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1

NAME, William Spence — No.

Admitted, 12th March 1890 — Pr. Ad. home

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

Education, — Religion, Protestant

Private or Pauper, — Where from? 175 Paisley Rd. West, Glasgow

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. one - 3 years ago — Kind

Duration — Where treated Aberdeen Asylum

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal — no

Dangerous — yes.

Duration of Existing Attack — A few days.

Other Facts or Remarks

Facts of Medical Certificates

Dr Barras - Crying & moaning. Unable to look after himself

Dr Davie Taylor - Depressed & melancholy, has delusions thinks Hell at night in an insane manner.

NAME William Spence

STATE ON ADMISSION.

Mental.

Exaltation Some.

Depression None

Excitement Marked. Shouts & makes peculiar noises. Kicks of fights

Enfeeblement

Memory

Coherence incoherent Can answer questions? Occasionally. Not as a rule

Delusions None expressed coherently.

Other Abnormalities

Bodily

Appearance Strong chested, well made man.

Skin warm moist Hair Dark brown

Eyes hazel coloured Pupils equal, medium, react to light & in accord.

Muscularity Good Fatness Not marked

Nervous System—*Motor* No Paralysis nor injury. Some motor excitement.

Sensory Tactile sense normal.

Reflex Action Knee jerks exaggerated Special Senses Fair.
Plantar Reflex, Active

Retina

Lungs Normal

Heart Normal

Tongue dry - slight fur. Bowels Constipated

Other Organs, Abnormalities, Bruises, etc.

Appetite Good.

Urine No albumin nor sugar.

Menstruation

Pulse 78. reg. good vol. & Tension Temp. above normal.

Height 5ft 4 in Weight 8 St 4 lbs

Disease Mania (Acute) *Skae's Classification*

General Bodily Health and Condition Fair.

PREDOMINANT FEATURES.

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

NAME. William Spence.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13th March		1890				Still noisy.
14th "						Got an enema which acted. much quieter
15th "						Quieter
18th "						Doing well. Is now at work & heard quiet
20th "						Patient works every day now, and is gradually regaining strength, both physically and mentally. His physical condition is still below par.
22nd "						He still progresses favourably
25th "						The patient is regaining health quickly, and his mental condition is good. He has been quite quiet and sensible for during the past week.
28th "						Patient still keeps progressing towards health
31st "						Patient keeps well. He seems to be somewhat weakminded, now that the excitement has entirely passed off.
3rd April						He has a slight cough to-day, but as the weather is very fine, he is at work as usual.
10 April						This man is restless & thinks trivial things like a small spot on his skin, are of great importance & may even threaten his life. He exaggerates small things into great so that his ideas of are sometimes delusional.
18 April						He still works out of doors & has a slight cough. He is somewhat hypochondriacal & dilates on his ailments.
26 April						This man is restless rather silly & has the appearance of a master beter - He is not working outside as his arm is sore. at the elbow - as if poisoned.
1 May						He is noisy excited yelling at the pitch of his voice & throwing himself about night & day.
3 May						no improvement
4 May						He is incoherent noisy, bites,
6						is excited & violent.

NAME. William Spence

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 May						A little quieter.
1– May						During the last week this man's attack of acute mania has been ~~so~~ getting less & he is now quieter – still excited however.
12 May						He is restless & silly but not noisy now. Is extremely costive. Sol Henry's Solution.
28 May						A good deal better & quite quiet.
14 June						No change.
14 October						He is very well at present but easily upset & made ill. Discharged Recovered.

5

NAME, John Douglas Hockhart — No.

Admitted, 13th March 1890 — Pr. Ad. None

Sex, Male — Age, 28 — Marriage, Married — Occupation, Railway Ticket Collector

Education, — Religion, Protestant

Pauper or Pauper, — Where from? 73 Surrey St Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily unknown

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Unknown

Other Facts or Remarks

Facts of Medical Certificates

Dr Barrie - Has delusions. Thinks next neighbour has an electrical machine, experiments upon him, & his whole body is affected & electrified. Multitudes of people surround his house. Has had these ideas for 18 months.

Dr Wallace - as above.

NAME John Douglas Hockhart.

STATE ON ADMISSION.

Mental.

Exaltation None

Depression None or slight - Talks very little, but does not seem very unhappy.

Excitement Not marked

Enfeeblement

Memory fair

Coherence yes Can answer questions? Yes.

Delusions Believes he is experimented on with Electricity

Other Abnormalities

Bodily.

Appearance Tall healthy looking, but pale. Intelligent face.

Skin warm moist Hair Brown

Eyes blue Pupils equal, medium, react to light & accom.

Muscularity below average Fatness poor

Nervous System—*Motor* No Paralysis Not tremor

Sensory Tactile sense normal

Reflex Action Knee jerks exaggerated Special Senses Hearing fair

Retina

Lungs normal

Heart normal. Not hypertrophied

Tongue furred Bowels Somewhat constipated

Other Organs, Abnormalities, Bruises, etc.

Appetite fair.

Urine normal

Menstruation

Pulse 90 reg. fair vol. Press Tension Temp. Normal.

Height 5 ft. 5 1/2 in Weight 9 st. 10 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition Below par.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B 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 Hockhart

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14th March						Is on admission
15th "						" " "
18th "						" " " but delusions are not quite so strongly expressed
20th "						There is no material change in this patient He occupies himself usually every forenoon in cleaning & dusting the Dayroom. Mentally and physically he is in very much the same condition as on admission. He still complains of electricity in his body.
22nd "						
24th "						No Change
27th "						No change
30th "						No Change
2nd April						He asked to be examined, as his thighs were "Scalded" A patch of eczema was found on right thigh, (inner aspect) also to a less extent on left thigh. Diluted Unguentum Zinci Oxidi is being applied
9 April						He imagines himself about to "give broth to something" & is still full of delusions about electricity. He says his legs are so weak he cannot walk.
18 April						"a little stronger on his legs".
26 April						His delusions continue & he has toothache & many other aches & ills. he attributes to unseen agency.
25 May						He has hallucinations of sight at night - sees lights & colored balls & a fireworks display, for which he thanks the Doctor for giving, in the morning.
28 May						Still full of delusions & hallucinations as before - He is now stout & of a good color but lazy - he has to do some work however.
14 June.						No improvement except in bodily health.

NAME. John Douglas Flockhart.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
15 October 1890						This man is in good bodily health but mentally ill. he has hallucinations of sight at night & delusions as before.
5 Dec^r						He is not any better & is silly & facile & looks very insane. He has the same hallucinations.
5: 1: 92.						His hallucinations & delusions have left him completely now. He says he is no longer worked upon by electricity. He is in good bodily health & works outside.
1 10 92						He works outside & is in good bodily health. He says that he is not more troubled with electricity.

Disch.

9

NAME, John Clanachan No.

Admitted, 18 March 1890. Pr. Ad. one

Sex, Male Age, 49 years Marriage, Single. Occupation, Hawker?

Education, Religion, Protestant.

Pauper or Pauper, Where from? Lodging house Kirkcaldy

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind

Duration Where treated Royal Asylum Dumfries 1872

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous not at present

Duration of Existing Attack unknown

Other Facts or Remarks Subject to Epilepsy

Facts of Medical Certificates –

Dr Cochrane. He talks incoherently. Says he has not tasted food for an 100 years. Says some 'wean' has been killed that this child told him not to take food as there was poison in it. Says he has been in heaven to day & the Angel is coming & that he was to get a pair of silver slippers

NAME John Clanachan

STATE ON ADMISSION.

Mental.

Exaltation None. Is happy.

Depression None

Excitement Occasionally jumps about, & talks about wearing silver slippers. Not violent

Enfeeblement

Memory Not very good

Coherence Occasional slight incoherence Can answer questions? Yes if forced to attend to questions

Delusions Varied delusions, about wearing silver slippers, & about seeing somebody 'over', which is being killed.

Other Abnormalities Takes fits. had some lately before admission

Bodily

Appearance Small, round shouldered: fair intelligent looking face.

Skin warm moist. Hair light brown, scant

Eyes greyish Pupils equal medium, react to light & accommodation

Muscularity below par Fatness below par

Nervous System—*Motor* Power of limbs feeble, as muscularity is poor. No paralysis

Sensory Intelligence normal

Reflex Action Knee jerks exaggerated Special Senses Hearing

Retina Images & print fairly present. Plantar Reflex present, active

Lungs Right base. Some crepitation, harsh inspiration. Slight prolongation of expiration

Heart Sounds impure.

Tongue slightly furred Bowels Constipated

Other Organs, Abnormalities, Bruises, etc.

Appetite Good

Urine

Menstruation

Pulse 76. reg. good volume fair tension Temp. normal

Height 5 feet. Weight 7 st. 10 lbs

Disease Epilepsy. *Skae's Classification*

General Bodily Health and Condition Below average.

PREDOMINANT FEATURES.

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

NAME, John Clanachan

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19th March.			78.			Had a fit last night. Mental Condition as yesterday. Out for a walk before 12 noon today.
20th "						Patient is still excited and restless, & talking as before about the "wean" and "silver slippers"
21st						Patient is in the same condition as on ~~last~~ 20th
24th						Patient went out with the others this morning to work.
26th						He is still restless and excited as before.
28th "						No change.
31st						He does not guess & obtrude his delusions now.
2nd April.						He was wounded with a pick accidentally, the implement making a small hole on the back of the hand between the metacarpal bones of the . The wound was sutured.
4th April						The wound is doing well. Patient does not allude that he sees or hears absurd things now, nor does he talk about "the wean" or "silver slippers". He still has fits very frequently.
10 April						The wound is not doing well - It is painful & inflamed. Poultices applied.
14 April						A little better as regards the hand.
18 April.						No change. The hand however is better than it was but has not yet healed.
26 April						His hand is now better & he is quieter also mentally. His fits continue & he is not much better.
8 May						He is excited restless & irritable just now. He still takes fits.
28 May						No change - He works outside.
14 June						He still takes fits & is an excitable abusive little man.

NAME. John Clanachan

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15 Octr 1891						He has not lately taken any fits but is still restless - always demands to be allowed home at once.
5 Decr						This man is quieter & not so restless. He works outside.
5:1:92						This man is weak-minded still - takes his epileptic fits at varying intervals. A lazy creature - works outside on tobacco days.
11.10.92						Still takes his fits as usual is becoming demented He is very uncleanly after fits.

Disch

13

NAME, George Ritchie — No.

Admitted, 26th March 1890 — Pr. Ad. Home

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

Education, — Religion, Protestant

Asylum or Pauper, — Where from? Hamilton

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None — *Kind*

Duration — *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities — No Epilepsy

Suicidal — No.

