodily or mental health.

825 ←

John Cochrane – 168 –

November 3rd – 1899:– He is in fair health at present and has been more cleanly lately: Smiles vacantly: Cannot tell you any of his past history and answers "Yes" or "No" only – a big fat silly dement

January 20th – 1900:– He has been gradually improving so far as activity goes – He is now down chopping sticks all day in the tunnel – Is cleanly. Still vacant confused & silly & quite unable to carry on a conversation. Sleepswell & eats well.

July 31st – 1900:– In fair health: Is cleanly when looked after – a big fat fatuous dement who smiles vacantly when spoken to – Never speaks and does not understand simple questions. – No sign of any paralysis – pupils are small equal & react to light & accommodation. The tongue is projected straight and is without twitchings

January 4th – 1901: In good health at present – He is cutting firewood at present: He is a big soft flabby easy going dement who requires attention every now & again to keep him cleanly: He is easily managed

Nov 4th – 1901:– There has been no change in Cochrane & he is now at the

FARM ANNEXE

see insert →

1909. Aug. 16. No change to record in Cochrane. He is 15-day sleeping in the Farm Dormitory which has been reconstituted.

1910. Feb. 22. Patient remains unchanged mentally & bodily – a fat. easy going "dement" or rather – a congenital imbecile.

John Cochrane
Admitted
Sent to Annexe 4th November 1901

Jany 31st 1902: No change in any way working well but he is still a big soft easy going dement.

1903 Jany 10th: Works on farm - Good natured & demented. In good health.

July 10th No change. Keeps in good health.

1904 Jan 10th: In good health. No change mentally.

1905 Nov 26 Works with the engineman. No change.

Mar 12. 1908. No change to record in this patient. He is an easy going easily managed dement in fair physical health.

4 12-1911. Slaps in the Farm & works on the Farm. No change.

Nov: 17. 13. No change to note. Is a good worker & keeps in fair health which probably accounts for the [illegible].

During past few years patient has been failing very much especially physically. More recently this has been more marked and for past four months has been confined to bed in Pithodale House.

17. 12. 24. Patient suddenly collapsed and became pulseless, pale and sighing respirations. Given whiskey & strychnine. These revived him for a few hours but he

Died at 9.50.

P. M. Left lung. Congested shows bronchopneumonia.
Heart. Small - 9 oz. - atheroma of aortic valve.

Cause of death Bronchopneumonia 3 days
Aortic atheroma several years.

191

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1912 Jan 10. Has cellulitis of his face. Temp 103°.
Tem 12° Much the same. Still very feverish

April 22nd 1915 'While John Cochrane was working in a shed this afternoon several sacks of manure became dislodged & fell on him. He was got out as quickly as possible and taken to Nithsdale Sto where he was found to be suffering from shock & bruises to right shoulder and right side of face. The tip of the right olecranon process was also chipped off.' (Copy of Notes on Case by C.J.T.)

22/5/15 Today John Cochrane had Chelz and adhesions about the elbow joint were broken down.

Nov 1916. Getting gradually more feeble bodily. Mentally infeebled. Unemployed. He has lost weight though still well nourished.

30.5.17. He has facial erysipelas - a mild attack and now getting better.

6-2-18 He again has facial erysipelas, a rather more severe attack than last time

3-3-18 The erysipelas got better but he has now had a slight relapse. He picks his face - which probably accounts for the erysipelas.

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Alexander Campbell Macdonald-160-

January 20th 1900:— Physically very weak. He has lately had as many as 20-30 fits a day never regaining consciousness for 24-48 hours or end: He has been sworn fed for some time and so paretic that he can hardly be got to swallow: Phthisis steadily advancing temp 100·4° was the highest last week. Pulse up to 140 & so small in wave as to be with difficulty counted: His friends have been warned regarding his condition.

15 7 February 1900:— Died today: He had a prolonged series of fits a few days ago & ran down very rapidly became unable to swallow from paretic weakness gradually the lungs became oedematous & heart failed.

DIED.

583 ENG

Robert Swan — 136

July 31st 1900:- In fair health — complains a great deal of pain in the thighs and legs + thinks the 'lead' cannot get out of him. He oversees and does a good deal of house work + is quiet easy patient: Every few weeks however he has a restless "change" look + manner and during these he talks in 'enigmas' but has not expressed any actual delusions - He is mildly weakminded - has no initiative. Eats well as a rule

January 4th 1901: In fair health: Still complains of pains in the legs + muscles. He is very useful in the sickroom. He has now many delusions + they are more easily drawn: People here + outside call him "pig face" &c &c. He is followed + watched + they listen to what he says etc: He also has many delusions about the woman up at Thornhill + their relations to him &c.

Nov 9th 1901:- Swan worked practically all fair all summer as a good cutter. His delusion of all people calling him "pig face" + so on are very much more readily given now and he is very much excited. He is now becoming lazy + useless as a house worker + he has been sent to.

1910 FARM ANNEXE

August 4th — Robert Swan has got a painful swelling of the wrist (left) and has been removed from farm to the Male Hospital. He says he had his arm twisted in the mill at Friars Cross about 6 years and the shape of the arm looks like an old Colles' fracture. There is a possibility also that it is a rheumatoid arthritis. There seems to be some involvement of nerves too as there is a considerable amount of wrist drop. It is hard to get any history of the duration of this condition as he is fairly demented and cannot give a decent

account of his condition. Lead & opium fomentation has been applied to relieve the pain.

1 Mg 1911. Sleeps in the Farm. & works in the Garden. No change.

19 Feb 1912. There has been no change in this man since last note until this morning. He was going out to work when he suddenly took an apoplectic seizure. At present he is unconscious. Pupils equal small & react to light very slightly. Conjunctival reflex absent on right side. Pulse slow, full & regular. Limbs flaccid. His breathing is stertorous and jerky.

Died — Robert Swan died at 11.15 this evening. Shortly before death the temp = 104.4° F. He never regained consciousness.

James Lyons - 16 -

Nov 3rd 1899:- He has been in good health lately and is still working well. Has an excited restless look occasionally & still thinks he has been poisoned.

January 18th 1900:- In good health. Mentally has the old delusion about his teeth. Easily guided & managed & little trouble in any way. Sleeps & eats well.

July 31st 1900:- In good health: Florid and sun burnt: He has a slightly wild appearance & still has his delusions. He works well in the greenhouse & gardens and does a lot of active work. Quiet when indoors - somewhat reserved but he readily becomes rambling and incoherent when the ~~fit~~ conversation is prolonged - Sleeps & eats well.

January 4th 1901: As above: He is working with the gardener at Crichton House quiet & practically on parole. His pockets are always crammed with bread & other trifles in an insane keep to maintain way & he attaches great importance to trifles of no value.

Oct 26th: Recently had a conversation with the Commissioner and became very incoherent and rambling in his statements & owing vengeance on a man who had money belonging to him and who had rifled his mother's grave & so on. He is a good worker & sleeps well.

January 13th 1902:- No change: In robust health. Very delusional and easily made confused. He never occupies his time when indoors except in collecting trifles which he fastens into bundles & carries about with him.

1903 July 10th: Continues delusional & reserved. Seldom speaks. Works with Houston in Greenhouse.

1904 March 1st: Keeps in good health. No change mentally. Works with Houston the gardener.

1905 March 1st: Quiet reserved & delusional. Works well & is in good health.

SEE CHRONIC CASE BOOK

James Foote — 4 —

January 18th 1900:— In good health, at present. Still wet each night. Mentally a demant. Often when 'raised' by some other patient he will swear for an hour on end. Generally quiet & little trouble. Has a good appetite & sleeps fairly.

May 29th 1900:— Was taken home to day on 28 day pass — He remained out & has been discharged to care of friends. He is quiet enough to be suitable for home treatment but he is very wet & dirty in his habits & this may lead to his return

RELIEVED.

Charles Moffatt for Page. 636.

My 12. 1911. Is all right now. Sleeps & works in the Farm.

1913 Dec 8. Keeps fairly well but is rather frail. Mentally unchanged

1916. Sept. Works with the pigs. Apt to be impulsive and quarrelsome.

1917 Oct. No change. Works with Butcher.

1918. May no change.

V. Chr. C.B. p. 401

William Kirkpatrick 88

Feby 13th 1898 contd: His mental condition is one of enfablement: Cannot remember recent events day of week or hour of day. Cannot tell season of year: Past events very difficult to recall e.g. if asked names of his family cannot give them but may mention them in ordinary talk afterward: Incoherent & rambling. At times is restless and does many incoordinate actions purposeless & excited: He has hallucinations of sight gazing to the blind side to follow them: Cannot recognise his friends or relations and recognises ~~[illegible]~~ as old friends he has known for years: Sleeps heavily and is deeply somnolent. Eats fairly.

April 1898 No change: Is able to hobble about when helped to & from lavatory. Sits all day & smiles at you if spoken to. Probably does not notice you he is so blind: Similarly if given a newspaper will gaze at it & turn it over as if reading but is unable to do so: Has been cleaner but is still occasionally both wet & dirty:

July 1898 There has been no change to note either in his mental or bodily condition and this has been quite the same as on Feby 13th: He was 'run over' again a few days ago but no appreciable change was found except in his speech which was less thick & blurred: Mentally if anything the hallucinations are less marked: No congestive attacks.

Sept 3rd 1898 Has been confined to bed for a few days back with slight heart failure. The pulse is about 88 good movement but slightly irregular. The tension is not increased: There has been slight oedema of feet & ankles

Sept 5th Oedema is gradually setting in in lungs & also about the abdomen. Trace of albumen in urine for 1st time: No increase of any of the paretic signs — no alteration mentally except that sleep is not so sound & he talks & dreams a good deal —

Sept 14 The oedema gradually increased & he died today: No change in mental or nervous systems. Slight fever for about 4 days before death 99-100.2

DIED

P.M. refused

David Warwick page 81

June 16th. The improvement in his physical condition has gone on but though not so marked the mental condition has also progressed. He is now not depressed. Is more active and cheery does a little ward work and is sleeping & eating well

July 9th 1898. Discharged today

Recovered

May

July

William Robinson - 508 -

May 26th 1901:- He is now in the third stage and running down somewhat rapidly. Irritable and dull. Listless and apathetic. There is little change in his physical condition He is now barely able to stand and cannot walk without support

July 30th 1901:- Died to day. He has been running down steadily for some time past and the change has been very gradual

DIED.

William Beck - page 68 -

May 1st 1898: Has been quiet and easily managed in every way since last note: He has had one or two attacks of petit mal but no grand attack & no mental symptoms. The delusion of going to be married is still in evidence but not so vehemently put forward: He is active and hard working & looks ruddy & well nourished at present

June 1st 1898 Still well: His friends have repeated saw him lately and say he is now in his usual. The never mentions marriage now & if questioned regarding this replies "some day". He is easily managed & he is to be tried at home

8th June 1898
Discharged

RECOVERED.

Henry Fildes – 308

August 13th – He died today of a right sided apoplexy. Yesterday morning he was unconscious, stertorous and with conjugate deviation of head & eyes. Right arm & leg both completely paralysed. His temp rose to 100.4°. the pulse to 98 His condition gradually deteriorated the paralysis became more marked & affected the left side to a certain degree twitchings of the arm & leg almost amounting to a convulsion of subsultus being present. The breathing became Cheyne Stokes in 3 minute cycles. Pulse 96 & intermittent.

DIED.

John Crawford Young page 44.

May 14th The improvement is continued and very marked: He has lost the vacant enfeebled look: when questioned as to any delusional condition being at the foot of this he states that he feels as if a cloud has been lifted off his mind and that he had a fear of something he had no definite idea of what: He is now in the Special and enjoys himself each night there: Talkative pleasant: Pleased to see his people when they come: Eating excellently & getting stout & fat

May 28th Still improving & has been promised an early discharge: This old master has promised him a return to his old situation (he was previously he says an excellent servant) & this has further cheered him:

June 18th 98 Today discharged.
(This case has made a good recovery & the tonic treatment until the improving physical health caused a lessening of the resistiveness in all probability saved him from sanction)

Recovered

James Dickson — 312

July contd. He has also lately begun to blame us to a certain degree for being duped and allowing the poison to be placed in food and says he is wasting away & we will be held responsible if he dies. He is easily pleased with one of the weekly journals and this keeps him quiet for a day or two. He is in good health. a well educated workman who talks well & expresses himself fluently and without any trace of exaltation in his manner.