Dangerous — Yes

Duration of Existing Attack — A few days

Other Facts or Remarks

Facts of Medical Certificates

Dr Craig-Hamilton - He believes himself to be Christ, or Tom Paine, or Jack the Ripper, that Professor Stevenson died last night and his spirit came into the bed beside him. Conversation is incoherent & disconnected.

Dr Grant-Blantyre - As above. Also he answers in dumb show, & thinks out loud that he is dead to the world.

NAME George Ritchie

STATE ON ADMISSION.

Mental.

Exaltation Marked - Seems to have increased sense of well-being.

Depression None

Excitement Marked occasionally. Sometimes he shouts and sings, or cries out that he is the Christ.

Enfeeblement

Memory Can't be tested owing to excitement

Coherence incoherent. Can answer questions? Yes, sometimes

Delusions Says he is the Christ &c.

Other Abnormalities If asked his occupation, he answers by putting himself in the attitude of a miner with a pick, wearing coat.

Bodily

Appearance He looks worn out, but excited, cheeks are sunken.

Skin warm - dry Hair brown

Eyes Dark brown Pupils equal, moderate, dilated, react to light & on accomodation

Muscularity below par Fatness T. poor

Nervous System—*Motor* No Paralysis

Sensory Tactile sense present

Reflex Action Knee jerk exaggerated Special Senses Seem normal.

Retina

Lungs Normal, except that there is slight harshness of respiration at apices.

Heart Sounds normal

Tongue furred Bowels constipated

Other Organs, Abnormalities, Bruises, etc.

Appetite Good.

Urine Acid. Sp. gr. 1030, mists. No albumin or sugar.

Menstruation

Pulse 78, regular, fair volume. Temp.

Height 5 feet 5 inches Weight 7 st. 8 lbs.

Disease Acute mania. *Skae's Classification*

General Bodily Health and Condition Below par.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B 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 Ritchie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27th March.						Is quieter to day. He takes his food. He got Castor Oil last night and his bowels have well opened this morning. He talks pretty rationally, and answers simple questions. He is still in bed since last night - 6 p.m. Has begun to be noisy, to talk incoherently, & shouts more than at any time since admission. Mistakes patients and Nurse for old acquaintances.
29th March						The patient slept some last night He is still noisy but to a less extent. He takes his food well.
29th March.						He is somewhat quieter to day, though still talks incoherently. He sleeps for some hours at night. Last night he was noisy from two till five a.m.
31 Mar.						Still restless noisy & excited
4 April						He varies on different days being quiet on some & excited on others.
11 April						This man is generally noisy at night, restless & troublesome.
18 April						No improvement.
26 April						This man is still in a state of acute mania & restless noisy violent obscene and sleepless.
7 May						In a state of acute mania & no better.
28 May						Still noisy violent & incoherent - no improvement.
14 June						Now in the 3rd first Division. Is a little quieter.
23rd August						Discharged Recovered.

NAME,

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

17

NAME, James Alexander No.

Admitted, 27th March 1890. Pr. Ad. none

Sex, Male Age, 26 years Marriage, Single Occupation, Labourer

Education, Religion, Protestant

Pauper or Pauper, Where from? Q Thornton St Govan Glasgow

HISTORY.

Causation.

Disposition Quiet, solitary?

Habits

Previous Attacks—No. one in 1879 Kind

Duration Where treated Fife & Kinross Asylum.

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

Dr Barras - Restless. Says some Galvanic battery is shaking him to pieces. Found him holding his penis for fear it would fall out of sight. Seems to have been addicted to Masturbation. Police found him at 11 pm on a piece of vacant ground & brought him to the Office where he shouted & was noisy all night.

Dr Taylor. His sisters say he is violent & suicidal.

NAME James Alexander.

STATE ON ADMISSION.

Mental.

Exaltation none

Depression Some. Looks as if his sense of well being were below normal. Will scarcely talk unless spoken to first he is not sensitive

Excitement none.

Enfeeblement

Memory fair.

Coherence coherent. Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily

Appearance looks pale, and somewhat worn out and depressed.

Skin hot and dry Hair brown

Eyes blue-ish grey Pupils equal, moderately dilated, react to light

Muscularity poor. Fatness poor

Nervous System—*Motor* No Paralysis.

Sensory Patellæ present.

Reflex Action Knee jerk much exagg. Special Senses Fair.

Retina

Lungs Normal.

Heart Sounds feeble.

Tongue brown fur, dry. Bowels Constipated

Other Organs, Abnormalities, Bruises, etc.

Appetite fair.

Urine alkaline. Sp gr 1027. No albumen nor sugar. Phosphates present

Menstruation

Pulse 80, regular poor tension & volume. Temp.

Height 5 feet 9 ½ in. Weight 9 st. 8 lbs.

Disease *Stark's Classification*

General Bodily Health and Condition Below average.

PREDOMINANT FEATURES.

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

NAME. James Alexander.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
28th March 1890.						As on admission, patient is quiet & depressed looking. Outdoor worker &c. He is very docile.
29th March "						He asked that his privates should be examined, and seemed in great distress. He masturbates.
30th March						No material change has occurred since yesterday. He is quiet still, looks quasi-depressed in spirits, speaks very little, takes very little interest in things around him, is somewhat solitary, generally standing by himself quite quietly doing nothing
1st April						No change.
4 April						This man now works outside. He sleeps better for it. His delusions continue & he is still restless.
11 April						He is restless & occupied with himself & his condition He sleeps better & does not masturbate so much. He is still pale & thin.
18 April						His delusions continue & he is restless. He works outside. Appetite good
26 April						This man is still delusional & restless. He laughs without reason & is suspicious & somewhat silly in his manner - will frequently not answer questions. He works out of doors & is getting stouter, less anaemic & his habits are improving.
7 May						Greatly improved in bodily health. He is stronger & ruddier.
14 May						Improving steadily -
2 June						He is in good bodily health & works outside every day. He is still a silly fellow & weak minded.

NAME. James Alexander.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15 October 1890						This man is in good bodily health & though pale before is now ruddy. He is quiet & his manner is peculiar & generally rather silly.
5 Dec.						At present suffering from sore throat & feverishness but much better than he was.
1-4-91						So dull and listless, but quiet and docile, and gives no trouble. His health is unsatisfactory. He has palpitation on any exertion, and has a cough.
26-91						His right foot and leg are swollen and painful. Has been put to bed in the infirmary. Urine is free from albumen. Heart's action is rapid and weak. There are coarse crepitations at both apices, and notably in the right infraclavicular region.
6-6-91						Swelling of foot and leg is decreasing, but he is very weak, and the symptoms of phthisis are marked. He has extra diet with port wine and maltine. Apices are painted with iodine.
16-6-91						Discharged to the care of his friends.
16-6-91						Sent back reported to have been violent. He is very weak, and shews no sign of excitement.
1-6-91						Getting gradually weaker.
2-6-91						Died tonight.

NAME, Thomas Newton No.
Admitted, 28th March 1890. Pr. Ad. Home
Sex, Male Age, 34 years Marriage, married Occupation, Labourer
Education, Religion, Protestant
Asylum or Pauper, Where from? 9 Cavendish Pl. Glasgow

HISTORY.

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

Symptoms. Fixed.
- Mental
- Bodily

Symptoms. Recent.
- Mental
- Bodily

Insane Habits and Propensities
Suicidal No
Dangerous Yes.
Duration of Existing Attack A few weeks.
Other Facts or Remarks

Facts of Medical Certificates
Dr Barrie. Rambling incoherent & talking. Cannot answer questions correctly. Magnies he has had fever for two months. Wife says his memory is affected, & his ideas are confused, is sometimes cross & irritable
Dr Wallace as above. & Wife says he is dangerous & unmanageable

NAME Thomas Newton.

STATE ON ADMISSION.

Mental

Exaltation: none

Depression: Looks slightly down in spirits - not marked.

Excitement: none.

Enfeeblement: Slight.

Memory: Fair, but not always correct.

Coherence: Yes as a rule. Can answer questions? Yes, but not always correct.

Delusions:

Other Abnormalities:

Bodily

Appearance: Pale, subdued looking.

Skin: cool moist. Hair: brown.

Eyes: light. Pupils: dilated, right larger irregular. Both react to light.

Muscularity: Flabby. Fatness: Moderate.

Nervous System—*Motor*: no Paralysis.

Sensory: Tactile sense present.

Reflex Action: Knee jerk exaggerated. Special Senses: Fair.

Retina:

Lungs: Harsh respiration, + prolonged expiration at right Apex. No Rales.

Heart: Sounds are faint.

Tongue: furred, tremulous. Bowels: Constipated.

Other Organs, Abnormalities, Bruises, etc.: Old standing, right iritis right Eye.

Appetite: fair

Urine: Acid Sp. gr. 1018. No albumin or Sugar.

Menstruation:

Pulse: 66, regular, good Tension Regular Volume. Temp.

Height: 5 feet 7½ in. Weight: 9 st. 5 lbs.

Disease: *Skae's Classification*

General Bodily Health and Condition: Above Below Average.

PREDOMINANT FEATURES.

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

NAME. Thomas Newton

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29th March.						To day he says he did not sleep well as he went out into the yard outside twice or thrice. which is a delusion. He seems a little confused in his talk to day. Is quite quiet & manageable. He slept well during the greater part of the night
30 Mar. 1890						This man is stupid & takes no interest in anything. He is flabby & anaemic.
31 Mar						Quiet at night & very stupid by day.
3 April						This man takes no interest in anything & is dull & stupid - He says he cannot rouse himself up.
6 April						No improvement mentally. He works out of doors.
9 April						His appetite is good. He takes his food well & sleeps well but says he cannot brighten himself up & takes no interest in anything.
14 April						No change
15 April						He says he cannot rouse himself to an interest in anything & that he is "very dull" &c
26 April						He is quiet & dull & stupid - hard to rouse & takes no interest in his surroundings. He is quite lethargic
10 May						He is still very dull, & is not brightening up.
17 May						A little better.
2 June						This man is much brighter & better & eats & sleeps well; speaks cheerfully & is in good bodily health.
June. 25th						Gives all with the last 3 weeks - paralysis [illegible] m - 1st stroke Rt sided: then left sided transitory in - left arm - leg - & left side of face all completely

NAME, Thomas Weston.

Ag.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Paralysis. M1 fair 10 fair t-i-d.
Jan 29.						M1 increased to 20 grs. each dose – He can now move his left arm very slightly at the elbow joint. Skin is the only change.
Feb 4						Dose of M1 increased to fair 30 – Improvement in arm still continues & he can now grasp slightly with his left hand – not so much as to be regretted by the dynamometer.
Feb 16.						Improvement very slow. Sometimes complains of feeling ill but can give no description of what he feels wrong with himself. Movement of paralysed arm & hand is a little freer.
						October 14. 1890 Transferred to Empire.

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NAME, William Mc Checking No.

Admitted, 29th March 1890 Pr. Ad. Home

Sex, Male Age, 40 Marriage, married Occupation, joiner

Education, Religion, Protestant

Private or Pauper, Where from? Waterfoot, New Lace

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No?

Duration of Existing Attack 2 days

Other Facts or Remarks

Facts of Medical Certificates 28th March 1890

Dr Matthews - A wild maniacal appearance talks wildly & incoherently, afraid he will kill his children. Hopes the prime minister of England will not be assassinated. His wife came he left the house with a knife under each arm yesterday, & could not be got back with difficulty. He is also occasionally violent has to be held & the (wife) & the children had to take refuge in Police station last night.

Dr Cochrane - As above. Also he smashed pictures on the wall with his head

NAME William Mc Mecking

STATE ON ADMISSION.

Mental.

Exaltation Marked. Is happy, & excited, talking incoherently. Has some exalted notions

Depression None

Excitement Marked, occasionally is quite quiet.

Enfeeblement

Memory Fair, but confused

Coherence Some incoherence Can answer questions? Yes, but is incoherent often

Delusions Has some delusions of identity

Other Abnormalities

Bodily.

Appearance healthy, well conditioned. Stout build

Skin Cool, moist Hair light brown

Eyes blue Pupils equal, moderately dilated, react to light

Muscularity Good Fatness Fair

Nervous System—Motor No Paralysis

Sensory ?

Reflex Action Knee jerks exaggerated Special Senses Fair.

Retina

Lungs normal

Heart Normal. Sounds not well heard.

Tongue furred, tremulous (coarse) Bowels constipated

Other Organs, Abnormalities, Bruises, etc.

Appetite fair

Urine

Menstruation

Pulse 66 regular, fair volume, good Temp. Normal

Height 5 feet 6 inches. Tension Weight 11 stone

Disease *Stoc's Classification*

General Bodily Health and Condition Fair.

PREDOMINANT FEATURES.

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

NAME. William McCracking

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30th March.						Last night about 10 pm. patient got up out of bed and smashed several small panes of glass in the window. He cut his hands several somewhat severely, especially the left right, where there is a cut 2½ inches long in the little finger, also one along the thumb some across the wrist in front, besides smaller ones. Some stitches were put in, & the wounds were dressed at 10-30 pm.
31st March						Wounds were dressed this morning. They are doing well. Patient is quiet & coherent. He spit on the bed, & when remonstrated with, he says "Perhaps one will land on your clothes or in your eye".
1st April						Wounds were dressed to day. He is still progressing favourably, the wounds are discharging a little. He knows where he is and has no delusions of identity.
3rd April					→	He is quite quiet & sensible i.e. same now, e.g. he is sorry for causing so much trouble, as his wounds are dressed every day. The wounds are doing well. He was out for a walk in the grounds to-day. His physical health is good.
10 April						Doing well both mentally & physically
18 April						Still improving - the hands are healed almost. He is however nervous & shaky
26 April						This patient is improving & is quite coherent now & sensible. He is weak & easily upset & is very nervous.
7 May						Greatly improved. He is almost recovered.

Discharged Recovered.

NAME.

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

NAME, John Scoular — No.

Admitted, 5th April 1890 — Pr. Ad.

Sex, Male — Age, 64 — Marriage, Single — Occupation, Light porter or Labourer

Education, — Religion, Protestant

Private or Pauper, — Where from? Poorhouse, Hamilton

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes / No

Dangerous Yes / No

Duration of Existing Attack Since 2nd April 1890

Other Facts or Remarks

Facts of Medical Certificates

Dr Dougal - He talks of being the devil, of blood & waters running over his head, barks like a dog, & has run his head against the wall.

Mrs Baillie - lodging house keeper - Stated he put his head in a water butt to drown himself, also injured his head against the wall.

Dr Fowler - as above.

NAME John Scoular

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression dull, despondent, his delusions are of a kind to point to this.

Excitement Restless.

Enfeeblement none apparent

Memory fairly good

Coherence coherent Can answer questions? yes.

Delusions that he has a cat in his abdomen.

Other Abnormalities Hallucinations of hearing.

Bodily

Appearance A thin old man

Skin warm, clean. Hair grey

Eyes dark Pupils equal, dilated, react

Muscularity poor Fatness poor

Nervous System—*Motor* normal

Sensory normal

Reflex Action Knee jerks exaggerated Special Senses good

Retina

Lungs Chest badly shaped, Sternum prominent, Emphysema in parts of the chest

Heart Some epigastric pulsation. No murmur

Tongue furred Bowels regular.

Other Organs, Abnormalities, Bruises, etc. No bruises, except a small abrasion on top of head, probably from his own nails.

Appetite variable

Urine No albumin - a deposit of urates - acid. Sp. Gr 1016

Menstruation

Pulse weak - 82 per minute Temp.

Height 5 ft. 4 in. Weight 8 st.

Disease B *Skae's Classification*

General Bodily Health and Condition Below par

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B 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 Scoular.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6 April 1890						He does not sleep - is very restless, full of fears, & full of delusions that he is to be killed & that a cat is inside him. &c.
7 April						This old man is talkative sleepless & restless & full of delusions. Hears voices.
8 Apl.						No change.
11 April						He thinks the cat inside him eats his food & he gets none.
14 April						No change.
17 April						He is loquacious & depressed & in a state of senile melancholia. He is also suicidal.
20 April						His bodily mental state is a little better; he is not so depressed but still hears voices & is full of delusions about a cat in his abdomen - & that people are punished for his sins.
26 April						No change.
3 May						This man says he is lost & ruined & is the cause of all the trouble & illness in the world.
10 May						He sleeps a great deal by day but makes himself useful and sweeps &c.
17 May						His delusions continue & he is full of delusions of his own unworthiness.
30 May						He sleeps a great part of the day & all night & is very irritable if spoken to.
15 August						He is quiet & not so irritable. & does not sleep so much in the mornings.

NAME. John Scoular

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
16 October 1890						He is better - has no longer the delusion that he has a cat in his inside. He is contented & cheerful but weak minded.
1 December						Thinks he is lost - is dull & Stupid & at times depressed & restless.
28. A. 92						Died from Exhaustion.

NAME, Robert John McAulay. No.
Admitted, 15 April 1890. Pr. Ad. none.
Sex, male Age, 32 Marriage, married Occupation, iron.
Education, fair Religion, Protestant
Private or Pauper, Pauper Govan Where from? Govanhill.

HISTORY.

Disposition: Quiet
Habits: Intemperate.
Previous Attacks—No.: none Kind: —
Duration: — Where treated: —
Hered. History—Insanity:
Other Diseases:
Predisposing:
Exciting: Probably alcohol.

Symptoms. First. Mental:
Bodily:

Recent. Mental:
Bodily:

Insane Habits and Propensities: —
Suicidal: yes.
Dangerous: yes.
Duration of Existing Attack: about 3 months.
Other Facts or Remarks:

Facts of Medical Certificates

Dr Wallace.
Has an insane appearance & manner, talks incoherently - has delusions of hearing & fancies people are pursuing him & conspiring against him - He is dangerous to himself & others. 2. Getting worse; dangerous & unmanageable.

NAME Robert John Mc Aulay.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression very dull & downspirited

Excitement none.

Enfeeblement none.

Memory fairly Good.

Coherence coherent Can answer questions? yes.

Delusions that people conspire against him.

Other Abnormalities Subject to fits of quasi-unconsciousness during which he is suicidal.

Bodily

Appearance a pale dark little man.

Skin warm. Hair short black.

Eyes dark Pupils equal.

Muscularity fair Fatness poor

Nervous System—*Motor* normal.

Sensory –

Reflex Action dull. Special Senses normal.

Retina

Lungs chest expansion poor.

Heart occasional mitral systolic.

Tongue furred Bowels open.

Other Organs, Abnormalities, Bruises, etc. Cut throat.

Appetite fair.

Urine nothing abnormal.

Menstruation –

Pulse 70 irregular. Soft Temp. 98 –

Height – Weight –

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition fair weak.

PREDOMINANT FEATURES.

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

NAME, Robert John Macaulay

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16 April 1890						This man does not sleep well. He is subject to impulse during which he does not know what he is doing. He is in bed.
17 April						His delusions of conspiracy continues and he is restless - a poor sleeper - but takes his food & has not the impulses so frequently. His throat cut is doing well.
18 April						much the same.
20 April						He is quiet & delusional still & resting better at night - eats well. He is quiet as regards conversation but quite coherent & answers readily. His bowels are constipated.
22 April						This man much as before.
24 April						He is quiet & occasionally restless - takes his food well. Sleeps better. He still has the same delusions.
7 May						He has hallucinations of hearing, is much depressed & is suicidal
14 May						He has the delusion that he is to be murdered today. His hallucinations continue
28 May						No change. He hears voices constantly & on some days is greatly depressed & is suicidal.
10 August						He is working out of doors & though greatly free of his delusions & hallucinations he is dull restless & apathetic
15 October						No improvement.

NAME. Robert John McAulay

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5 Dec. 1890						This man is depressed & listless. he has hallucinations of hearing & says that his wife "has run away with a Chemist" & that "she is the worst those God ever put guts into".
6.1.92.						Still melancholic -
11.10.92						Has not- lately shown any suicidal tendency is rising excited & talkative talks of the murder by the officials true & all purple belonging to him.

Disch.

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NAME, John Hall No.

Admitted, 17 April 1890 Pr. Ad. none

Sex, male Age, 67 Marriage, widower Occupation, Clerk.

Education, fair Religion, Protestant

Private or Pauper, Pauper - Lesmahagow Where from? Inspector of Poor Lesmahagow.

HISTORY.

Disposition –

Habits –

Previous Attacks—No. yes. Kind –

Duration – Where treated Supposed in Gartnavel & Hartwell.

Hered. History—Insanity –

Other Diseases

Predisposing Age.

Exciting

Symptoms, First. Mental

Bodily

Recent. Mental

Bodily

Insane Habits and Propensities –

Suicidal no

Dangerous yes.

Duration of Existing Attack 2 days.

Other Facts or Remarks

Facts of Medical Certificates

Dr Adams :-

1. Excited in manner & incoherent in speech. Has delusions about money matters.
2. Restless excited & incoherent, violent today. Has assaulted two inmates of the poorhouse.