Sept 8th - was today transferred to his parish in England. He is practically unchanged. He has shewn no impulse since coming in.

DISCHARGED

897

William Brown page 20 –

May 1st 1898 : No change, suspicious and troublesome :

July 1st 1898 : Brown gets papers each week and accepts one or two of the usual local papers but absolutely refuses to read the "Christian Herald" which comes from the same source. Throws it away from him or at us : He gives no reason except that "they are making fool of me". He is excitable restless and has lately again been bringing charges against his fellow patients watching & dogging his movements and of being over them against him : Eats well sleeps well.

Oct 1st 1898 Little or no change

Dec 1st 1898 As above : Asks us for goodness sake not to break his temper as if it breaks we will know about it ! Abuses his mother : his sister & his friends

March 1st 1899 : Practically as above no change.

July 26th " : Has a bad health still complaining of his diarrhoea but refuses to allow us to do anything for it. Is very suspicious of the others saying that some patients cause the others to turn on to him sticks &c.

Nov 6th 1899 : He is fairly easy to manage. He is generally in corridor & refuses to sit in dayroom with the others. Idle & useless. He reads a great deal. States he is of age & that his mother has no right to shorten his life in this way & that he would sue her if he were getting out.

January 9th 1900 :- His temper has broken he says. He got angry at another patient and took a stick to him (Kirby) the attendant took it away & Brown threw his shoe at him. He was very angry this morning. On a long interview. He pours out all his grievances about being kept here and that the torture it costs him & the agony &c

William Brown — 20 —

The conversation revealed very marked mental weakness. He could not formulate his statement at all merely repeating a disconnected rambling almost incoherent account of them — He gradually settled & got back his shoes &c In the evening he was quieter and more settled: He generally sleeps well & eats fairly.

Jany 19th 1900:— Back almost to his usual Still grumbling and fretful and very anxious to be home: mention of his mother always upsets him and makes him irritable.

July 31st 1900:— Brown has "broken down" as he puts it once or twice recently — he complains about some insult or supposed insult and rapidly works himself up into a half inarticulate weeping condition he which he threatens to go for the offender. He is always grumbling irritable and at times noisy and swearing — Says his mother is an old bitch who has no right to keep him here — He is suspicious & many of the little oddities of his fellow patients are he states aimed at him — He sleeps fairly and eats well — He is always the last to leave the dining hall & generally has to be coaxed through —

January 4th 1901: No change on above note: Still querulous & complaining: His health has been good & he has been going out a good deal lately. He has many delusions the chief being that the other patients here are constantly annoying him by watching him & spying out every movement. At present he is in bed with a slight erysipelas of the nose & face which is gradually going down —

Oct 16th No change in mental state. In fair health Constantly thinks he is being watched by the attendants & other patients & jarred at.

→ 899

William Brown – 898

January 13th 1902:- In fair health. He has chronic phthisis & every few weeks the cough is troublesome but he declines all treatment as a rule. Irritable and abusive. Refuses his paper with the utmost regularity. Has delusions of suspicion and persecution very markedly. Eats & generally sleeps well.

July 10th 1903. Keeps in fair health. discontented. grumbling & at times disagreeable. Asks in a plaintive way to get home. Suspicious & delusional.

March. 1st 1904. No change mentally. Keeps in fair health. Depressed delusional & complaining.

March 1st 1905: In poor health. Mentally he is depressed suspicious & irritable beyond measure.

May 1905 Sanatorium

James le Sinclair

March 1st contd: His wife periodically takes him down there (with the Supt's permission) and when she brings him up has a long string of complaints about him & our treatment of him. He has no liberty &c. &c. has been annoyed by the others &c: He looks at present exceedingly like a masturbational case but he has never been observed doing anything of the sort:

March 10th Has been picking at his nails and ears & the left ear is swelled and the lower lobe looks like a commencing othaematoma.

14th The swelling is extending upwards the lower & inner part of earth a very slowly

16th subsiding:

24th Today was very restless and looked as if he were very delusional, evasive and when questioned replied in such words as "Its no use speaking &c" The ear has again swelled up and he is now saying that he was struck: He will not say by whom but says "many a time" "It would just get them into trouble &c". The matter was

25th reported to the Superintendent and he also was unable to get any other replies from him: The ear has been blistered. Lately also he has taken to tearing the special patients hand kerchiefs &c: He does this in an automatic way and probably(?) has no recollection of it.

26th The attendants (Sutherland) denies at any time having struck him and when questioned about them by name Sinclair will not reply except as above: His wife has hinted she would like him back to the 1st House and this is probably making her more persistent in her complaints.

27 Again seen by Supt: who concurred with us in sending him out to work again & this is to be done so soon as the ear heals after the blistering.

James C. Sinclair.

Ap 1st. Has been sent out to work. This morning he was picking at the skin on right side of face when we passed on the 'inspection': There was a slight scratch about ½ in long which we saw him make as we came forward: he stated that "they had done it". He does no work hangs idly about and endeavours to get to Brownhall on every possible occasion.

Ap 5th. Still grumbling about being out the ear is steadily increasing in size in spite of the 1 Cr. tonic. He is always meddling with it and is restless uneasy and picking skin & cloth. The right ear looks like beginning the same way.

Ap 8th. He is tiresome & meddlesome outside. Does no work. travels back from one to another of the attendants worrying them and annoying them: He pulls out their level stakes & does other tricks of this sort.

Ap 20th. The left ear this morning ruptured spontaneously: The right ear is large & semi fluctuating.

Ap 30th. This morning at 8.15 I was called to see Sinclair as he had sustained a fracture of the arm. On going to Sickroom he was found to have a fracture of the middle third of humerus: Dr. Anderson was called and assisted throughout the setting: Sinclair was very annoying & troublesome said it was only a bad strain & persisted in handling the arm & moving it and at times so freely as to make me afraid he might make it compound.

The fracture is spiral and extends some way down the bone: It was arranged to put it up in a small internal splint and one single splint ant: post: & ext: of Gooching well padded & with a rectangular splint to command forearm. He was so resistive and troublesome that Chloroform was given by Dr A. and the limb then set. Sulfonal 30 grs was given: At 12 he was still very restless wanting upstairs struggling to get out of bed and very unreasonable: He was given 3 cfs Paraldehyde & then slept till 4.30 P.M.

9.15 At 9 P.M. He again wanted up and was very difficult to manage was given Paraldehyde again: "He is fair beating us to keep him in bed" were Mr Smithwood. The pulse was good regular & steady 86 per min: The fingers of the left hand warm and natural looking & the splint in good position. no undue pressure could be detected; If the restlessness continues the night attendant were warned to waken me & Mr Smith at once.

At 10.30 P.M. He was dozing & in all probability likely to sleep some hours. The fracture was reported to Dr Rutherford at 10.30 A.M. & he has arranged to enquire into it tomorrow.

He took a fair amount of nourishment in the afternoon.

May 1st Dr Rutherford made an enquiry today into this case. He examined Atts Sutherland and Johnstone: Wm Ritchie: Mr Taylor and patients: There was distinct evidence as to how it occurred:

Sinclair was sitting next Att Johnstone & began prodding the gesamine & window with a match. Sutherland who was sewing on a button noticed him & having the needle in our hand got Sinclair by wrist & said conversation: Sinclair ducked below

page 929

903

James Flynn page 48

March 1st 1899 No change: Kleptomaniac noisy abusive and talkative He has completely altered in his disposition during the last few months: allways timblesome: He now considers the expression murderers &c the correct greetings

" 30th Recently had friends seeing him and they were much impressed by his stories of ill usage &c. The S. Supt. wrote for a report and said that his friends were very improvident and careless: Flynn might at any time, if outside become dangerous & so he has been kept here.

July 26th 1899: Noisy and talkative and working fairly steadily in 3rd Div: He has been quiet occasionally but is always ready to become argumentative & noisy.

Oct 14th 1899. About a fortnight ago Flynn escaped from back door while hair cutting His friends had given him moneys "run away" and he joined the train at Maxwelltown and on getting home changed his clothes and went to Kilmarnock whence he was to-day returned & police had been warned about him.

Nov 3rd Settles down again here. Talkative noisy swearing at the others occasionally striking

January 19th 1900: very much as above: enjoys the dances but occasionally goes high and throws his partner about. very argumentative abusive and swearing purposely at occasion kleptomaniac collecting spoons &c &c

July 31st 1900:— In Good health — He plays well reads well — He is always collecting rubbish and also stealing the spoons etc from the dining hall. He does a little knitting but spends most of his time making rosettes and ties &c with fancy coloured ribbons spending the whole day at his work

Very abusive if in any way crossed

James Flyn — contd —

January 4th 1901: No change: He is at present more easy to manage as the dances are on: He spends however about 10 mins each forenoon & evening in calling us "thieves & black guards & vagabonds" & also by relating any erotic or sexual history of any one near he may have got a hold off: "His arms are always twisted & abused &c". He is always going about with no end of bead in his pockets & also spoons salt cellars &c. anything he can pick up. The only thing that keeps him at all quiet is a piece of gaudy linen stuff & a needle & thread to make a rosette.

June 12th Recently escaped but was brought back cursing swearing and abusive at nine at night No change in any way mentally.

January 17th 1902:— In good health: again enjoying the dances, but very abusive and noisy, whenever in any way put out. He is a subacutely excited maniac who is easily managed as a rule but who is a kleptomaniac & who attaches great value to useless trifles.

August 8th 1902. Escaped today from Garden Squad where he has been working for some time past.

25th Was brought back from escape today.

July 10th: 1903. Continues noisy, excitable & abusive at times. Collects all sorts of rubbish & decks himself with the most extraordinary decorations. In good health.

March 1st 1904: Much as above. Enjoys the dances. Has occasional hours of incitement when he is noisy swearing & abusive — keeps in good health

Nov. 1st 1904. Noisy abusive & truculent at times. A hard worker as a rule. In good health

July 7. '05. To Male Hospital

Oct 26th 1905 Was discharged today.

Robert Haugh Page 116

Jany 1st 1899: As at last note: Still bringing charges of theft and states the attendants are taking his money &c: Suspicious Dislikes any attempt at reasoning with him & becomes irritable: His bodily health has been at times bad: He has no cough but the phthisical condition at right apex is now marked He at times also looks hectic & flushed (Temp 99–100.2) and the lips & face become cyanosed: Sleeps well as a rule.

March 1st 1899: The physical health is again improving somewhat: He is stouter & better nourished looking: The cyanosis is still occasionally present: Mentally he is generally sitting brooding. Does no work. Does not read: Wants "these boots to be away out of this" & read. Becomes abusive: Eating fairly.

June 6th 1899: In fair health at present. Still very delusional: "We keep him here to rob him" "Wilson is wearing his watch & his boots" "He is being poisoned in his food" — He is however not so sure of this last delusion and sometimes expresses a doubt regarding it: Has been put on a Kalin Sodii Bicarb bottle to see if it will improve him.

July 26th 1899: No change: Physically in fair health Mentally very enfeebled idle & unfit to work. All the above delusions are readily stated: He is "abused" regularly by the attendants. Also do so. &c &c.

Nov 18th 1899 Is in fair health. There has been no temp lately & pulse though of small movement is not rapid (80). Eats well Sleeps well

January 30th 1900: — All the delusions as strong as ever: Is robbed abused & drugged. Physical health fair Temp 97.8 pulse 82 —

July 31st 1900: — In fair health: Irritable & very suspicious.

Con'd

he is very slow in doing any thing he is asked to do and in hurrying him up the attendants are abusing him: They have no right to be there. They steal his clothes, his letters & newspapers — He has the idea that many friends are sent here to him each week which they detain & that he is kept here to make them to do so. Suspicious and at times very violent and impulsive threatening to strike them — The lying condition is at present fair.

January 21st 1901: "Physical health fair but I am not a doctor so cannot examine him" — He is very delusional & the head attendant can scarcely bring a parcel into the ward but he thinks at once says it is his, that he heard it was coming & that we have stolen it. There is almost no change whatever. He says he is wealthy and got no end of money: He also is idle and always complaining: Lately he has been most threatening in one of his occasions over the disposal of parcels.