NAME John Hall

STATE ON ADMISSION.

Mental.

Exaltation None. He is lofty in manner & unduly satisfied with himself.

Depression none.

Excitement Restless.

Enfeeblement none apparent.

Memory not very clear.

Coherence coherent ? Can answer questions ? yes.

Delusions none expressed

Other Abnormalities —

Bodily

Appearance a tall well made old man

Skin clean warm Hair grey.

Eyes grey Pupils unequal - react

Muscularity fair Fatness fair

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action not exaggerated. Special Senses —

Retina

Lungs 18 per minute. respirations.

Heart no murmur.

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, etc.

Black eye (left).

Appetite good.

Urine nothing abnormal.

Menstruation —

Pulse 100 full - soft. Temp. 98.

Height 5ft 8 3/4 in Weight 9st 8lb.

Disease Mania. *Skae's Classification* Senile Insanity.

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

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

NAME. John Hall.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18 April 1890						He is in a state of mental exaltation with restlessness & loquacity; he makes poetry & has an undue idea of his own importance & cleverness.
19 April						His restlessness continues & he is still exalted. He eats & sleeps well.
20 April						This man is pompous & takes little account of the value of things, scribbling across pages of a book & so forth.
22. April						He is very vain about his poetry. Health good.
24 Apl.						No change.
26 April						He is still in a state of mental exaltation - is restless & unsettled.
30 april						This man is loquacious & talks extravagantly. all his ideas are large - there is nothing small.
7 May						much the same.
14 May						He is still troubled with great affairs which concern him but do not make him unhappy.
21 May						Still in a state of mental exaltation & very restless.
June 21st 189.						Yesterday he took a fainting fit. fell on the floor - recovering soon he became very sick & was seen in this condition - He wish to get to stool & after his bowels were he recovered perfectly
15 October						He has had a carbuncle on the nape of his neck but is better again. Mentally much the same.
5 December						Much quieter & better in every way.
19:1:92.						Discharge approved.

NAME.

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

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NAME, James Bain or Bone. No.

Admitted, 14th April. 1890. Pr. Ad. none.

Sex, male. Age, Marriage, married Occupation,

Education, – Religion,

Private or Pauper, Pauper. Where from?

HISTORY.

Occasion.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Dr. Wallace :- Insane & excited. Delusions of sight & hearing utters no command over himself Dangerous to himself & others.

Dr. Barrie Dull melancholy has delusions refuses food is restless & sleepless

NAME James. Bain or Bone.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression none

Excitement Resistive -

Enfeeblement none apparent

Memory will scarcely speak.

Coherence coherent Can answer questions? at times.

Delusions of conspiracy & the unpardonable sin.

Other Abnormalities He is stubborn & will not do what he is told. Resists & fights.

Bodily

Appearance a very thin very pale short dark man.

Skin dirty. Hair dark.

Eyes dark Pupils equal react.

Muscularity very poor Fatness very poor.

Nervous System—*Motor* weak.

Sensory normal.

Reflex Action Exaggerated. Special Senses normal.

Retina

Lungs nothing abnormal.

Heart No murmur.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite poor.

Urine 1025. acid. some uratic deposit.

Menstruation -

Pulse 80 - Temp. 98 -

Height 5ft 5 in. Weight 7st 4lb.

Disease mania. *Skae's Classification*

General Bodily Health and Condition very weak.

PREDOMINANT FEATURES.

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

NAME. James Bain or Bone.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15 April 1890.						He is in bed & rather weak - he sleeps a good deal, will scarcely answer questions & is restless if interfered with. Takes his food & is resistive.
16 April						In the same state - he is restless & resistive.
17 April						Still in bed and restless & resistive - takes his food & sleeps well.
19 April						He is out of bed today and is rather weak - he does not go outside at all.
22 April						Much the same; sleeps & eats well.
24 April						He is still restless & resistive.
1 May						His diarrhoea is bad today 4 times - loose & fœtid
8 May						He varies a good deal - the diarrhoea is very bad on some days while on others it is much less.
15 May						Still has diarrhoea at times He is very restless & resistive mentally & muscularly.
22 May						Diarrhoea very slight now He is not much better mentally.
31 May						He gets up & strikes the other patients violently at times & without reason.
10 August						He is now out of bed & is much better but still has diarrhoea.
15 October						He is dusting & doing a little work & is much better but not quite well yet.
8 December						Dull, thin, suicidal & depressed - & dirty in his habits - he has ♂ unequal pupils & his lips twitch

NAME,

D'E.	Temperat. Morn.	Even.	Pulse. Morn.	Even.	Weight, lbs.	PROGRESS OF CASE.
						Like those of a G. P.
						Still thin & melancholic - Urine has improved a good deal lately - Says it is a great pleasure to be kept here.
						Has had an attack of pneumonia - Lighting was completed Consolidated. temp. ranged from 99° to 105° duration 9 days
						Died at 11.30. today.

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NAME, Hector Munro No.

Admitted, 23rd April 1890 Pr. Ad.

Sex, male Age, 47. Marriage, married Occupation, Spirit-Mer. chant.

Education, fair. Religion, Protestant.

Private or Pauper, Pauper Govan Where from? Mrs Munro 209 James St. Kingston.

HISTORY.

Connection.

Disposition -

Habits -

Previous Attacks—No. one Kind -

Duration - Where treated Inverness Asylum when a boy.

Hered. History—Insanity -

Other Disease

Predisposing Previous attack.

Exciting

Symptoms. First.

Mental .

Bodily .

Recent.

Mental .

Bodily .

Insane Habits and Propensities -

Suicidal unknown.

Dangerous yes.

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

Dr Barras :-

Found him in bed - when spoken to he would not answer a word merely drew his face up as if suffering from pain - was advised not to go near him lest he shd fix upon me. 2. Refuses food drink & medicine - sleepless restless has to be watched - is apt to be dangerous.

NAME Hector Munro.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression some; is dull & despondent & never smiles or speaks cheerfully.

Excitement none.

Enfeeblement none apparent

Memory –

Coherence coherent. Can answer questions? yes a little.

Delusions That people are conspiring against him.

Other Abnormalities

Bodily

Appearance A thin unwholesome elderly looking man.

Skin greasy. Hair grey.

Eyes grey Pupils equal dilated react.

Muscularity poor. Fatness poor.

Nervous System—*Motor* weak.

Sensory normal.

Reflex Action present Special Senses normal.

Retina

Lungs Bronchitic râles.

Heart no murmur.

Tongue furred Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Mark of a large blister on nape of the neck.

Appetite poor.

Urine acid - yellow - no albumen or sugar.

Menstruation –

Pulse weak. Temp. 98°.

Height 5ft 8 lb. Weight 9st 7lb.

Disease Melancholia. *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. Hector Munro.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24 April 1890						He is quiet but answers questions if asked - he takes his food fairly well. His delusions are that people are conspiring & plotting against his life & that a small old tattoo mark on his finger is poisoning his system.
25 April						He is quiet & depressed & miserable. much as he was.
26 April						Eating & sleeping well & gives no trouble; his delusions continue.
28 April						He is irritable & depressed and cannot rouse himself to any interest in anything - he is silent & miserable.
30 April						No change.
3 May						He is beginning to take his food better and sleeps rather better.
6 May						much the same.
9 May						He is somewhat brighter but is still dull & delusional.
16 May						Improving a good deal & taking his food a great deal better; sleeping well; is much brighter.
30 May						He is now cheerful & bright & speaks readily & shews himself greatly better. He eats & sleeps well & has at last got back his sense of well being.
July 15th						Discharged Recovered.

NAME,

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

NAME, Andrew Smith No.

Admitted, 23rd April 1890 Pr. Ad. none

Sex, female Age, 28. Marriage, single Occupation, Puddler

Education, fair Religion, Protestant.

Private or Pauper, Pauper. Dalziel. Where from? Coatbridge.

HISTORY.

Causation.

Disposition -

Habits -

Previous Attacks—No. none Kind —

Duration — *Where treated* —

Hered. History—*Insanity*

Other Diseases

Predisposing Epilepsy.

Exciting Epilepsy.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities -

Suicidal no

Dangerous no

Duration of Existing Attack some months.

Other Facts or Remarks

Facts of Medical Certificates

Dr Forrest:-

He takes fits & afterwards is violent & dangerous. States that on a certain date his strength left him & he is prepared to meet his God.

2. Falls on his knees & makes strange prayers. Puts them in terror of their lives.

NAME Andrew Smith.

STATE ON ADMISSION.

Mental.

Exaltation —not apparent

Depression none.

Excitement restless.

Enfeeblement none.

Memory good

Coherence coherent. Can answer questions? yes.

Delusions none expressed

Other Abnormalities —

Bodily.

Appearance A tall thin dark young man.

Skin warm dry. Hair black. short.

Eyes dark Pupils equal react - ½ -

Muscularity good Fatness poor.

Nervous System—*Motor* normal.

Sensory —

Reflex Action present Special Senses normal

Retina

Lungs healthy.

Heart no murmur. forcible beat.

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, etc.

—scratch over right eye & right corneal abrasion.

Appetite fair.

Urine nothing abnormal.

Menstruation —

Pulse 78. fair. Temp. 98.

Height 6 ft 10 ½ in. Weight 115.

Disease mania *Shaw's Classification* Epileptic Insanity.

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

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

NAME. Andrew Smith.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24 April 1890						He has had a fit & is still restless & unsettled. Eats & sleeps well.
25 April						He could not speak a rational answer this morning when spoken to.
26 April						He still talks about his "strength" & being prepared to meet his God.
28 April						Took a fit today & talked a good deal of nonsense after it.
30 April						Today he had another fit - he is talkative & restless & excitable - at times abusive -
2 May.						This man was violent & excited today -
4 May						Had a fit.
7 May						He is much as before - very excitable restless & hypochondriacal -
10 May						Today violent abusive & very obscene.
17 May.						He is an excitable & restless & frequently takes fits.
23 May						He still takes fits & is at times much excited, restless & very abusive - He does not often strike.
29 May						Much the same.
2 June.						Loquacious & restless today - He still takes fits.
15 October						This man is still hypochondriacal & querulous & takes fits - He is still also excitable.
5 December						This man is sinking into dementia. He still takes fits.
11.10.92						Is in good bodily health. Takes epileptic fits as usual Rather stupid.

Died

NAME.

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

NAME, James Anderson No.

Admitted, 24 April 1890 Pr. Ad. none

Sex, male Age, Marriage, married Occupation, Labourer

Education, fair Religion, Protestant

Private or Pauper, Pauper. Kelton Where from? Kelton

HISTORY.