April 20th: No change: inactive and when he works he soon becomes breathless and ill. He is eating fairly. Mentally suspicious, thinks always that we have stolen from him &c &c.

Oct 16th: The bodily health has been fair all summer. The phthisis is not active but he has a tendency to breathlessness after the slightest exertion. He has many delusions of persecution and suspicion and also has at times grandeur. He thinks he has been robbed of large sums of money & so on.

January 12th 1902: Still indoors - inactive sullen & brooding; each day that he sees any letters or parcels coming to the gallery he says that they belong to him & that he has been robbed. He sometimes has a difference with the attendants over these ideas & his regarding the property of the other patients.

— Page 912

Robert Boyd (1024 page)

April 7th. Two days ago he stated that he ought to be away that we had no right to keep him here as angels had told him so & he had work outside to do.

July 29th 1899: Still restless and uneasy in all his attitudes & movements. He is very stupid and confused occasionally & wakens with a start if spoken to. He has been irritable & fractious for some time. Sleeps fairly Eats well.

Nov 3rd 1899: Mentally unchanged: Physically running down. He is gradually becoming more flushed & cyanosed looking: no cough no spit but losing flesh as a phthisical case might: "lungs" are very indefinite, no active disease to be detected on auscultation. Hearts action regular & no murmurs but rapid.
Pulse 90 regular fair soft wave —

January 20th 1900:— Gradually becoming more enfeebled mentally: confused & irritable. He has little to say now unless excited. Becoming more feeble physically "anaemic with flushed nose" breathing shallow & rapid: no moist sounds on auscultation 1st Heart sound impure & weak no murmurs. Urine healthy.
Sleeps fairly Eats well

July 31st 1900:— Not so strong mentally: there is as yet no definite lung condition. He readily becomes breathless & the pulse weak & feeble. The fits are very constant at present one each 10 days or so & he is restless and aimless forgetful and irritable after each: becoming more enfeebled
Sleeps fairly Eats well however

January 4th 1901: No change mentally: becoming more weakminded if anything: silly & confused: not much memory & facile as a rule.

March 16th. No change: In fair health

Robert Boyd — contd

January 17th 1902:— He is in gradually failing bodily health. He sleeps well but has occasionally restless nights. He eats well also: He has many delusions when he has had fits, that he must be away to fulfil some divine command & so on. He is becoming more enfeebled more demented & less rational each month and the general state is unsatisfactory

January 10th 1903: Continues to take severe fits after which he is irritable. bad tempered & impulsive. has hallucinations of sight & hearing. In indifft. health.

March 1st 1904. Had an apoplectic attack some time of now confined to bed in P.W. partially paralyzed. His bodily health is rather poor & he frequently has slight seizures, fits less severe & apparently more demented.

May 1904. Male Hospital.

March 1st '05. Almost entirely confined to bed. Has frequent seizures. Restless & very troublesome at times.

Lesler George Yeates page 65

Nov 1898 : Has lately developed a mild degree of infatuation for one of the cooks Spoke to her "down the lift" + was checked for this : then became peculiar stated the attendant "needn't be afraid as he had no intention of knocking his eye out" + evidently put down the whole incident to jealousy on the part of the attendant : wrote 6 letters on the subject. Discussed the psychology of it and was very "disgusted as a man" at it.

Jany 1899 He has recently had the forbidden to go into the dormitory in the day time as he was collecting + pining up on the walls all sorts of picture + other trifles each with a "significance thereto" attached to it, also date + paper etc. He also cuts out + collects sundry paragraphs on any burning question "the armenians" or "the soudan" and nothing delights him more than to get any reference to insanity in a newspaper : this is afraid and takes several sheets of paper to fill up his remarks. He also started along history of his life in the various asylums + between hands but the commissioners got it when he had written about 114 pages this was on his annual visit this month : Mr Yeates asked a special interview + was told afterwards that he was "really unfit to be out" evidently on the strength of this production : He however preferred to put it down to a conspiracy on our part and has not spoken to us in consequence for some days :

March 1st 1899 No change : will not work nor go to church. Has lately been writing to Queen Street + has been reserved haughty + mysterious after each letter is sent.

Lester George Yates — 60 —

July 30th Is convinced that one of the lady patients at first house is a sister of his whom he has not seen for years —

Nov 3rd 1899:— On his recent visit He saw the commissioner twice and gave him long complaints of his treatment & detention here &c.

January 19th 1900:— Scarcely so propose either in talk or in letters but convinced we & his father are "doing him double". We are always taking a wrong meaning out of his words "He knows it —: feels it as he speak to us &c &c" He is always ready and anxious to go back to the beginning 14 years ago & repeat the whole story ad nauseam. Works in dormitories etc but refuses to work outside. He is always being slighted by attendants, doctors, & others —

July 31st 1900:— In good health: He has an occasional headache but this is in all probability merely an excuse for a day in bed. He is a lazy and idle man — preferring to be alone & to brood over his injustices &c. He has asked several times lately into the hall for meals to be away ~~with~~ from the sight of anywhere — he is evidently saving up a long list of grievances to air to H.M. Conn?. He will not work absolutely refusing to do so "among fools & idiots &c" — Grimaces & attitudinizes as he speaks to you — a chronic delusional case who would be best made to work in a pauper asylum — He sleeps & eats well

August 29th 1900 Sent to

FARM ANNEXE

August 24th 1902. Escaped today from Farm Annexe.

29th Mr Yates walked to Liverpool where the police found him & he was sent for today.

Oct: 31st Was discharged Recovered today & went off to Liverpool where some friend who is interested in him & thinks his detention has illegal, and to view him.

Discharged Recovered.

William Stitt (76 page)

Oct 1898: no change from last note
another cop of boils recently.

Jany 1899: Has been working steadily & quietly mildly enfeebled & mildly exalted: The question of his discharge would depend largely on the guardian. He has lately in his exaltation made such remarks as "I'm the boy for the lasses" with evident gusto: He is otherwise as above: There has been no increase of hair accompanying these "emotions".

March 1899 No change from last note
He is still slightly exalted and considerably enfeebled:

Augt 12th 1899:— Still working out: enfeebled and wanting initiative. At times he is very irritable & cross and would strike the others & is then kept in a day or two.

Nov 3rd 1899:— Working steadily. He does a good deal but is readily made talkative & abusive & is therefore best left alone:

January 1900:— Is in

FARM ANNEXE.

May. 1910 This patient is now very much enfeebled mentally and laughs and talks in a foolish manner. His tonsils have been inflammed lately but the inflammation has now subsided and he is back at to his work. He was given tinct. of aconite internally in 5 μ doses and this seemed to help him considerably.

Jy 12. 1911. Sleeps in the Farm & works in the Garden.

Robert Haugh. From p: 906.

1903 July 10th: Continues in 3rd Div. suspicious delusional & disagreeable. In fair health.

1904 March 1st: Inc. Chaf. mentally. refuses to work & if spoken to, readily becomes meiter & abusive - keep in fair health.

1905 March 1. A case of Chronic Mania, with febroid Phthisis. Is slowly going down hill. Impulsive, threatening & abusive. Best left alone.

1956 Sept 18 Has been in the 1st Division for some time now. Mentally there is no change, he is readily excited and gets abusive and looks as if he might get violent at times. His health is fair.

Died

913

Charles Stevenson 152

April 3rd- Stevenson died 6th day after a series of fits lasting over 6 days: During this time the fits never were absent for more than 30 min at a time and the coma following each was marked: He took plenty of nourishment: on the 3rd day the temp rose to 99.6 but fell again in the evening + did not again rise subsequently. He was much the same as in previous terms up to 24 hours before his death when the pulse ran up to 108 - 124 During the fits it was almost incountable small and slightly irregular: no heart murmurs: the acid of heart failure determined by the long series Bromides &c and other remedies had no effect

DIED

Peter McArthur - 212 -

Oct 23rd - 1899 :- Still in bed. Infirm physical condition no bed sores - He eats well when fed & sleeps fairly - Cannot speak often throws about the clothes off bed &c and jerks himself about - Requires Castor Oil occasionally

January 30th 1900 :- Has had no congestive attack for some months and his eating well - Can recognise no one about him - all movements are convulsive and incoordinate and the features are becoming very pinched & thin - Failing fast -

4th March 1900 :- Died today of gradually increasing exhaustion -

DIED -

James Love — 200 page —

Feby 3rd: It has been changed from pauper to private list: His friends are moving to get a P.O. pension for him:
No change from last note mentally
Physically he is stronger and more active looking. Sleeping & eating well.

April 1st 1899 He has been looking stronger lately and has not obtruded his delusions which however are still present and as strong as ever when he is questioned regarding them: He is more frank & open: less restless & suspicious: Still plays his violin well: His general appearance has improved probably from the better clothing and he is always neat and tidy:

July 26th 1899:— No change In good health but still convinced he is being acted on.

November 18th '99 — He has recently been complaining again of a cough and says he must be synchronised with someone with a bad chest, he also is certain that so soon as he sleeps shocks are repeatedly sent through his brain — He is now sitting up in the Special at night — I readily confused when playing games &c.

January 20th 1900:— As above: States he cannot give up these beliefs as he would sooner die first than believe otherwise he is so convinced that they are taking place —

July 31st 1900:— "I'd being treated scandalously" hypnotised & synchronised day & night shocked through the roof of his mouth & up to his brain & we are all under the influence of hypnotism not to know it — He is very anxious to be away and demands to be allowed to go: he is quiet as a rule plays his violin well and sleeps well also. He is a neat tidy well clad man who never uses bad language —

James Love contd.

January 14th 1901:- Has been writing his experiences each night for our perusal next morning. The following is one of his letters: "Sir I was sent to sleep last night again shortly after I got into bed. Woke at 1 AM & had apparently been ghouled & used for depravity. Was sent to sleep again & woke at 4 AM. & found I had been ghouled & used further for depravity. A patient was synchronised up in a very dirty state about private parts & had apparently used me beneath in a wretched state of physical health in addition apparently. I was sent to sleep again & woke up at 5 AM & in an exhausted state & found a volume of waste matter was passing through my body & effects of hypnotic sodomy. I found patients in a very insane state & that they had been apparently been driven & incited to such by 2 or 3 other patients. They are apparently very imperfectly intated & treated for this or it would not be repeated so frequently. My head has been badly shocked again & other parts of my body sore: attempts have been made to destroy me &c &c.

He is pleasant quiet active man when not under the influence of his delusion. His health is fair.

January 13th 1902:- There has been no change to note: He is in fair health: Has occasionally a short dry cough. He has many delusions and these are becoming stronger & his statement of them more vehement than ever. He is ghouled each night. His genitals his heart, his lungs & so on are all acted on by other patients being synchronised with him & we have admitted hypnotism and have hypnotised him bereading our thoughts and we, his. He is very angry at the successive night watches for allowing such a thing to occur.

1903 Jul 9th: No change. Very delusional & threatening at times. In indiff health.

1904 March 8th: Mentally he is much the same. Health indiff

1905 " " Delusional to a degree. Threatening, very impulsive & dangerous. In poor health. T.B.!

James Clark - 184 -

Feby 1899: No change: Occasionally for 2 or 3 days he is brighter and more active and almost frank in action &c but the hunted expression soon returns.

April 2nd 1899 Today ran off from walking party slipping into the latrine & hence away along by Carslavrock was got back by man on bicycle: when approached he went into river to escape him: No change in any way: Sent to 1st Div.

July 22nd - Clark has been kept in from his work owing to his escapes but again managed to make off to a man yesterday. He has brought back at night. He is idle and unfit to work. It has a hunted and cowed look and is constantly on the outlook for an open door: He generally clears across "the moss" and turns up at home in the darkening. He has not lately talked much & refuses to converse -

Nov 16th - 1899 :- No change, much enfeebled without any idea except that of running off. Silly unsettled furtive expression. He probably still has hallucinations of sight as he gazes in one direction a considerable length of time - He answers only in monosyllables

Dec 5th Again escaped from boot room 3rd Div & was returned next day from Amos

January 20th 1900 :- Escaped on 13th & was returned on 14th and again yesterday made a shot at it slipping out of door & getting round corner attendant was out within 20 secs of him going off and he failed to get him for some hours - Furtive hunted expression. Refuses to speak.