Disposition –

Habits In Restrictions

Previous Attacks—No. none Kind –

Duration – Where treated –

Hered. History—Insanity

Other Diseases

Predisposing unknown

Exciting unknown.

Symptoms. First. Mental

Bodily

Recent. Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Dr. Rivison. He fancies that his neighbors are plotting against him that he hears them speak evil of him Becomes violent calls them traitors & strikes at them.

NAME James Anderson.

STATE ON ADMISSION.

Mental.

Exaltation
Depression
Excitement
Enfeeblement

He is in a state of acute Delirium & incoherence.

Memory none.
Coherence incoherent Can answer questions? yes. incoherently.
Delusions — v. s.

Other Abnormalities —

Bodily

Appearance a short stout ploughman.
Skin dirty Hair long rough.
Eyes grey Pupils equal react
Muscularity good Fatness good.
Nervous System—*Motor* normal.

Sensory —

Reflex Action — Special Senses normal.
Retina
Lungs —

Heart —
Tongue furred. Bowels constipated.
Other Organs, Abnormalities, Bruises, etc.
none.

Appetite none.
Urine nothing abnormal.
Menstruation —
Pulse weak. Temp. a—
Height 5ft 4½ in Weight 7st 10lb.

Disease Acute mania. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME. James Anderson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25 April			1890			This man is excited & violent & needs a special attendant.
26 April			1890			He is still violent & excited. Took no breakfast & no dinner. Took supper.
27 April						Much excited today, noisy & violent. Took half of his food.
~~28~~ 30 April						Still much excited but is calming down & taking his food better. He is sleeping better too.
29 April						This man was getting on well and this morning took no breakfast & suddenly became cyanosed looking His breathing became shallow & he was syncopaic. He expired in a short time Cause :- Excitement producing weakness, and heart disease.

NAME.

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

57

NAME, Martin Boyle No.

Admitted, 25 April 1890 Pr. Ad. none

Sex, male Age, 56. Marriage, widower Occupation, Labourer.

Education, fair. Religion, Roman Catholic

Private or Pauper, Pauper. Bothwell. Where from? Belleville.

HISTORY.

Congestion.

Disposition -

Habits -

Previous Attacks—No. none Kind -

Duration - *Where treated* -

Hered. History—*Insanity*

Other Diseases

Predisposing Age.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous no

Duration of Existing Attack Ten days or so

Other Facts or Remarks

Facts of Medical Certificates

Dr Macpherson

Says he has money in 5 banks left him by 4 uncles. Says he was married a few days ago & his wife now wants to deny it.

He needs watching, is very restless, wants to go & get his money.

NAME Martin Boyle.

STATE ON ADMISSION.

Mental.

Exaltation Some -

Depression none.

Excitement Restless.

Enfeeblement none apparent

Memory good.

Coherence coherent Can answer questions? yes.

Delusions of wealth.

Other Abnormalities -

Bodily.

Appearance A small bent elderly pale thin man.

Skin pale warm Hair Selling grey & scanty.

Eyes grey Pupils Equal contracted react

Muscularity very poor Fatness very poor.

Nervous System—*Motor* weak.

Sensory normal

Reflex Action present but sluggish. Special Senses rather deaf.

Retina

Lungs right apex - bronchial breathing.

Heart 1st sound almost inaudible. 2nd sound loud.

Tongue furred. Bowels Costive.

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises.

Appetite poor.

Urine albumen present; Sp gr 1014; acid.

Menstruation -

Pulse 72. weak Temp. 98

W Height 7st 10lb. H Weight 5ft 1 inch.

Disease mania *Stat's Classification* -

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME, Martin Boyle.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, Rs.	PROGRESS OF CASE.
26 April 1890						He is quiet & gives no trouble but has delusions about his own health. He says he has 50 feet of gold.
27 April						Still quiet & in a state of mental exaltation - he smiles in a self-satisfied way.
28 April						His delusions continue. This man is quiet & says little but talks freely on the subject of his delusions.
30 April						He is much the same.
3 May						His eyelids are a little less puffy than they were & he takes his food better tho' ~~he~~ his appetite is not good.
6 May						This man is weak still but his health is improving - He is not restless now but is exalted & self satisfied.
9 May						No change.
16 May						He is getting stronger, eating & sleeping much better.
~~23 May~~						
23 May						He is in a state of mental exaltation with delusions of grandeur.
2 June						Much as before - He is exalted & has an undue sense of well being. His bodily health is much better.
15 October						This man is now stout & healthy He is in good condition physically Mentally there is not much change merely less irritability.
5 December						Quiet & in good health.
9.10.91						He is confined to bed today suffering from a slight cold: he complains of sore throat & has a cough. Lungs healthy.
5:1:91						Has good appetite - is in good condition bodily

NAME. Martin Boyle.

DAY.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Mentally he is backwarded still - is unable to look after himself.
10	92					He is very sensible & quiet. Puffy under the eyes
						Discharged by my order.

NAME, James Mc Lachlan No. 5780
Admitted, 25 April 1890 Pr. Ad. none
Sex, male Age, 36. Marriage, single Occupation, Miner.
Education, fair. Religion, Protestant
Private or Pauper, Pauper. Bothwell Where from? Uddingston.

HISTORY.

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

Symptoms. First.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities
Suicidal see med. Certif.
Dangerous " " "
Duration of Existing Attack some months.
Other Facts or Remarks

Facts of Medical Certificates

Dr. Macpherson.
He says people are always chasing him & the pits stopped so that he might work. "Must have committed some great crime" -
Needs watching - takes no food - will not work. Talks much nonsense.

NAME James McLachlan.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression much depressed. very dull & despondent.

Excitement restless.

Enfeeblement none.

Memory fairly good.

Coherence coherent Can answer questions? yes

Delusions that he is to be murdered at once.

Other Abnormalities —

Bodily

Appearance A strong brown haired man of med^m size.

Skin warm moist Hair brown - scanty.

Eyes brown Pupils Equal dilated react.

Muscularity good Fatness good

Nervous System—*Motor* normal.

Sensory normal

Reflex Action present Special Senses normal.

Retina

Lungs deep infraclavicular & supracl.^r fossa on right side.

Heart 1st sound rough.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite fair.

Urine no abnormal constituent. sp gs 1022.

Menstruation —

Pulse fair vol. & tension, Temp. 98 —

Height 5 ft 6 ll. Weight 105 - 6 ll.

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition average.

PREDOMINANT FEATURES.

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

NAME, James M Lachlan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26 April 1890						He is miserable & depressed & says little about his misery - Very Suicidal.
27 April						Acutely miserable & very Suicidal - Sleeps not at all - his appetite is bad. He has the delusion that he is to be murdered.
28 April						A little better & takes his food better - not so restless & miserable.
30 April						Sleepless restless depressed & has many delusions of people dogging his steps, conspiring against him & wishing to murder him.
3 May						No better
6 May						Today he tried to strangle himself but was intercepted.
13 May						He is full of delusions - much depressed - wretched - & very troublesome.
20 May						This man is brighter, he is very lazy and is hard to rouse & varies a great deal On some days he is depressed greatly.
26 May						No change.
2 June						He is very variable and is restless & dull & Suicidal.
14 June						No change except that he is working better.
15 October						This man tried to escape the 13th day & got away as far as Kellon (Dfs) - It was feared he would commit suicide as he was so depressed & had said that it was death to stay here & it'd be death to go away, perhaps, but he would go anyway. Since then he has been in bed

5 Dec

10/1892

NAME. James McLachlan

AT	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						& has had to be tube fed - lets his bed, will not speak &c. He has emphysema over the larynx & said James Allison, a patient, had struck him there.
	5 December 1890					He has been fed with the tube for a month & has been dirty in his habits - masturbates shamelessly. Is in a state of stupor.
	9.1892					Has been in bed for a long time. He suffers from phthisis pulmonalis. He lies still & moans & will not speak & is dirty in his habits.
	—					Died

NAME, John McCreadie. No.

Admitted, 1 May 1890 Pr. Ad. none

Sex, male Age, 41 Marriage, married Occupation, Hammerman.

Education, fair. Religion, Protestant.

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes

Duration of Existing Attack a few weeks.

Other Facts or Remarks

Facts of Medical Certificates

Dr Marshall :-

1. Walks up & down incessantly & says he can give no reason for stabbing his wife.
2. Imprisoned for stabbing his wife & says if he could soon do for himself.

NAME John McCreadie.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression He is dull & depressed

Excitement none except slight restlessness.

Enfeeblement —

Memory confused at times.

Coherence coherent Can answer questions? yes

Delusions none expressed.

Other Abnormalities —

Bodily

Appearance A pale dark haired man of med^m size

Skin warm moist Hair scanty getting grey.

Eyes blue Pupils react - unequal -

Muscularity reduced Fatness reduced.

Nervous System—*Motor* unstable.

Sensory singing in the ears.

Reflex Action K. j's exaggerated Special Senses normal

Retina

Lungs nothing abnormal.

Heart mitral præsystolic murmur.

Tongue furred. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite poor.

Urine 1020. acid. yellow - no albumen.

Menstruation —

Pulse poor tension Temp. 98.

Height 5ft 4 3/4 in Weight 9st.

Disease Ng *Shaw's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME, John McCreadie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2 May			1890			He is restless but says he feels better than he was & not so confused & stupid.
3 May.						Today he is not so well & has a feeling of malaise & restlessness & does not feel pleased with anything He cannot settle to anything.
4 May						This patient is quieter again but at times is confused & does not seem to realise very well his position & does not remember with clearness certain recent incidents.
6 May						No change.
8 May						He is working outside & is restless & unsettled.
10 May						This man has delusions that he is being watched & conspired against & that people follow him.
13 May						Delusions continue.
16 May						He is working outside & a little better.
20 May						This man is at times restless & confused & unwilling to do anything. He is not so well today as usual.
28 May						Rather better again but subject to confused & irritable attacks.
2 June						Improving in bodily health & mentally.
14 June.						He is getting stout & strong & is a little better mentally.
1 August						Much better
10. 9. 90						Discharged Recovered.

NAME,

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

NAME, James Milligan No.

Admitted, 2 May 1890 Pr. Ad. none

Sex, male Age, 66 Marriage, married Occupation, Sailor

Education, fair Religion, Protestant.

Private or Pauper, Pauper H.M. Gaol Bright Where from? H.M. Gaol Bright.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind —

Duration — Where treated —

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes

Duration of Existing Attack 2 days

Other Facts or Remarks

Facts of Medical Certificates

Dr Johnstone

1. Subject to various delusions, sleepless, dangerous.

2. His wife says he thinks he has to be left a fortune.

NAME James Milligan.

STATE ON ADMISSION.

Mental.

Exaltation some.

Depression none.

Excitement restless.

Enfeeblement silly.

Memory impaired.

Coherence coherent Can answer questions? yes.

Delusions –

Other Abnormalities –

Bodily.

Appearance a weak old man infirm looking.

Skin wrinkled pale. Hair scanty grey

Eyes grey Pupils react.

Muscularity poor Fatness

Nervous System—*Motor* unstable.

Sensory –

Reflex Action present Special Senses deaf partly.

Retina

Lungs some bronchitis.

Heart Forcible & irregular action.

Tongue dry furred Bowels irregular.

Other Organs, Abnormalities, Bruises, etc.

right femoral hernia. lumpen spigelian

Appetite capricious.

Urine some albumen present. 1014. acid. yellow.

Menstruation –

Pulse poor tension 80. Temp. 98.

Height 5ft 4 in Weight 85l.

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 Milligan

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3 May 1890						He is quiet today but his conjunctivae are yellowish and he is looks ill & weak. His memory is impaired for recent events. His pulse is forcible but not well filled between the beats.
4 May						This man is silly in his manner and facile. He looks rather better today - Got 3fs ol. ricini.
5 May						No change.
7 May						He says he has had a great deal of money left him by his sister & that he is fairly well off.
9 May						This man says that two men in Glasgow made him sign away a large sum of money which he has thereby lost. He is not unhappy at losing it. His memory does not allow him to give the details of the signing process.
12 May						No change.
15 May						He is silly & weak minded & cannot settle townships.
20 May						Does as before.
28 May						He is in a state of mental exaltation & is contented & cheerful.
2 June						At times this old man is excited & restless & talks a great deal.
14 June						He is in much better health but is in a state of mental exaltation.
15 October						This is a fussy old man slightly exalted & restless & rather facile.
5 Decr.						No change - He is in good health.
10.10.92						No change he is at times excited

NAME. James Finlayson

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						but rarely. Very marked & extensive senile tremor.
						Died

NAME, Hugh Jenkins. No.

Admitted, 9 May 1890 Pr. Ad. none

Sex, male Age, 50 Marriage, married Occupation, Miner

Education, fair Religion, Protestant

Private or Pauper, Pauper. N. Monkland Where from? Airdrie.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind —

Duration — Where treated —

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes.

Dangerous no

Duration of Existing Attack not known.

Other Facts or Remarks

Facts of Medical Certificates

Dr. Gemmell:—

He has a stupid dull appearance. He can hardly be got to speak. He says he is in great misery. wishes he was be dead.

2. He is sleepless, walks about sighing deeply. has various delusions, attempted suicide by jumping down a coal pit.

NAME Hugh Jenkins.

STATE ON ADMISSION.

Mental.

Exaltation none

Depression great - he is in a state of acute misery

Excitement none.

Enfeeblement none.

Memory good except for recent events.

Coherence coherent Can answer questions? yes

Delusions that he is lost body, soul & should die at once.

Other Abnormalities

Suicidal.

Bodily

Appearance A dark dull collier.

Skin dirty Hair long dark.

Eyes brown Pupils equal, react, cont?

Muscularity fair Fatness reduced.

Nervous System—*Motor* normal -

Sensory normal.

Reflex Action present sensibility Special Senses normal.

Retina

Lungs Breath sounds exasperated in parts of the chest.

Heart no murmur.

Tongue large flabby indents Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite poor.

Urine no albumen. Sp gr. 1020. acid.

Menstruation -

Pulse 76. weak. Temp. 98

Height Weight

Disease Melancholia. *Skae's Classification*

General Bodily Health and Condition so weak.

PREDOMINANT FEATURES.

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

NAME. Hugh Jenkins.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 May			1890			He is a very dull man, much depressed, very sluggish & stupid. Does not sleep.
11 May						His depression continues & he is Suicidal.
12 May						No improvement.
13 May						This man walks about at night & must stay in bed. He is sleepless restless & acutely melancholic.
16 May						His appetite is poor. He is stupid; will scarcely speak & is much depressed.
18 May						He is a little brighter but not sleeping well yet.
21 May						Today was out working.
24 May						Had to stop working as he was not strong enough.
28 May						Quiet & dull & weak in health. Melancholic & restless.
2 June						Much better & getting brighter more cheerful.
14 June						Dull & depressed & with delusions of impending death.
15 October						This man is weak in health & stupid & depressed mentally
5 December						He is dull & depressed - weak in body & mind & wet in his habits.
1-5-91						He is in better bodily health, but still dull & depressed.
10-8-91						Threw himself before a hay-cart today, but escaped with a bruised shoulder.
5:1:91						Is very melancholic - but rather worse than when he first came in. Makes his remarks thereon. Complains of being taken here & there by the attendants & always says "They have me here again Doctor" Will not sit down but stands in the same place all day
11.10.92						Is not more so suicidal as more demented. Has many delusions e.g. Never gets any breakfast.

Died

NAME.

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

NAME, Hugh Campbell. No.

Admitted, 9 May 1890 Pr. Ad. none

Sex, male Age, 44 Marriage, married Occupation, Tailor.

Education, fair Religion, Protestant

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

HISTORY.

Causation.

Disposition

Habits Intemperate.

Previous Attacks—No. none Kind —

Duration — *Where treated* —

Hered. History—*Insanity*

Other Diseases

Predisposing Drink.

Exciting Drink.

Symptoms: First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal unknown.

Dangerous yes.

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

Dr Taylor

In a dazed stupid condition The result of alcoholism. Delusive fancies he sees beasts on the walls of his room. 2. Drinking for weeks delusional & violent.

NAME Hugh Campbell

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression none.

Excitement Great - excited & violent

Enfeeblement —

Memory none.

Coherence incoherent Can answer questions? yes.

Delusions Many - the of identity; of being pursued; that he has been here for days.

Other Abnormalities In an alcoholic state.

Bodily

Appearance A dishevelled pale thin man.

Skin dirty hot moist Hair short dark

Eyes blue. Pupils unequal. react.

Muscularity poor Fatness poor.

Nervous System—*Motor* very unstable. constant tremor & restlessness.

Sensory —

Reflex Action Exaggerated Special Senses normal.

Retina

Lungs Comparative dulness at right base.

Heart faint mitral praesystolic.

Tongue furred. Bowels Constipated.

Other Organs, Abnormalities, Bruises, etc.

Veins in back of chest -
Scar over sternum.

Appetite none.

Urine loaded with phosphates & albumen.

Menstruation —

Pulse Temp. 98.

Height 5ft 8 in Weight 7st 12 lb.

Disease — *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME. Hugh Campbell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 May 1890						He is wildly excited restless & does not know where he is & has no idea of time & place. His memory is gone. He is vomiting incessantly
11 May						This man is greatly excited & is violent & outrageous. He is not vomiting as he got Potass Bicarb & Bromide powders.
12 May						He is excited & violent. has delusions of identity & of being pursued. his memory is completely in abeyance & he is unable to count time & to tell anything of where he is.
14 May						No change.
17 May						He is rather better & is out of bed. he has no memory yet & is restless & excitable & irritable.
20 May						Has diarrhoea.
22 May						Passed some blood with the diarrhoea.
25 May					—	Is better again. diarrhoea ceased. He is greatly improved mentally.
28 May						Much better.
2 June						Still improving. He has again had a little diarrhoea but it passed off rapidly.
14 June						Always showing improvement.
J[illegible]22.						Discharged. recovered.

AME.

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

NAME, Robert Hunter No.

Admitted, 9 May 1890 Pr. Ad. none

Sex, male Age, 37 Marriage, married Occupation, Furnaceman.

Education, fair. Religion, R. C.

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind —

Duration — *Where treated* —

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes.

Duration of Existing Attack a few days.

Other Facts or Remarks

Dr Wallace (Govanhill)

Facts of Medical Certificates Dr. Wallace Nervous & excited. Talks in an insane manner Delusions about his wife. Outrageous Dangerous to self & others.

Dr Bain excited — delusions - suspicious wife unfaithful

NAME Robert Hunter.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression some -

Excitement none

Enfeeblement none apparent

Memory good.

Coherence coherent Can answer questions? yes.

Delusions —

Other Abnormalities He has a peculiar expression of misery & "tension" in his face.

Bodily.

Appearance a dark Thni brown man.

Skin warm Hair black.

Eyes brown Pupils dilated equal react

Muscularity poor Fatness poor.

Nervous System—*Motor* normal

Sensory normal.

Reflex Action present Special Senses good

Retina

Lungs harsh breathing at left apex.

Heart 1st sound almost inaudible.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

left inguinal hernia.

Appetite fair.

Urine no albumen. no deposit. yellow. acid.

Menstruation

Pulse fair no tension Temp. 98.

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 Hunter.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 May 1890						This patient last night was restless & emotional & somewhat excited. He is thin & out of health & in an irritable state.
11 May						Still emotional restless & irritable & is morbidly suspicious.
12 May						Somewhat quieter.
14 May						He eats well & is taking his food better. Sleeps better & looks more settled & is not so restless.
16 May						No change.
18 May						He is today quiet – says there is nothing the matter with him He eats & sleeps well & works out of doors.
20/21 May						He is restless but is recovering from the condition in which he was.
24 May						Improving gradually.
28 May						This man works outside and is useful. He is still improving.
3 June						He eats & sleeps well and works outside. He is not much better but still has a worried look in his face.
14 June						This man is greatly improved
1.8.90						Discharged. Recovered

NAME,

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

NAME, Patrick Girvan No.
Admitted, 16 May 1890 Pr. Ad. none
Sex, male Age, 52 Marriage, married Occupation, Labourer.
Education, fair Religion, Roman Catholic.
Private or Pauper, Pauper. Dalziel. Where from? Motherwell.

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. Third Kind –
Duration Where treated Bothwell Asylum.
Hered. History—Insanity
Other Diseases
Predisposing Previous attacks.
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities
Suicidal has a tendency that way sometimes.
Dangerous yes at times
Duration of Existing Attack 10 days
Other Facts or Remarks

Facts of Medical Certificates

Dr. Moffat.
1. Looks wandering & unsettled - Is in a state of religious despair.
2. Tried to commit suicide today. Rambles about - & claiming that he is lost - the world is lost. curses frightfully - concealed a knife in his bed.

NAME Patrick Girvan.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression much depressed. dull - despondent.

Excitement none.

Enfeeblement none.

Memory good

Coherence coherent Can answer questions? yes

Delusions that he is being watched & conspired against.

Other Abnormalities

Bodily.