July 31st 1900 :- No change: In fair health working at housework in the 1st Div - He is still suspicious, evasive, furtive in manner - uneasy when spoken to - a masturbator.

C.R.I. LABORATORY REPORT.

No. 1148 Date 11·3·36

Patient's Name Jas Clarke

House (and Ward) Kirk. E.

Nature of Specimen

Sent on (date) 9·3·36

REPORT.

BLOOD

WASSERMANN REACTION

NEGATIVE

Signature of Pathologist [signature]

working in the
in quiet & more
frightened hunter
posed: He i
Cannot do
housework & i
change: In very
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& who cannot
He is a fair house
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he shows observation
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cy to attempt escape
. demented in

fair health.

1904 March 1st: Keeps in fair health. No change mentally.

1906 Sept 18th He has been for some time in the 3rd Division. He is a quiet, shy sort of man and who never has much to say for himself. Keeps in fairly good health.

1908. July 23rd There has been no change in this patient since last note. He is very quiet & gives no trouble. He will not talk readily. He has been in the III Div since 18·9·06. He keeps in fair health.

1910 June 14 Very docile. Bodily health fair. Getting more demented

Dec: 7. 1912. B.H. poor. Nothing to note as regards mental condition; remains shy & solitary.

June 1916. Demented. Impulsive and apt to hit out freely. Of unpleasant habits, messes himself, untidy and slovenly.

July 1917. Mentally the same. B.H. poor.

April 1918. No change. Demented but he does some house work. Slovenly and stupid.

Jany 11. 1919. When engaged in cleaning mats in the Airing Court yesterday he got over the railing and made his escape. He got to Human whence he was brought back at 1 o'c this morning. His heels are a good deal blistered

Continued on p. 990.

917

James Clark

Feby 1899: No change
2 or 3 days he
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but he hunted.
April 2nd 1899 Today ra
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change in any
July 22nd Clark has b
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constantly on the outlook for an open door: He generally clears across "the moss" and turns up at home in the darkening. He has not lately talked much & refuses to converse.
Nov 16th 1899:- No change, much enfeebled without any idea except that of running off. Silly unsettled furtive expression. He probably still has hallucinations of sight as he gazes in one direction a considerable length of time - He answers only in monosyllables
Dec 5th Again escaped from boot room 3rd Div & was returned next day from Amos
January 20th 1900:- Escaped on 13th & was returned on 14th and again yesterday made a shot at it slipping out of door & getting round corner attendant was out within 20 secs of him going off and he failed to get him for some hours - Furtive hunted expression. Refuses to speak.
July 31st 1900:- No change: In fair health working at housework on the 1st Div - He is still suspicious, evasive, furtive in manner - uneasy when spoken to - a masturbator.

James Clarke - contd -

January 4th 1901:- He has been working in the 1st division & he has been quiet & more settled he has lost his frightened hunted look and is not so confused: He is very weak minded still. Cannot do any work except the housework & is not to be trusted too far.

January 13th 1902:- There is no change: he is very fair health - a furtive, adcunt, silly man who rarely speaks & who cannot converse at all sensibly. He is a fair house worker but he has a preference for work away from the others and he shuns observation. He sleeps & eats well enough and he has not lately shown any tendency to attempt escape.

1903 July 10th: No change. In 1st Div. demented in fair health.

1904 March 1st: Life in fair health. No change mentally.

1906 Sept 18th He has been for some time in the 2nd Division. He is a quiet, silly sort of man and who never has much to say for himself. Health is fairly good health.

1908. July 23rd There has been no change in this patient since last note. He is very quiet & gives no trouble. He will not talk readily. He has been in the III div since 18.9.06. He keeps in fair health.

10 June 14 Very docile. Bodily health fair. Getting more demented

Dec: 7. 1912. B.H. poor. Nothing to note as regards mental condition; remains shy & solitary.

June 1916. Demented. Impulsive and apt to hit out freely. Of simple & untidy habits, messes himself, untidy and slovenly.

Sept 1917. Mentally the same. B.H. poor.

April 1918. No change. Demented but he does some house work. Slovenly and stupid.

Jany 11. 1919. When engaged in cleaning mats in the Airing Court yesterday he got over the railing and made his escape. He got to Ulverston where he was brought back at 1 o'c this morning. His heels are a good deal blistered

Continued on p. 990.

William Kirk - 172 -

April 1899 contd — brighter and he is cheerier but still very enfeebled: memory good. Initiative poor: His condition is critical at present and he will probably end in dementia: Tonics. Strychnine &c have little effect.

July 28th 1899.— Has been sent to 3rd Div. He is sleeping well & eating well. He is able to do a little polishing & ward work, but has a vacant and silly smile and cannot be got to speak above a whisper & then only a monosyllable

Oct 18th — Was today returned to 1st Div as he has been noisy at nights. He sits up in bed gazing over the end of it chuckling & chatty (like a man in D.T.) watching something he sees opposite. Sings & shouts.

Oct 26th — Again quieter and gradually settling. Is clearly if he is made to look after himself but 'forgets' occasionally — will not speak at present.

Nov 21st — Passing rapidly into dementia. Content to sit idly all day & so relapse into his seat again if polishing. The lung condition is fair at present

January 20th 1900 :— Back to his usual state of quiet dementia. He occasionally gives a quiet chuckle to himself — Speaks little Takes little interest in friends when they come —

July 31st 1900 :— In failing health & at present in bed: oedema of legs and ankles — The wrists also swelled: He hearts action very feeble & distant pulse 98 small vase & low tension — The lungs are also oedematous at bases and show fine crepitations. The apice dull & roughened expiration — Phthisis Mentally very demented & enfeebled — wet & dirty: will not speak — Does nothing for himself &c

5th Nov 1900 Died today of Phthisis

Died

Thomas Crosbie -244-

April 14th 1899: Has been in 1st Div for some days: He is rather better than before but still at occasions depressed and delusional: He is now continually wanting away but he has a slightly unsettled look: Reads very little & then spasmodically: Is sleeping well however Eating well.

July 26th 1899: Works fairly well at ward work polishing and dusting &c. Quiet and reticent occasionally the Freemasons bother him exceedingly and he is still restless occasionally from this cause - He is in fair health - Temp 97.8 - Pulse 84 regular good wave -

Sept 13th 1899: For days on end he is pleasant and chatty active and obliging then for two days a smile cannot be forced out of him: His delusions are then easily drawn and he states his friends are in danger owing to the freemasons etc.

November 6th 1899: As above: Has not been working so actively recently: He is more depressed, and the delusions are now chronic and fixed - Sleeps little occasionally -

January 20th 1900: Is now becoming more discontented and restless, wants his clothes to get away from here: He is still convinced the Freemasons and others are at the fat of all his troubles - He is not sleeping well at present - Eats fairly -

July 30th 1900: - In fair health: Is working out with a garden squad & is more bright & pleasant: He still is uneasy and self conscious when spoken to and readily becomes irritable & peevish. He is very angry at his detention. He has not lately expressed his delusions about the Freemasons but it is possibly still present: He is not at present actively suicidal though he might become so by impulse.

Thomas Crosbie - contd -

January 4th 1901 :- In good health at present and a very active and pleasant out door worker. He is dull morose & moody when in doors demands his liberty & threatens to escape. He still has the idea that the Free Masons are nothing him &c.

June 16th : No change : easily managed : more enfabled and less obtrusive in his delusion

Dec 4th - sent today to

FARM ANNEXE

David Hepburn 320 -

Ap 19th - mobility & no tenderness: He complained of shoulder & knee & both were examined carefully with negative result: The attendants were examined & they state that no undue violence was used but that Hepburn threatened them with a stone which had to be got from him. He slept fairly all night & no difference could be detected in any muscle or sinew.

Ap 20 : Replaced many of his former ideas & still complains of his arm no change can be detected as regards mobility: It moves the arm freely when not "under observation"

Ap 27 Has been rather quieter and more settled since last note: Still gives the same explanations of his difficulties: He is more sociable however and regrets the incident mentioned above as being likely to tell against him: Very anxious to be away to work: states he has to do constant work to keep in form. His deep is too deep & unrefreshing

May 8th - Complaining of pain in stomach Given Sodii Bicarb grx R Rexi 3ii Inf Senegae ℥ but with no benefit. His brother state that he has been a nuisance to them for a long time threatening to take the brother's life &c. So that they have no confidence to take him out: Hepburn writes each week to the G.B.L.

June 1st - Not at all in good physical health: Bowels constipated tongue furred & cracked: He was put on Bismuth gr 20 & Lig Morph with Calomel at night &c

David Hepburn –

June 15th. Hepburn has again been examined & no change can be found in chest or abdomen: He varies his ideas greatly at present he states that each night about 1/2 pint of white fluid comes from his private parts and that we are causing a continuance of this. By the drugs &c which I have been giving him: Small doses of Bromide have been added to mixture to allay any irritation of penis – This may be seminal fluid but a sample cannot be got.

July 24th – Hepburn has been again changing his ideas. He is certainly stouter & heavier than on admission. His tongue is however furred and his breath has a bad smell. He states that he has spat blood this has not been seen. He declared that he has to eat to allay the pain He has been also very persistent in his ideas regarding the fact that the 'society' has been dogging his footsteps for years: He will give no further information regarding this saying he will not make any except before a jury.

Augt 3rd – Has been out to work two days & then had to be brought in. He complains of pain between shoulders, pain across abdomen stoppage of water and constipation He bowels have been carefully attended to: a Glyc Ac pepsin mixture tried with no effect: also on two occasions Chloral draught at night: "He has not averaged 3 hours sleep since Dr Andersen left &c &c.

Over.

David Hepburn (contd)

August 16th – Hepburn is getting worse: Today he met me after returning from walk and stated that I had hopelessly neglected him: That he had cancer of the neck which he could see & feel and for which I was doing nothing. That he has repeatedly spat blood & I had said it was only from his gums. He also stated that I had called him "a lunatic in an asylum". Whenever questioned he at once demands his liberty I cannot keep him as on the end of May last I had said he was 'sane'. He wants back to New South Wales where a British (not English) jury will give him a hearing: That all his food has been drugged that he are killing him in cold blood & that he will die sooner than submit. That he had written twelve weeks ago to the court to appoint another lawyer (whom he would not state) & had had no reply. That he would pay two attendants to take him out to N.S.W. &c. That we had "lied to him regarding the Commissioner who was due here in June last & who had never come" & so on. At times he is very pleasant & chatty enjoying his "chaff" with the other patients & officials and playing dominoes &c. but this is evidently undesirable as any statement would at once be twisted into a declaration of his sanity &c. He is at present on a mixture of Cascara and Italian equivalent to one so three times daily. To keep bowels freely open: The tongue is coated & cracked looking at present, but he is in fair health. He has not made any complaint yesterday regarding his sleep

August 22 Has been persuaded to go off to bed and to reduce his diet to milk to see if the stomach condition will improve.

Sept 6th The mouth is very septic and painful at present: There is swelling over both sides of lower jaw: Stomach symptoms sickness pain after food: Tenderness on pressure: He is probably suffering from acute gastritis (suppurative). He is hypochondriacal about his vascular organs: strains at micturition till a gleety prostatic discharge comes &c. Is daily being poisoned. Has been given a Condy wash for mouth

10th Was examined and no abdominal condition could be made out. The fauces are congested and slightly ulcerated at the pillars but no pharyngitis. Has been put on a mouth wash of Glycerine and acid carbolic.

12th This wash has improved the mouth a good deal at present he takes his food freely & well and is no trouble with regard to this. Is still "bleeding from mouth and bowel" and wanting his freedom &c.

Sept 20th Yesterday saw Dr Mackherson the commissioner on his visit and spoke to him in the cubicle for half an hour He stated that the appointment of his curator was null & void as his nearest relative was dead & so he could not communicate with her. That he had written to Selkirk and to Sheriff Boyd & had got no replies. Demanded a copy of his warrant & who signed it & so on. this interview he confined himself entirely to his 'legal' view of his detention. Dr M. promised that if he would write the letters mentioned he would see them posted. and H. has "demanded" paper &c.

Sept 22st: Dr. M saw him today for about half an hour in Mr Smith's room: He repeated his statement also that he had been assaulted by sutherland. The notes were read to the Comm: He refused to leave & had to be taken out by Mr S & myself

— 23rd He got a reply today from his curator. This made him very excited. On the morning visit he demanded his release and on being told we could not do so. He stated that he was to have more fresh air and a minute later smashed out the frame of the window in his cubicle with a polisher. He struggled violently when taken hold of by Dr. G & Simon Fraser: who took him to day room to a seat. Here Fraser & Christie had to look after him. & he struck Christie bleeding his lip & gums & kicked Fraser on the legs: He settled in about 30 minutes saying that the struggle was illegal as neither attendant had charge over him. Dr. R. saw him about 11 when H. demanded his release &c.

— 24 was put off to bed but refused to be examined by us or any one except his own private Dr. He is vowing murder to Dr. R. Mr. Smith or myself.

— 25 This morning while Dr. G was dressing a case in J.R. Hepburn suddenly sprang out of bed & seizing a chamber pot hurled it with great violence at Dr. G. missing him (as he ducked) & striking Swan another a patient full on the back. After this he had to be ~~restrained~~ watched from further violence by two attendants. He settled gradually again in 30 minutes. Refused breakfast.

Oct 3rd Managed to hit Mr Smith head attendant with a full chamber pot.

Nov 14th Arrangements are being made for transfer. He asked Dr. R. for fresh fruit and was given some apples. He fixed up one in a handkerchief

David Hepburn (contd)

and secreted it in bed. He protests against everything; against being bathed against changing his clothing. Has all his old delusions that he has a cancer in throat placed there by orders of the Med: Supt: etc and threatens to kill us all in consequence

V Octr 25th 1899. Was today transferred to Hartwood. Refused to enter cab: refused to leave railway train. Had to be carried by the attendants to the asylum from Station

TRANSFER.

below the arm to get free noticing that Sutherlands other hand was free & the bone snapped: Att Johnston never thought of interfering though within touch the whole event was so sudden. The arm today is in good position. but James is exceedingly restless & mischevious working away with arm constantly.

May 2nd — D.R took down fracture & put up in hoop plastic: The arm is in good position. The strips were placed all round & bound to chest with upper arm. James allowed up.

May 7th — The forearm has to be placed in position every 24 hours as Sinclair works under the bandage & loosens it: the upper arm has not been touched: He is exceedingly troublesome: He was caught putting water under the water proof sheeting of beds.

May 22 — Roentgen exam of arm: In good position

May 29: Sinclair removed splints: Arm in good position with marked callos: Still troublesome and bringing no end of charge.

June 14th — Rather better settling well. Arm good movement except at elbow.

July 1st — Has been doing well he is quieter and not actively troublesome but still very tricky. He was seen loosening the neckties & braces of the other patients etc

Augt 3rd — Was today sent out on Probation to Liverpool: He has been more settled and quieter but still tricky and worrying the attendants.

PROBATION

Augt 9th He left Liverpool on the evening of the 5th and went to Edinburgh. His wife was sent to E. for him but he escaped at Midcalder. An attendant was then sent for him & managed with difficulty to bring him back.

August 20th He has been more restless since his last admission. He spends much time [illegible] out of the way & attendants watching his habits. This morning he escaped at 8.30 a.m.

Sept 1st He was heard from E. yesterday and attendant was sent for him.

STARTLING LEAP OF AN ESCAPED LUNATIC.

Yesterday afternoon a startling leap was made by an escaped lunatic, named James Sinclair, from the top window of a four-storey tenement of dwelling-houses in Manderston Street, Leith, while efforts were being made to effect his capture. Sinclair, who is a middle-aged man, and has been in Crighton Royal Institute, Dumfries, for about five years, escaped from that asylum on the 20th ultimo. Nothing was seen or heard of him until he arrived at the house of a relation in Edinburgh on Tuesday night or Wednesday morning. The authorities at Dumfries were at once communicated with, and yesterday morning a keeper was sent to take the patient back. By this time, however, Sinclair had again mysteriously disappeared, and on a further search being instituted he was found in Leith at the house of another relation. Not anticipating violent conduct, on account of Sinclair having been very docile while in the asylum, only one keeper came from Dumfries, but on his attempting to secure the unfortunate man a struggle ensued. A constable was called, but ere he came upon the scene Sinclair had leapt through the open window of the house. The keeper had hold of his jacket, but it soon gave way, and the man fell to the pavement below, a distance of forty feet. His fall was broken by a jutting clothes' pole, to which he made an attempt to cling, and otherwise he had a marvellous escape. Before assistance could be given him he rose, ran to Glover Street, a short distance away, and secreted himself in a lavatory. Some trouble ensued before his hiding place could be ascertained, but eventually this was detected, and with all speed the patient was removed to Leith Hospital. One of his feet was very badly hurt, but otherwise it was not possible last night to tell the extent of the injuries sustained.

He has fractured his astragalus on right side also the end of tibia. The ankle joint is opened into by a cut extending along the inner side of the foot. He was removed to the R.I. by Dr Gilmour and the attendant. Mr Miles L.H. is of opinion the foot ought to have a chance of recovery without amputation.

J. C. Sinclair.

He was given 1/3 gr. Morphia by hypodermic injection before leaving Leith. He fought, struggled, and was very excited the whole way to the Caledonian Station and was less excited on journey to Carstairs from here he slept well.

Sept 2nd - Foot dressed with all antiseptic precautions

3rd - D. D.

There is no temp: pulse 80 per min
He is practically refusing food

4th - The ankle looks more inflamed and as if about to go septic.



It has been carefully dressed with cyanide gauze with sterilized lotion & 1/20 carbolic:

5th - Is rather more healthy looking. Discharge serous & bloody: no pus: General condition good no temp pulse 78
Still very difficult to get to take a sufficiency of nourishment.
The splints are keeping bones in good position. Bowels are in good order.

6th - Tube removed: wound looking well, discharge serous & lessening. Sinclair is very restless & mischevious hides bandages & everything he can lay his hands on.

12th - Deep wound closed ulcer about size of half a crown healing well - Splints removed.

20th - wound almost healed and doing excellently
Sinclair up & running about most of the time in his night shirt & will not stay in bed: very annoying to attend and to the patients

J. C. Sinclair —

November 8th 1899 — Wound well healed with a good deal of thickening round the wound - duple able to bear pressure. Sinclair very restless & mischievous in every way

January 20th 1900 :— The following is a short list of Sinclair delinquencies — Set fire to a coverlet with his pipe — has marked nearly all the rest of the coverlets by twisting them up into little tufts — Got a present of a pipe on New Years day had broken it in 3 hours — twisted the end off a catheter (gum elastic) left on the SR table while another was being passed — Twists the buttons off his shirts regularly — Steals all the tobacco he can lay his hands on — Always wanting to be where he isn't and annoying the attendants accordingly — &c &c. He is always complaining of being abused & illused & illtreated & so on & states this when the incidents alleged have been seen by us & are known not to be so — &c

July 31st 1900 :— In fair health : Mentally a mischievous and idle man who is constantly on the outlook for some thing to tear or break — when presented he is being abused —

January 4th 1901 : No change : In 1st Div. Spends his days idly worrying the others gets a daily paper & tears it into little bits about 2 inches square which he works into spills. There he litters about the whole room : Sleeps well & eats well : Always complaining & any ache he has is due to an attendant having just struck him. A very difficult case to manage at all amicably.

March 26th : Was put off to bed 2 months ago and he was then found to have developed an acute phthisis on the top of the old deposit at the right apex. He gradually sank and died today

DIED

Charles Stewart – 660

May 4th: He has been got into a working squad where he is doing very well: He is easily managed: a fair worker: The depression has quite passed off. He is easily tired yet.
" – Answers correctly any questions asked and he has a good memory but he is reserved reticent and somewhat suspicious still.

June 2nd Improving: He is now cheery and active pleasant and hard working. He gives no trouble: prefers to slip about doing his own work and rarely converses with anyone on his own initiative. He is enfatled: does not want away and he is still mildly suspicious and reticent.

July 16th Not much change: a quiet easy going worker and a reserved and reticent man. He has no delusions now and when questioned says he wants away but he has never ventured this statement on his own account. Sleeps well.

Augt 29th Easily managed outside: mildly depressed at times but always pleasant and cheery when spoken to: Still mild suspicious: Eating & sleeping well.

January 13th 1902:– In good health: works well outside & he is probably now back to his usual: He eats & sleeps well and he is a quiet easily managed mildly enfatled & mildly suspicious man who rarely speaks of his own initiative & who is very reticent & retiring

1903 July 10th: The same quiet, mildly depressed & reticent man. Works steadily in garden & in fair health.

1904 March 1st: Has been rather more depressed of late & refusing his food ~~of late~~. delusions more pronounced. In fair bodily health.

June 3rd '04. Transferred to Farm Annexe.
2nd House.

1906 Sept 18. A quiet depressed man in the 1st Division. He works on the farm. Never has anything to say for himself and never expresses himself about any delusions. In fair health,

Charles Stewart.

1907. Nov. 20.
This patient is a quick easily managed man who gives no trouble and works quickly at outdoor work. in the garden squad.
He remains in fair health.

Aug 12. 1911. Lives in Eskdale Hse & works in Garden. Not Mental change Bodily Health good.

1912. Nov: 27. No change. B. H. Fair. Is quiet & gives no trouble.

1913. Dec 8 No change. B. H. Fair.

1916. July. There is no change.

1917 April 14. There is very extensive ulceration of the penis. This was discovered on bathing day, he having made no complaint. On questioning him it appears that Paraphymosis took place about 10 days ago which he was unable to reduce. Now the end of the penis is very much swollen and presents a large ulcerating surface, a considerable part of the glans appears to have sloughed off. There is no interference with micturition. It is being dressed with Eusol in order to clean it.

Gangrene of Penis Set in.

13 July 1917. Died at 5.45 am

Geo: Gilmour — 264

July 31st — Continued: There is nothing to be seen & no tenderness. This pain recurs with each series of fits.

Augt 19th — Working well outside and doing quietly in the house. He is irritable at times and sometimes falls foul of the others. He is becoming gradually more stupid and enfeebled and requires constant guidance —

Sept 16th — No change: still mildly irritable after the fits.

Oct 21st — The fits are largely of the nature of a petit mal. He suddenly rises & begins swaying about if not supported would fall. He spreads out his arms at right angles to body and swings round & round, and when he comes to begins to button his clothes and is very cross & irritable

Dec 3rd — Today after a series of fits in the Dining hall he wanted into 3 Div. The attendant went to look after him & he was very cross and resented this. He seized a chair & threw it at the attendant.

Dec 7th — Bringing all his old charges of injury against the attendants &c.

15th — Quiet again. Is again also in 1st Div. Here he works quietly but is occasionally cross with the others.

January 5th 1900

Gilmour has not been out to work since last note: He is easily persuaded about his illness when he is well but is thrown when he is having fits: Will accept any challenge and is then ready to fight. Taking off his coat &c. Recently fought (Will Wishart) another patient. I have also seen him go up to a restless patient and tell him to be quiet or he would sort him &c.

March 12th 1900:— Died suddenly today in Status epileptica

DIED.

John McCowan – 284

Sept 9th. In 3rd Div: active & pleasant enough but still with the old idea of the poison. Works well in garden. Sleeps well & eats well. States he has had no poison for some time.

Oct 31st. He is easily managed but still delusional.

January 5th 1900:— Has been fairly well lately and has been anxious to be away: he said today that he was certain he had been poisoned but that it wouldn't happen now as the son had left home. It will be noted that on admission he thought his son was at home when he was not. (ii certif.)

Febry 7th 1900 Sent to

FARM ANNEXE

May 14th 1901 Returned today to 2nd House.

June 19th – During the past month he has been confined to bed. The heart sounds are distant, feeble, irregular in time and force but without murmurs. The condition is probably one of brown atrophy of the muscle. The face is ashen gray & the lips cyanosed. He has been tried on ℞ Digitalis & ℞ Strophi. without any apparent benefit and these have now been discontinued in favour of absolute rest, light diet and tonic doses of strychnine.

July 28th Slight improvement. Mentally he is enfulled quiet and easily managed, incapable from his physical state of any great exertion. Physically the heart condition has improved slightly. The pulse is more regular and good wave. The sounds are still indistinct and distant. No cardiac lesion can be made out. Feelings of oppression &c.