Appearance A thin elderly dark complexioned man.

Skin warm Hair grey.

Eyes grey Pupils equal. contracted. read.

Muscularity fair Fatness poor.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action present Special Senses normal.

Retina

Lungs Comparative dulness of percussion at the right apex.

Heart mitral systolic murmur.

Tongue furred Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite fair.

Urine

Menstruation –

Pulse fair volume 78. Temp. 98.

Height 5ft 5in Weight 8st 6lb.

Disease melancholia *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME, Patrick Girvan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17 May			1890			He is dull miserable & thinks people are watching him & conspiring against his life.
18 May						He imagines that the scar on his neck is doing him a great deal of harm.
19 May						He is restless today laughing to himself & talking a little to himself - He is not depressed today.
21 May						This man is dull again & & so rather miserable & full of the above delusions.
23 May.						He is still variable.
25 May						He says "the whole world is daft & the daftness came from Roosia".
28 May						Wandering about in a state of oblivion talking to himself & laughing without reason.
2 June						He is better in many ways and does not talk to himself so much - nor is he on the other hand so depressed.
14 June						He is rather better & more sensible.
2.7.90						Discharged Recovered.

AME,

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

NAME, George Carson. No.

Admitted, 19 May 1890 Pr. Ad. none.

Sex, male. Age, 38. Marriage, Occupation,

Education, fair Religion,

Private or Pauper, Pauper. Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Has taken "7 fits".

Bodily

Insane Habits and Propensities

Suicidal —

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Dr. Barrie Talks in slow mandlin manner cannot answer questions or give an account of himself

Dr. Wallace Had delusions is stupid Homicidal suicidal monomaniac.

NAME George Carson

STATE ON ADMISSION.

Mentality

Exaltation some.

Depression none.

Excitement none

Enfeeblement silly. facile.

Memory not clear.

Coherence coherent Can answer questions? yes; slowly.

Delusions That he is in a ship.

Other Abnormalities A soft expressionless looking man

Bodily

Appearance A stout burly pale flabby man.

Skin pale. Hair dark.

Eyes grey Pupils equal. react.

Muscularity good Fatness good.

Nervous System—*Motor* unstable.

Sensory —

Reflex Action sluggish Special Senses normal.

Retina

Lungs nothing abnormal.

Heart no murmur.

Tongue furred Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite fair.

Urine no albumen. Sp. gr. 1024. deposit of urates.

Menstruation —

Pulse fair volume Temp. 98 –

Height 5ft 7 in. Weight 125 lbs.

Disease General Paralysis *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME. George Carson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20 May 1890						He is silly & facile; stutters in his speech & is restless
21 May						He has the delusion that he is in a ship. His memory is very defective & he has no idea of time or place.
22 May						His speech is is markedly paretic. He is restless & silly.
24 May						No change
26 May						He is silly & restless, his memory is impaired & his speech is paretic.
28 May						Same state.
31 May						He is restless & says he has had a "shock" today, & that one of his hands (the right) is weak.
2 June						No change. He is very paretic.
9 June						Progressing to the 3rd stage of General paralysis.
14 June						No change.
July 21st						Yesterday Ver. Carson has a feverish attack temp rising up to 104°. Non-Malarial could be got as to whether any twitching occurred. - He perspired profusely. Gave Castor oil & Quinine. This morning temp is down to 103° & he is much better. Still has bilateral weakness.
24th						Is good deal better. temp normal. Still in bed
October 15th						His man is shaky & easily upset - his speech is that of a g. p. - also his gait & the tremor of his tongue &c. He always has unequal, often irregular pupils He is facile & at times restless & forgetful but is much better mentally & has no grand ideas Still he seems to be a g. p.

NAME, George Carson.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5 November						Has had a number of fits wh. leave his arm or arm & leg paralysed for a short time; then he recovers.
1 December						In better health & spirits than he has been - speech stutters - pupils unequal.
4-91						Would not keep his bed last night: usually he sleeps well - Has had no recurrence of fits. Physical & mental symptoms are unchanged.
1-2-91						Is now confined to bed and very helpless. He cannot walk without support. Was visited by his wife, but did not know her. He answers questions indistinctly, in monosyllables: it is difficult to arouse his attention, and he has no memory.
19-9						Today he is taking an almost constant series of convulsive attacks, affecting chiefly his left side. Pulse is rapid and weak. He can swallow little nourishment.
20-1-91						The convulsive attacks have ceased, but he is in a state of coma -
21-1-91						Died this morning.

NAME, John Fraser No.

Admitted, 20 May 1890 Pr. Ad.

Sex, male Age, Marriage, Occupation,

Education, poor Religion,

Private or Pauper, Pauper Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Dr Buchan Tells incoherently sees & hear imaginary persons & voices Conspiracy against him

Dr Tindal Says something wrong with his hands afraid they will fall off.

NAME John Fraser.

STATE ON ADMISSION.

Exaltation none - he is smiling & pleased with everything.

Depression none.

Excitement restless.

Enfeeblement silly.

Memory fairly good

Coherence Coherent Can answer questions? yes.

Delusions -

Other Abnormalities Cannot look one in the face. merely grins.

Appearance A small thin dark young man

Skin warm. Hair dark -

Eyes dark Pupils Equal - ½ - react.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action present Special Senses normal.

Retina

Lungs Breath sounds exaggerated.

Heart No murmur.

Tongue furred. Bowels Costive

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite fair.

Urine no albumen or sugar.

Menstruation -

Pulse weak Temp. 98 -

Height 5ft 1in Weight 7st 4lb.

Disease Mania. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME. John Fraser.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21 May 1890						This patient is quiet & silly. He will frequently laugh foolishly instead of answering questions, and is restless.
22 May						No change.
23 May						He has the delusion that he is being watched & that people follow him about.
25 May						He imagines that everyone has looked at him before he came here & followed him.
28 May						Much the same.
31 May						This man is rather better & is not so restless & silly as he was. He still has the delusion about being watched by people.
2. June						no change.
9 June.						He is an excitable patient & apt to be dangerous. His delusions continue.
14 June.						Much stouter & better in health. Mentally a little better.
11. 9. 90						Discharged Recovered

NAME,

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

97

NAME, Samuel Brown No.

Admitted, 21 May 1890. Pr. Ad. none

Sex, ~~female~~ male Age, Marriage, Occupation,

Education, fair. Religion,

Private or Pauper, Pauper Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Dr Gilbert Campbell Dull cannot answer questions collectedly does not know where he was found this morning. Says he was lumped into the police office for a rest. Cant give account of his antecedents.

Dr Kirk cant give a satisfactory account of himself says he has a home but will not go back to it & that he will not return to work.

NAME Samuel Brown

STATE ON ADMISSION.

Mental

Exaltation some. has an exalted sense of well being.

Depression none.

Excitement none

Enfeeblement none except a passing silliness of manner & facility.

Memory somewhat impaired.

Coherence Coherent Can answer questions? yes.

Delusions

Other Abnormalities Laughs insanely.

Bodily

Appearance A tall thin sunken cheeked man.

Skin warm Hair dark with grey.

Eyes blue Pupils unequal much dilated.

Muscularity very thin Fatness very thin

Nervous System—*Motor* weak & unstable. Can scarcely walk.

Sensory pain in renal region.

Reflex Action Exaggerated. Special Senses normal.

Retina

Lungs Dulness at right apex.

Heart Mitral & aortic systolic murmurs.

Tongue furred. Bowels much constipated.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite fair.

Urine Has severe hæmaturia with each act of micturition.

Menstruation

Pulse weak collapsing 94 Temp. 99.

Height 5ft 8 in Weight 95.

Disease Mania. *Slade's Classification*

General Bodily Health and Condition very weak.

PREDOMINANT FEATURES.

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

NAME, Samuel Brown.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22 May			1890			He is a restless man with silly expression & loss of memory.
23 May			1890			He is still silly & restless but eats well - Is much constipated & has a good deal of abdominal pain.
24 May						This man is now in bed his haematuria is severe.
25 May						Gets astringents for the haematuria & is in bed - eats well. Still restless & silly.
28 May						This man staggers about & is restless & silly. Says his sister died in an Asylum.
31 May						He is restless & silly & facile wanders about aimlessly & is excitable. He still has haematuria.
2 June						Haematuria diminishing - His mental state is as before.
7 June						He says he has £21000 & is a rich man. He is in a state of mental exaltation, his face twitches, he is facile & is excitable.
14 June.						His memory is much impaired -
July 8						Sam. Brown is very fond of decorating himself with flowers - his in high spirits - Says he is very rich - He has the typical hesitancy of speech of G.P.
July 16.						During the last week the patient has become very restless & excitable demanding to be allowed home. He also threatens to kill people & has expansive ideas as to his strength &c -
July 20						Today Sam. Complains of pain in his left side. He was found to be a little flushed

AME, Sam. Brown

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He was put to bed & punished.
21st						He says the pain has gone this morning - It was hard[?] possible to keep him in bed he was so restless.
Sept 8th						He is now much quieter, gets up during the day & sleeps fairly well at night. Still has the delusion about his possessing thousands of pounds & "the Pope" - Very like a G. P.
5 October						Exalted - is "the King of the World"
-- December						Full of delusions of grandeur - is wet at night. Is a G. P.
1-891						He is becoming very unsteady in his legs: has all the typical symptoms of G. P. mental and bodily -
1-791						Is now confined to bed -
7-1-91						Is very weak. He has had a congestive attack, and bed sores are forming.
11-8-91						Died today -

101

NAME, Daniel Hutchison No.

Admitted, 21 May 1890 Pr. Ad. none

Sex, male. Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Pauper. Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Epilepsy & Adolescence.

Exciting Epilepsy.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Ist known

Other Facts or Remarks

Facts of Medical Certificates Dr. Alstin. Has an excited & suicidal appearance. Suic thro' use 120 shillings in the pound. That when he worked he made 18/- a week which was 6° a day & That the last month in the year was May.

Dr. Fennell He is easily excited & irritated is childish in his conversation & has various delusions He has taken epileptic fits for over 4 years to my knowledge

NAME Daniel Hutchison

STATE ON ADMISSION.

Mental.

Exaltation some. he has an undue sense of well being.

Depression none.

Excitement none.

Enfeeblement Seems silly. & facile.

Memory very bad

Coherence coherent Can answer questions? yes.

Delusions None expressed.

Other Abnormalities In a dazed condition.

Bodily.

Appearance A soft flabby hale stout young man.

Skin warm. Hair dark.

Eyes blue Pupils unequal dilated.

Muscularity good Fatness good.

Nervous System—*Motor* Epileptic

Sensory —

Reflex Action normal Special Senses good.