Aug 29th Has been got up for the afternoon & he goes back to bed whenever tired. Pulse improving.

January 17th 1902:— He is mentally a very quiet decent man, enfulled, with little initiative and energy. He lacks interest in himself and never asks away. Physically the heart condition is slowly improving he is more active in body & the sounds have a better tone. No murmurs.

— Farm Annexe —

James Rain — 316

Sept 2nd: Still noisy chattering and obscene
Sleeping badly and eating well

Nov 1st No change. His conversation is very filthy and his whole talk of sexual matters. He is in his usual health. lung condition not active. Sulfonal &c no effect

Dec 14th Has recently shown some signs of settling is quieter and not so obscene. He is sleeping better also

January 5th 1900
Has been doing well since last note. Is now quieter and sleeping well at nights and more settled during the day He has stopped his incoherent ramble and now speaks when spoken to in an offhand careless way. Looks enfeebled and stupid but is gaining expression rapidly —

February 16th: Much improved: quiet more pleasant — not incoherent — does a good deal of house work — pleasant to his visitors gaining in expression — eating & sleeping well

Febry 21st Has been sent out to work.

March 6th A good outdoor worker very quiet and now answers in a semi shy way but sensibly. He sleeps & eats well & gives no trouble.

April 19th Very anxious to be out, His progress has been gradual & steady since Dec. last and he is now in good health & to all purposes

April 28th 1900: — Discharged today

RECOVERED.

Hugh Maclachlan - 3224.

Dec 3rd. Recently took to lying lazily in bed until midday complaining of pain in his testicles &c. nothing wrong could be detected. He slept in a single room in the cross and it was thought advisable to place him in one of the special dormitories near his attendant. This caused a degree of excitement. He demanded to get his room and stated he had been assaulted by one of the other patients & would not stay up stair. He soon settled. He will sit for an hour at a time dreamily thinking, hands deep in pockets, and muttering to himself laughing & grimacing much enfabled: When given paper he writes a short note of about 4 lines & then stops & says that is all the news he has —

January 8th 1900: There has been no further trouble lately with this patient. He has been up at 6 A.M. &c. He sleeps fairly & eats well. More slovenly & idle again —

9th This morning went off to bed & stated he had been assaulted & bruised all over: on pressure he stated that he had seen the attendant "running" Blunt (393) out of the lavatory & went up and was pushed aside & fell — No bruises on body except a small abrasion less than size of 3d bit over tubercle of right tibia — The attendant settled says that McLachlan struck at him twice as he was taking Blunt out of lavatory & in pushing him aside McL (who is spastic) fell but did not hurt himself. Thompson 137 Lewis 428 &c patients confirm this statement — Reported to D.S.

10th Still in bed. He has completely covered over and works his clothes into a dreadful mess. He actually manages to work off the covers off the pillows —

11th got up today — In the evening I was sitting beside him at special table when he said — ~~I lov~~ "That must not happen" "That must not happen" — "What a dreadful thing to do to your own sister" — asked what? He at once became conscious & smiling again

Hugh Maclachlan - (Contd)

January 13th Taken to 1st House again as a result of the charges he has been bringing so as to put him under a different attendant.

1st HOUSE -

Thomas Davidson 1488 -

April 20th Salol stopped: Eats well bowels regular tongue clean: There is some resistance to deep palpation over pylorus. No definite disease to be made out. He is still in bed quieter than he was but still very noisy and talkative always meddling with his bed clothes &c very incoherent: never talks about his friends or relatives: never asks where he is &c Pulse is 84 regular fair movement tension &c

May 8th Practically no change from above note. Still in bed and noisy and chattering not so destructive: Eats fairly Sleeps fairly but has occasional bad nights.

June 18th Gradually becoming more quiet and coherent and also less abusive He will now read and will talk sensibly for a minute or two & then relapse into an incoherent ramble.

July 8th He has been got up daily and is very shaky on his legs but this is not troubling him. He is quieter more sensible Still incoherent at times and very noisy and talkative at nights.

July 31st The leg eczema has again broken out & is being treated: He is quiet - pleasant able to be out each day for an hour or two - Incoherent when talked to for long, abusive when spoken to at times but gradually making progress.

Sept: 16th 1900: Quieter & more pleasant but still subject to bouts of rage and annoyance. He does no work talks incoherently when excited & rambles on about his former occupations &c.

January 4th 1901: — In good bodily health: He is more active & pleasant: Does a good deal of coarse house work "when the Spirit moves him" and is more easily managed: Still unfit to work outside as he is subject to outbursts of rage &c

Thomas Davidson - conto -

He is sleeping & eating well & has been gradually settling. No change in eczema which is still present.

April 30th 1901 :- Discharged today

RECOVERED

James Paisley – 628 –

March 19th :– In better health and again working in a garden squad: very Anxious to be out to work for his grandmother &c.

May 15th 1901 Sent to Farm Annexe

FARM ANNEXE.

Oct 14th 1901 :–

Returned today on account of the groin condition. There is a diffuse fluctuating swelling in the left groin & also superficially over anterior part of abdomen. These have been opened and are being dressed under antiseptic precautions. He got it "by a rupture when wheeling a barrow, it caused all the bad blood in his body & all his seed to slip down & gather in the lower part of his abdomen where it was placed by the drainage at the Farm".

Nov 8th He has not healed well & today the wounds were slit up by Dr Thomson Dp and they are to be allowed to heal by granulation.



Diagram of the incision which were extensive but superficial is given. It was curetted & then thoroughly washed & is like healed by Iodoform. Mentally no change.

Nov 16th The healing is fair at present and the discharge small in amount and laudable. He is sleeping & eating fairly, has no fair mortemp. Still has many delusions about the nerves being affected by electricity and so on.

Dec 6th Several tags of skin have been snipped off and all the wounds are granulating healthily. He has many delusions: His food has been poisoned. The chloroform has ruined his system. His "wife" wants him out & so on.

January 14th 1902: The wounds have now all healed except one small tag in the groin towards the "apex of scarpa" and a slight pocket about the pubes. These are slightly discharging but there seems to be no great damming back of discharge & they are healing also: His heart is all wrong. The electricity makes him jump & he is all nerves & so on.

March 20th Very complaining & now demanding his liberty & so on. Says he is acted on each night and abused &c.
The re is still a small area of the upper wound not quite healed but he is able to be up & about daily.
Thin & phthisical looking, no active disease can be detected. Heart action very sharp & forcible with some irregularity.

Dec: 10th Continues incoherent, excitable & delusional. Is now confined to house in 3rd Div where he is becoming thinner & more active signs of phthisis now present. Takes his food well ~~[illegible]~~ & has been put on Cod Liver Oil & I.S. attributes all his symptoms & discomforts ~~[illegible]~~ to his imaginary persecutors.

903

April 12th Has been confined to bed for past three or four weeks. His phthisis having become rapid - Has gradually run down & he died this morning.

Died.

12th April 1903.

CASES

FROM

FIRST HOUSE.

David Sloan

FROM 1ST HOUSE.

10 Sept 1897:—

A case of phthisical insanity: He is in fair health at present, expiration prolonged & slight dulness at left apex and there are occasional fine crepes: Mentally he is sure his friends are all acting against him & that he will sort them when he gets out: He has been also impulsive at times:

Dec 19th 1897:— No change: Sleeps fairly eat fairly: Works outside in garden Spread: He has occasional moods in which he will not speak & becomes restless and excited: He is however easily managed generally & quiet.

June 1st 1898:— Is very anxious to be home. He has been working quietly & steadily recently and has been more settled & reasonable when in doors: He still has mildly depressed hours during which all his old delusions are present and he then doubts also his wife's faithfulness to him but these have distinctly improved recently.

28 Oct 1898:— His friends have been to see him recently & think him much better & they are anxious also to get him to Glasgow as the rate of Board is too much for them. He was today discharged to care of friends.

RELIEVED.

David McKechnie

24th Nov 1898 :— In fair health: Mentally depressed and impulsive will not speak even in answer to a direct question. Sits moodily idle all day: Sleeps fairly.

Dec 10th 1898 :— Irritable at times and difficult to manage: Easily annoyed & then strikes out & fights:

Febry 7th 1899 :— He is as a rule easily managed now talks more freely & converses pleasantly but still has an attack of moody silence occasionally: He recognises these turns after they are past & says he has had feelings during them: Is probably a maskerbolos.

March 16th 1899: Has been working well lately & is stouter, stronger and brighter in every way:— Eating well Sleeping well.

June 18th 1899:— Has recently had a very severe haemoptysis which has recurred. The blood was almost pure & passed up in large quantity about 16 ounces (measured) of clot on one occasion. Mentally he has been also well recently & had been working pleasantly & actively before it occurred: He is very flushed & the tube looking at present but temp has not been raised: There is no marked dulness at apices, & the most marked moist sounds are at right base towards the upper part of lower lobe: She has been on Morphia & ergot:

July 1st 1899:— Has had no recurrence & has been doing well: Mentally easy managed pleasant & able to be up & about. He has quite got over his attacks of depression & has been very free in conversation lately: His father is making arrangements to be good min out.

July 8th 1899: Discharged recovered: We understand he goes to Perthshire for a change of air.

RECOVERED.

Frank Dalton.

24th February 1898 :- Sent from 1st House. A case of enfublement with mild exaltation.

June 1st 1898 :- A case of chronic excitement restless talkative and unsettled. He is fairly easily managed but is at times teasing and annoying to the other patients: A masturbator: Sleeps & Eats well.

Dec 1st 1898: Noisy and talks & laughs to himself. He is incoherent: His answers generally silly and often incorrect: never amuses himself in any way & he is generally also careless & untidy. Spits all over the room &c. Says "He is an Oirish gentleman" —

June 16th 1899:- Still much as above: If any change he is more polite & easy to manage. Memory very poor: Incoherent.

February 13th 1900:- Indoors at present & fairly quiet: Still annoys the others and strikes out occasionally: He is very idle & rarely reads: Sleeps well.

July 31st 1900:- In good health at present: He is indoors not being fit to work out at present: He is exalted - offhand and careless in manner - noisy and very talkative - using very foul language occasionally. He is also irritable and always ready to strike out - Sleeps well & eats well. He is more tidy and careful of his clothes.

January 4th 1901. No change: quieter & more easily managed if anything but still subject to attacks of excitement & noisy & incoherent talk: He sleeps & eats well & generally works outside.

Jul 16th There is no change: He is easily managed and quiet and though still subject to periods of talkative incoherence there has been no marked outbreak.

Jany 11th 1902: In special - Quiet demented and lazy never occupied himself & is never reading or otherwise passing the time. wanders uneasily up & down the ward &c

Frank Dalton.

903 July 10th: The same demented, inactive man in Special. In fair health.

904 March 1st: No Chang. demented, lazy & anergic. In fair health.

Died - Phthisis Pulmonalis.

Richard Thomas

11 March 1898:— A case of chronic mania in good health. Works outside: His conversation is loud & blasphemous: He has a most lewd style of conversation: always rough & elbowing the others aside & running into them with his barrow etc: He is untidy and noisy in doors & is best when hardest at work.

Dec 1st 1898: No change always shouting swearing & behaving roughly and foolishly: It is difficult to get a polite answer out of him: a masturbator.

June 19th 1899:— Still working out & showing no change either bodily or mental. Still a noisy & troublesome patient Careless of his appearance or comfort & always threatening the others.

February 13th 1900:— Has had a dispute apparatus of the right hand due to getting a piece of wood into it: His is now healing He is very noisy when getting it dressed & threatening and he is very difficult to restrain treating it with tobacco juice etc: No change mentally.

July 31st 1900:— In fair health: somewhat pale and anaemic looking: He is very noisy swearing and using very profane and indelicate language and most erotic. He works out and curses noisily the whole time — He obeys orders well — When he is in the house he is generally lying on the sofa with his hands deep in his pockets half asleep.

January 11th 1901:— No change: Still working out doors greets you with almost erotic remarks if you go near him: runs into the others with his barrow if they are in his way: Swearing noisy & chattering when in doors.

January 12th 1902:— No change: Swearing abusive noisy erotic and impudent always in a

Richard Thomas.

mild state of subacute mania. He deeps fairly but sometimes in the early part of the night - is noisy and chattering. Eats well.

1903 July 10th: Continues excitable, incoherent, noisy swearing & abusive. In indiffte health.

1904 March 1st: No change. Untidy in appearance & troublesome at times. Health indiffte

1905 March 1. Dirty foul mouthed chronic maniac. Excitable & impulsive. In good health.

CHRONIC CASE Book

Andrew Ford

22nd March 1898:– In fair health: circulation of extremities bad: Mentally he is depressed & has many ideas that he is going to be killed and wants to die etc: Sleeps fairly: Eats also fairly:

June 9th 1898:– No change: Is generally sitting in one seat in corridor of the Special Division. The sleeps fairly Eats well at present. The sleeps quietly up & down, is cleanly & able to look after himself: Still miserable and depressed and wanting to die. Reads a little occasionally.

Oct 21st 1898:– When spoken to: This ideas become very miserable & depressed he is then in a very whimpering and weepy mood & all the ideas of dying soon etc come out. The misery seems to be to a certain extent automatic but might become truly suicidal at any time

June 1st 1899:– No change: Physically able to be out each day & walks up & down in front of the house: Still depressed & miserable

February 13th 1900:– Physically fair: He is able to read a good deal at present & he was recently examined for spectacles: His one idea was "I won't require them I'm going to die Put me out in the snow & let me die" &c &c. Sleeps fairly Eats also fairly

July 30th 1900:– In the sick room – sick after meals and not retaining his food well He is congested looking and cyanosed over the face – Heart sounds are both weak – No tumour or other resistance in the abdomen but tenderness on deep pressure – Takes his food fairly but vomits occasionally Sleepless at night but rests well by day. Gradually running down – Has many delusions – Is lost – Is the cause of much misery very depressed & melancholic

Oct 23rd 1900 Died today

Died

Thomas Jackson

31st May 1898 :- In good health : Mentally a dement without any special characteristics. He is easily managed : Idle and paying little attention to anything going on. He sleeps & eats well & does everything for himself. Mentally very enfeebled : memory poor.

Augt 9th 1898 :- No change : He has quite settled down to his routine here : idle and caring nothing for anything about him. Sleeps & eats well : Is an animation.

Dec 19th 1898 : No change either bodily or mental.

June 1st 1899 :- In good health. Mentally as above, answers when spoken to but will not converse : Sleeps & eats well.

February 12th 1900 :- In special : Gives no trouble here a mild easy going dement. Cleanly and able to dress & feed himself & to look after himself generally but paying little attention to anyone.

July 31st 1900 :- No change an easy patient to manage - very enfeebled - rarely speaks unless in reply to a direct question he sleeps & eats well - Does not work & occasionally occupies his time reading.

January 4th 1901 :- No change a quiet easy going idle useless dement - Does no work and is very little trouble as a rule. In good health : never reads never speaks unless asked a direct question &c.

Jany 13th 1902 :- No change in any way. Absolutely as at last note : He now has delusions of suspicion that he is plotted against and of grandeur that the whole place belongs to him.

1903 July 10th : Quiet. delusional & suspicious. seldom speaks unless to ask away. In special & in fair health.

1904 March 1st : No change mentally. Keeps in fair health.

1905 March 1. Suspicious & irritable if interfered with. Rarely speaks. In good health.

CHRONIC CASE Book.

James Taylor

FROM 1ST HOUSE

30th May 1898 : Mr Taylor is in much reduced bodily health : He makes a continuous moaning barking exhibition and this makes the physical condition of the chest difficult to determine. He is getting rid of poisonous gases and also he is doing benance. Sleeps fairly and stops the moaning as he falls asleep : Has to be spoon fed.

July 1st 1898 : no change : If anything he has improved physically : mentally no change cannot be persuaded to stop 'barking' for even a minute per son even at his meals otherwise the gases would choke him. At night he says he gets chloroform blown in when him. Still sleeping fairly : Takes a fair amount of spoon fed nourishment.

Sept 1898. Is rather stouter and the voice is stronger : Gets an embossed letter from home but seldom settles to read it : He is very much annoyed by the gases and also by hallucination of sight : He is blind but "the object come to him and annoy him".

Nov 1898 Much as above : The letters he gets are very occasionally read and he has once or twice written in reply but only the shortest line. Still constantly barking : No change can be detected in his heart or lung condition ; The pulse is feeble and small but regular : 88 :

Dec 1898 Rather stronger : Has now begun to take his food himself : Still barking away : Is very quiet & seldom talks always answers "very well"

James Taylor

7 feby 1899: Little change: He still continues to enlarge the cases and sometime his voice becomes aphonic from a laryngeal condition: He then thinks he has to make up for the no sooner as he recovers voice
Physically he is very feeble and at time looks hectic & plumbeous

May 22nd 1899: Has today been put off to bed He feels feeble and wants rest: He terrible darkness he says is depressing him: He is very much trouble by shortness of breath and wants a bottle of gas in the bracket to counteract that inside him: He is much weaker pulse 92 small but regular: Marked mucular sputum:

27th May 1899:- Died today.

DIED

Richard Macaulay

25th June 1898:— In fair bodily health. The knee jerks are lost and he walks with an ataxic gait: Mentally very demented. Generally sits idle and apathetic almost helpless looking on the sofa & requires to be looked after in clothing feeding and also as regards cleanliness.

Augt 9th 1898:— No change still in the 2nd Div. and requiring everything to be done for him. Rarely speaks and sits in a very paretic "collapsed" looking way on the sofa rarely moving.

Dec 19th 1898:— No change: walking is very bad at present and the circulation feeble and poor: He is very difficult to manage as regards cleanliness.

March 1st 1899:— Has been in fair health since last note but is unable to be out and never moves unless assisted complains of nothing: in fact has not spoken at all recently: very demented.

July 31st 1899:— Still in 2nd Div: and requiring as much looking after as ever: He is listless and apathetic: cannot walk unassisted never speaks: never pays any attention to his surroundings or his own comfort: Sleeps fairly Eats well.

Oct 31st 1899: No change either bodily or mental.

February 13th 1900:— In fair health but very paretic, unable to do almost any thing for himself: listless and idle: Requires constant attention as regards cleanliness.

July 31st 1900:— No change — still in the 2nd Div — requires constant attention as regards cleanliness — He is silent and never speaks He generally has a "tumble down" appearance as he sits on the sofa — Eats fairly

January 4th 1900: In feeble health pulse small & low tension 96 per minute: No physical signs of any lung trouble. He is always more or less tumbled over on the sofa & is

is unable to do anything for himself: he requires to be fed to be looked after to help him clean + he also never speaks: He has occasional attacks of diarrhoea which are generally checked by a lead + opium pill —

July 23rd 1901: — Died today of gradually increasing weakness

DIED

Frank Cochrane.

20 January 1899:— In fair bodily health. He has thin anaemic look. Phthisis chronic at left apex. He is an irishman. and is constantly saying "telegram telegram" in a silly way: Sleeps well eats well.

April 18th 1899:— No change: A silly incoherent vacant demente, who eats & sleeps well careless & untidy in dress & appearance. Silly in talk and with little energy.

May 30th 1899:— Sent out to work in barrow squad and shewing no change mentally: Still says & repeats "telegram" whenever he is spoken to: Sleeps & eats well.

July 31st 1899:— Has done fairly outside. Improved somewhat physically: no change mentally.

February 17th 1900:— Still working out & doing fairly well in barrow squad. Mentally still incoherent silly & vacant and repeating his "telegram". He is idle in doors: able to clothe himself but always unkempt looking: Sleeps & eats well.

July 31st 1900:— Working out & the phthisis is at present quiescent. — He sleeps & eats well — a habitual masturbator — Still very enfeebled — repeats "nice day" or "telegram" or a similar word in an automatic way. Very incoherent in talk.

January 4th 1901: No change: Works out each day: He is incoherent in talk & pays little attention to anyone beside him. He is idle when in doors & cannot carry on a sensible conversation. He has lately been put under a curatory in the Irish Courts: His friends are limited.

January 14th 1902: No change: In fair health. Looks pale & anaemic but there is no active disease to be made out.

August 25th 1902. Was discharged today & sent to Ireland
Discharged Relieved.

F. C. Ruscoe

15 February 1899:— In fair bodily health: He has had a fairly acute maniacal turn which now seems to be becoming chronic. He is always smiling in a vacant silly way, chattering to himself incoherently. Comes up and shakes hand in an offhand way: Sleeps well Eats well.

May 21st 1899:— Has a temp of 101°. Pain localised to right iliac region: From appendicitis. Opium has been given in small doses & enemata.

" 25th :— Has now recovered from the abdominal condition, and is doing fairly well in bodily health but mentally shews no change. He is still vacant and silly looking Incoherent and rambling in speech. Cannot answer questions correctly.

July 10th 1899:— In much the same condition as on admission silly vacant and incoherent in every way: Easily managed: reads a little but only sporadically. Always chattering Sleeps well Eats well.

Oct 8th 1899:— No sign of improvement: Is thin & delicate looking at present but has no active disease. He is easily managed but always on the move, restless & cannot settle. Incoherent & rambling. Sleeping well.

Dec 18th 1899:— Has been if anything more quiet and settled and he has been, easily bottled after. He is reading more but rumbles on other subjects all the time: Eats well & has had no return of the appendicitis.

February 12th 1900:— In fair health. No change mentally: idle & apathetic, takes no interest in his surroundings &c.

July 31st 1900:— In fair health at present. He is active and pleasant looking and moves smartly up & down the gallery smiling in an "aimless inane" way. He sleeps & eats well: Rarely speaks but has improved in health & also mentally since last note. Reads a good deal.

J. C. Roscoe – contd –

January 6th 1901:– He is more pleasant & chatty. He can now talk & answer quite rationally. He will only do so however "under his breath" in a whispering tone. He sleeps well eats well & though still thin he is in good muscular tone. He is reading a good deal & he has had no attack of excitement since last note.

July 26th 1901:– Bodily health: He talks more freely & looks bright and happier – very respectful.

Jany 16th 1902:– Bodily health: He is indoors at present. There is little change: still very incoherent in talk and he has the delusion that each night he is acted on by patients near him especially about his genitals. Sleeps well

1903 Dec 10th: At present fairly well mentally. Talks rationally & quiet & easily guided. Bodily health.

1904 March 1st: Has been restless & unsettled for some time past. Rambling & irrational in conversation. Numerous delusions chiefly of a visceral nature. Somewhat thinner & rather run down in health.

1905: Transferred to Sanatorium in an advanced stage of Phthisis. Will probably die

Died.

John Shaw

20th March 1899:— Has been sent across here in a very poor state of health. He is now past work. He has a temp of 103°. Very foul expectoration and some degree of of "bronchiectasic" smell in breath. The pulse is 108 small & feeble

30th Mar: The temp fell in two days to 99° & has varied within ½° since then. The process is chronic. Mentally very quiet & enfeebled & is sitting up in bed. Gradually improving physically.

May 13th Has improved considerably ~~mentally~~ bodily. He is very enfeebled mentally: Sits reading most of the day but he has a very poor memory &c.

June 16th Able to be out: Mentally he is very enfeebled able to look after himself but he never originates a conversation or anything of that sort.

Oct 21st 1899:— Again looking more feeble & runs down in bodily health. Temp rises each night pulse up to 108 — Mentally no change easy going in every way & mild dement.

10 December 1899:— Died today: He ran down very rapidly after improving somewhat from last note.

DIED.

Michael Thomson

See page 137 — A readmission.

23rd May 1899:— In poor health: has chronic bronchitis: pulse becomes irregular at times. Mentally still much as on his previous admission. He thinks he has no end of money to give away to lend to others etc. Talks about the extent of his property & so on. Mildly exalted & excited at present has been put on a Kdtr ph: mixture:

12th June 1899:— Has had a rigor & shivering bit probably of an ague nature (he has been abroad). has been given quinine.

15th June:— There were recurrences the following two days but he has now got clear of them he thinks.

July 31st 1899:— Gradually becoming stouter & fresher looking & not so easily exalted.

Oct 19th 1899:— Is again bronchitic and runs down very rapidly looks thin & worn out in a few hours and then slowly recovers to his normal: He is much weaker than on his last admission. He is fairly easy to manage though he gets up at time & abuses those about him.

Dec 29th 1899:— Wife has died recently & there is some word of his going home soon.

13th January 1900:— Was today discharged

RECOVERED.

George Walker

12th June 1899:— A very tall slouching man very enfeebled: does not talk unless in answer to a direct question. Idle listless masturbator. He has little memory. Dirty in all his habits and very stupid. Eats well. Has been sent out to work in garden squad.

July 30th 1899:— Endeavoured to run & recently done it in a silly vacant meaningless way, he simply ran off down the road while the attendant was watching him: made no attempt to struggle when he was collared. He is still very dirty in his habits, untidy in dress and listless & apathetic in doors.

Oct 5th 1899:— No change: works outside daily but this is very automatic, he never does much beyond wheeling his barrow. He is still masturbating. Lazy idle indoors. Cannot converse in any way rationally and his dribbling & eating v[illegible].

February 12th 1900:— No change: very enfeebled listless and apathetic: Takes no interest in his surroundings, goes to room mechanically: very untidy & careless about his appearance &c.

July 31st 1900:— In fair health — an absolute dement Careless of his appearance or comfort. Tears his clothing — dirty & unkempt looking Masturbates & requires right attention. Idle and when he works outside very slowly and dirty. Never speaks & pays no heed when his friends visit him.

January 4th 1901:— No change: idle dirty destructive Careless of his appearance — masturbate. dirty at nights &c: There has been no improvement.

January 16th 1901:— Becoming very rapidly progressively enfeebled. Dirty untidy in all his ways and unable to carry on any conversation. He works out each day in barrow squad & always looks neglected & degraded

George Walker.

903 July 10th: Continues in special & works with barrow squad. Demented. Untidy & depraded in all his ways. In rather indifft. health.

904 March 1st: No Change. The same Careless, untidy man. Keeps in rather poor health.

905 March 1st Untidy & depraved in his habits. Demented. Bodily health is better. Works outside daily.

CHRONIC CASE Book.

John Turnbull

5th Oct: 1899:— In good bodily health, quiet and easily managed, mildly exalted, answers correctly & pleasantly when spoken to. Does not work. Eats & sleeps well.

Dec 10th 1899:— No change has quite settled down here into an easily managed case in every way: Reads quietly is unobtrusive & easily guided in every way.

February 12th 1900:— No change from above. Sleeping & eating excellently.

July 31st 1900:— In good health. He is a quiet easy going pleasant mildly elated old gentleman —

January 4th 1901;— He is a quiet good natured pleasant "alcoholic" dement. He is very absent minded & stupid in some ways. Gives no trouble sits & read all day —

July 26th: In good health: Memory very defective. He is quiet unobtrusive easily managed and without ambitions or initiative. He is a good cricketer but absolutely refuses to play in the matches.

Jany 16th 1902:— No change: slips quietly about the ward and avoids attention. rarely speaks of his own initiative and answers quietly in monosyllables when asked questions.

1903 July 10th: No Change. demented, seldom speaks in fair health.

1904 March 1st: continues in special. In fair health. No Change mentally.

CHRONIC CASE Book.

- William Henderson -

19th Sept 1901 :- A general paralytic in second stage. Fat enfulled and fatuous in expression. He answers sharply enough in a tremulous and paretic voice and he has delusions regarding his abilities & bodily strength &c.

Dec 14th Has been in bed for about 10 days with a superficial necrosis affecting the skin over the dorsum of the foot. This has healed by rest and dry dressing it was probably due to pressure.

January 16th 1902 :- Rarely brighter mentally but still very silly, weakened, and paretic. He is in the advanced quiet second stage. His delusions are rarely obtruded by the mental facileness is marked.

March 18th 1902 : Very mischievous. He recently caught up the ashpan of the grate and rushing downstairs smashed the bottom window. He was upstairs again inside 10 secs. He is always now on the outlook for similar opportunities.
Was removed to Ireland to be nearer his friends

To Care of friends.

William Goldie Neisham See p. 826.

Nov 12. 1911 Is in Eskdale Hse. Keeps wires. Has a fixed delusion that everytime he has nocturnal emissions it is the attendants getting at him by wires.

April 1. 1913. Still very delusional & at times is inclined to be violent. Has been in bed for a few days with a cold but is up again now.

Sept: 19. 1913. Has had some slight symptoms of drowsiness & stupor, probably caused by his having had Salphonal grs 40 for three days.

Dec: 8. 1913. Is fairly well now. Fixed delusions of persecution.

August 22nd 1915 Neisham continues in Good B. H. He still has delusions of persecution and of a sexual nature. He is impulsive at times and while he has done nothing seriously wrong for some time, his attitude is ferocious when he is roused.

1916. Oct 8. Delusions of persecution continue: believes

that he is tormented by electrical wires. Threatening and apt to be impulsive. B H fair.

1917. Sept. no further change. noisy at night.

1918 July. As deluded as ever - has not been impulsive lately but is still very uncertain. B.H. fair.

" Nov. He has had an attack of Influenza.

V. Cloc. C.B. p. 387.

Richard Irvine

5th June 1901 :— In fair health: He has acute hallucination of sight and hearing and in obedience to voices he hears he often whirls himself round several times or rushes about the ward pulling the furniture about. He is impulsive strikes the others and is difficult to manage. Talks very incoherently and ramblingly.

July 26th : a nasty impulsive and subacutely excited case: enfeebled with defective memory and subject to attacks of considerable violence.

Sept 1st No change & not improving in any way.

Dec 8th There has been a great change in this case. He has passed almost suddenly into a state of mental depression with confusion and silly vacancy. He seems to be under the influence of some hallucination and he is being treated as actively suicidal. The features have changed. He is puffy and oedematous looking about the face & eyes. and is inactive and sits moodily all day.

Dec 26th The depression is slowly passing off but still continues pairly marked. He is quiet moody morose and inclined to get into corners away from observation.

Jany 16th 1902: He is gradually again becoming more active and bright in expression but still quiet inactive and moody.

March 20th 1902: In good health. More easy to manage: more sensible and less depressed.

1903 July 10th: No change. dementia & lacks initiative. always asking home. In fair health.

1904 March 11th: Much the same mentally. dementia & works in garden. Health keeps fair.

Sept. 13. 1904. Discharged to care of friends
Readmitted on fresh warrant.
He is restless & delusional, excited & incoherent. Dementia is increasing in this case. In fair health

SEE Vol X page 741

John H. Barnsfather

3rd June 1901:— He is a quiet easily managed alcoholic with very defective memory and much enfeebled occupies his time in scribbling out monograms on any sheets of paper he may find. He is always anxious to be away but never occupies himself acting in setting any plans to enable him neighbours.

Dec 8th— Recently had a very bad epileptic fit (or congestive attack?) which left him very silly confused and incoherent for about 3 days. He is easily managed again & has been sent upstairs to sign Dis.

January 16th 1902: Back to his old plan of drawing monograms & scribbling signs on any loose sheets he can find. Easily amused with defective memory & very enfeebled.

March 30th 1902: He has had an exceedingly bad carbuncle on the back of his neck causing destruction over nearly 3 inches square of the skin. The wound is now slowly healing.

1st House.

June 30th '05: Has been at Hannah field twice & is now back in 2nd House. He is mentally enfeebled with loss of memory. Still writes monograms. In good health

ROSE BANK. vide Case Book of Rosebank.

June 12 '07 Barnsfather is always occupied in scribbling monograms. He promised faithfully to sketch a monogram of a.m.v's name but

2nd House. tho' he took a note of the initials about Christmas time he has never done so yet; tho' he has given a.m.v. several other monograms. In letter 93 being his favorite. His physical health is indifferent — suffering from a very dyspeptic looking nose.

Jan 31st '08 This patient now sleeps under observation owing to his being found in the middle of a severe epileptic fit one night recently & then when he was in observation a few nights after he was found with a bootlace tied round his neck. When asked about it next day he said he had no recollection of the event. The bootlace did not leave any mark. He has not had a fit for a long period until this one noted a few nights ago

Charles Collins From p: 363.

1904 March 1st: Now bedridden in Lakward. In very poor health.

Died.

John H. Bairnsfather. from p 981.

1909. Aug. 19. Mr. Bairnsfather is now in the newly arranged special division of the II. House. When A.M.O. was looking at two aged decrepit pianos which were left in the day room - relics of the former occupation by the ladies - Mr. Bairnsfather offered to play one of those pianos. However he was unable to produce any sound of what could be called a melodious nature, first because about 90% of the keys had lost their power of producing sound & likewise Mr. B's brand had lost its cunning. Patient has had no more fits similar to that mentioned in last note but sleeps under observation. His memory is very defective otherwise he is fairly contented in a demented sort of way.

1910. Mch 10. Patient often tackles A.M.O. & asks "When am I to get away from here Doctor - whats the use of keeping a same man here". He is much enfeebled mentally & has had fits during the night frequently during the winter. He amuses himself making strange monograms.

1916 Aug 8. A demented and simple old man, usually good tempered but apt to be irascible & quarrelsome. Fits continue to occur. BH feeble.

1917. July. Goes on just the same. Fits usually severe.

See C.B. 1895 p. 944.

James Tweedie

see page 653

(Mile Sanatorium taken over by Dr. Wallace in June 1908.)

This patient is a delusional demented old man in the Sanatorium who is very delusional & who may be seen going thro strange orchids as he sits in his room by himself.

His bodily health is fairly good for his age.

1909. Aug 16. This old man remains at the Sanatorium & his mental & bodily health remain unchanged.

1910. Mch 10. No change to note in James Tweedie's case either mentally or physically.

12 Aug 1911 Is now in the Sanatorium. Somnolent.

1913. Dec: 8. B. H. is not very good now. Is subject to attacks of partial syncope. Mentally unchanged

1915. Jan: 24 In failing health, but still able to be up. Has attacks of noisiness to quearing.

1916. July 18. In ~~fair~~ feeble health but still able to be up. A demented and childishly simple old man.

1917. July. Remains in same feeble and demented state - his chief occupation consists in waving a flag.

1918 May. Continues in same happy demented state and has not failed appreciably since last note.

V. Chr. C.B. p. 403.

from p. 380. Charles Adair Hunt.

1 July 1909. No special change. At present is fairly well. Is at times very suspicious, and full of many strange ideas. Insists and hints any occurrence or circumstance in the most delusional way. Becomes at times distinctly confused and rather excited, and although his memory is good and he is able to write a sensible letter, dementia is slowly asserting itself. At present doing well at Oakfield, and acts as the "general messenger" —

1 Dec 1909. This gentleman remains at Oakfield and shows no change — mentally or physically. In October he was in Ireland for 4 nearly 3 weeks with an attendant in connection with his business affairs. —

1 July 1910. Went to Rockcliffe today.

10 July " Mr. Hunt for many months has remained very well. makes himself very useful, and is not nearly so aggressive, as he was, — His little life has done much for him, and he is in excellent bodily health.

31 July 1910. Returned to Oakfield from Rockcliffe.

18 June 1911. Patient today exceeded the limits of his parole, obtained drink, misused the Institution the worse of it. and therefore paid the penalty — "Parole stopped." —

1 Aug: " Went to Rockcliffe.

31 Aug. " Returned to Crichton Hall.

4 Sept. " To Oakfield today.

20 Mar 1912. At Oakfield where he does very well. Has spent many months now, catching moles, & at which he is very expert. B. H Ford

1 Aug. 1912. Went to Rockcliffe for a month —

31 " " Returned from Rockcliffe today.

9. Sept. " Is all but rather disappointed at the delay over his getting to Comrie.

12. Oct. 1912.

Discharged on probation for 12 months

to Mrs Brown
Lochlea
Comrie.

James Clark (cont^d from p 918).

25 Oct. 1923. Patient has developed a localised cellulitis of the hand. It began on the dorsal aspect of the knuckle of the middle finger and has spread over the back of the hand and into the palm. It has been freely incised on dorsum and palm and dressed with eusol soaks. Eusol bath twice daily. Staphylococcic + Polyvalent Strepto-coccic vaccine being given.

1 Nov. 1923. Incision of palm extended. Sinus forceps passed from dorsum to palm and gauze drain drawn through. Sinus syringed out daily with Eusol. Autogenous vaccine given.

12 Nov. 1923. Considerable improvement of hand. Definite reaction after each dose of vaccine.

5 P 5.34. Took an unconscious turn today in K.E. Passed Faeces in the fit. Confusion followed.