Retina

Lungs nothing abnormal.

Heart Sounds faint.

Tongue furred flabby Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite fair.

Urine phosphates & urates present; no albu

Menstruation —

Pulse soft 80 Temp. 98.

Height 5 ft 4 in. 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, Daniel Hutchison

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22 May 1890						He is stupid & dull & has no memory & cannot look after himself.
23 May						He takes fits & is stupid & dazed after them - & unable to dress or undress himself this afternoon.
24 May						More fits - chiefly at night.
26 May						He is a little brighter today & remembers things better.
28 May						Much the same.
31 May						At times this man is excited & dangerous - this is in relation to his fits.
2 June						Still taking fits by night chiefly & does not know it.
5 June						This man is very dangerous & at times violent.
14 June.						A most dangerous fellow & very excitable - Still takes fits.
15 October						A most dangerous epileptic He still takes fits.
5 December						This man is getting very fat He is idle & eats a great deal.
6:1:92.						Takes a great many fits - often in "Status Epilepticus" was confined to bed last week because he was taking so many fits - is up now & better - Speaks in a very slow manner
1/9/92						Died To-day

NAME,

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

105

NAME, Thomas Cassidy. No.

Admitted, 24 May 1890. Pr. Ad. none.

Sex, male Age, 40 Marriage, Occupation,

Education, - Religion,

Private or Pauper, Pauper. Where from?

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates Talks incoherently thinks his wife & children are very bad

Dr. Buchan: of that his wife comes at night & walks up & down the ward before him which is not the case. Sleepless & at times excited. Thinks the nurse is his mother.

Dr. Tindal: — He speaks in an incoherent & disconnected manner. Seems very childish in his ways. Wishes to smoke my clinical thermometer when I was taking his temperature

NAME Thomas Cassidy.

STATE ON ADMISSION.

Mental.

Exaltation

Depression x — This man is restless, has a weary dull expression but is not exactly depressed - He is irritable & wanders about aimlessly.

Excitement

Enfeeblement

Memory bad.

Coherence – Can answer questions? yes.

Delusions —

Other Abnormalities

Appearance A thin straight featured man, dark.

Skin clean. Hair dark. a little curly.

Eyes dark Pupils

Muscularity Fatness

Nervous System—*Motor* His speech hesitates & is very thick. rather like that of a General paralytic.

Sensory. Bad frontal headache.

Bodily Reflex Action slightly exaggerated Special Senses —

Retina

Lungs Bronchitic râles are heard over the chest

Heart no murmur. weak action.

Tongue furred Bowels regular

Other Organs, Abnormalities, Bruises, etc.

scar on nose.

Appetite poor. no vomiting.

Urine no albumen or sugar. 1020. acid. yellow.

Menstruation

Pulse weak 90 Temp. 95—

Height 5ft 6 3/4 in Weight 9st 6lb.

Disease - *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME. Thomas Cassidy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25 May.			1790			This man is dirty in his habits & is restless, his speech is paretic and he is not able to remember recent events.
26 May.						He stammers a good deal. His memory is markedly affected.
27 May						His gait is ataxic - he is very restless & is irritable.
29 May						He shews no improvement & is still dirty in his habits & very restless.
31 May						This man is still excitable & restless.
2 June						A little quieter, but not any more cleanly in his habits.
8 June						Works outside now & is quiet but demands to be allowed to go home.
12 June						His speech is thick & resembles that of a general paralytic.
July 1st						This man is very tremulous - he is much quieter mentally
August 4th						So much better both bodily & mentally.
Aug 24th						Discharged Recovered this afternoon.

NAME,

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

NAME, John Forrest No.

Admitted, 26 May 1890. Pr. Ad. none

Sex, male Age, Marriage, Occupation, -

Education, - Religion,

Private or Pauper, Pauper Where from?

HISTORY.

Connection.

Disposition -

Habits -

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack 22 years

Other Facts or Remarks

Facts of Medical Certificates D. Arthur :- Cannot tell his age, day of week or when speaking to be quite accurately & is not capable of connected talk

D. Farquharson - Is helpless & has no idea of taking care of himself Very filthy in his habits

NAME John Forrest

STATE ON ADMISSION.

Mental.

Exaltation none

Depression none.

Excitement none

Enfeeblement Silly & weak minded.

Memory

Coherence Coherent Can answer questions? yes.

Delusions None expressed.

Other Abnormalities –

Bodily

Appearance A thin decrepit rather depraved looking man.

Skin dirty Hair dark short.

Eyes grey Pupils unequal react.

Muscularity poor Fatness poor.

Nervous System—*Motor* weak.

Sensory –

Reflex Action present Special Senses normal.

Retina

Lungs

Heart

Tongue flabby Bowels regular

Other Organs, Abnormalities, Bruises, etc.

ulcers on legs & are also adem atous.

Appetite fair.

Urine constant dribbling; discharge; stricture

Menstruation

Pulse weak 96. Temp. 98.

Height 5ft 3in. Weight 8st 4lb.

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 Forrest

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27 May 1890						He dribbles constantly; his legs are very Odematous & are ulcerated. He has a discharge from the penis & has Stricture, phimosis & cystitis.
28 May						Catheter passed 2ce -
29 May						This man is rather silly but is coherent & his memory is fairly good for recent events. He dribbles constantly. His mind is enfeebled.
31 May						No change.
2 June						He contrives to keep his bed dry now.
5 June						He is quiet but silly. He evidently has a vesicorectal fistula.
8 June.						Is out of bed but looks rather weak.
13 June						Back to bed again and is not able to be up for long. The ulcers of his legs are a good deal better but his feet swell.
July 7th						Forrest has again Complains of pain in the belly & felt feverish. passing general pelvic pain & there has been lots of pus in urine & has to work an pain keeping Still in bed & that Sound
15 October						He dribbles through a fistula & passes faces through it.
5 December						Died

NAME.

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

113

NAME, Hugh Fleming No.

Admitted, 28 May 1890 Pr. Ad. none

Sex, male Age, Marriage, married Occupation,

Education, fair Religion, Protestant.

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

HISTORY.

Causation.

Disposition Weak.

Habits A Masturbator.

Previous Attacks—No. (Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Congenital causes.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Dr Gilbert Campbell :- He has a dazed look & answers questions with difficulty is not at all Says he is in the Golden Cross Hotel. Breaks off to sing a whistle

Dr Kirk. I found him singing in the Police office. He could not answer any question in an intelligent manner he says he does not care what he does nor what his name is or whether he works or not. Refuses often to answer at all

NAME Hugh Fleming

STATE ON ADMISSION.

Mental.

Exaltation — none.

Depression some - he is miserable and bewails his condition with tears.

Excitement Restless - Emotional.

Enfeeblement a weakminded man.

Memory good

Coherence coherent Can answer questions? yes.

Delusions He has hallucinations of hearing.

Other Abnormalities

Bodily

Appearance A small man with large head

Skin warm - Hair dark.

Eyes greyblue Pupils Equal - contracted - read.

Muscularity poor Fatness fair.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action present Special Senses normal

Retina

Lungs nothing abnormal.

Heart no murmur.

Tongue moist flabby Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

His right arm is shorter than his left.

Appetite fair.

Urine a deposit of urates. Sp. gr. 1020.

Menstruation -

Pulse weak 76. Temp. 98 -

Height Weight

Disease Dr *Skae's Classification*

General Bodily Health and Condition average.

PREDOMINANT FEATURES.

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

115

NAME, Hugh Fleming.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29 May			1890			He is restless & irritable & talks most lewdly of his matrimonial & pre-matrimonial life - His conversation is obscene.
30 May						This man is at times incoherent, he is excited now & then, shedding tears & wringing his hands. He is at other times quite placid.
31 May						He still speaks obscenely about his matrimonial relations & is excited at times & very restless.
2 June May						Much as before.
5 June. May						Today this man is weeping & excited without any cause. He is restless & depressed.
8 June.						He is quieter today & is in fact cheerful & laughing. No change.
13 June						Discharged
26. 6. 90						

AME.

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

117

NAME, George Watson. No.

Admitted, 28 May 1890 Pr. Ad. none

Sex, male Age, Marriage, Single Occupation,

Education, Religion,

Private or Pauper, pa Pauper Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind -

Duration - Where treated -

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Record.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack unknown

Other Facts or Remarks

Facts of Medical Certificates Dr Reid. He sits in a sullen solitary state with a vacant imbecile expression & although spoken to kindly & treated in every way he will not speak nor can he be made to understand his position he keeps working with his fingers in his mouth like a little child.

Dr Smith. — His morose insane appearance he refuses to answer questions or converse.

NAME George Watson.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression none.

Excitement none.

Enfeeblement some. He is silly & weak minded.

Memory Difficult to test.

Coherence coherent? Can answer questions? yes

Delusions none expressed.

Other Abnormalities will not speak except when urgently questioned.

Bodily.

Appearance a fairly well nourished man with red beard

Skin warm. Hair light.

Eyes brown Pupils equal read dilated.

Muscularity fair. Fatness fair.

Nervous System—*Motor* normal.

Sensory —

Reflex Action present Special Senses normal.

Retina

Lungs comparative dulness of percussion at the left apex.

Heart 1st Sound prolonged.

Tongue moist Bowels regular

Other Organs, Abnormalities, Bruises, etc.

Appetite fair.

Urine no albumen or sugar. 1022. acid.

Menstruation -

Pulse fair volume & tension Temp. 98—

Height Weight

Disease *Shaw's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME. George Watson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29 May 1890						He is silent; will scarcely speak & answers questions with difficulty.
30 May						This man is quiet, hangs his head will not look one in the face & is dour & never speaks.
31 May						Sits & works & eats & is like a machine.
2 June						Much as before.
5 June						He is a little irritable today but quite quiet if left alone.
8 June						Much as before.
11 June						His health is good & his habits remain the same.
14 June						Same state – always silent.
15 October						No change.
5 December						This man works out of doors & is useful but shews very little intelligence.
11.10.92						No change in his mental condition He is in good bodily health works out of doors. He now speaks but refuses to see his relations says that is matter is unknown to him & that he never "Kenned her"
8 December 1899 –						Sent today to Farm Annexe –
						Farm Annexe. Sleeps in 2nd House (V. Farm Annexe Case book)
~~1901 March 1st~~						~~Left the Asylum~~
1905 23rd December						This patient after a short illness died today.
						DIED

NAME.

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

NAME, Robert Wilson No.

Admitted, 28 May 1890 Pr. Ad. none.

Sex, Male Age, Marriage, single Occupation,

Education, — Religion,

Private or Pauper, Pauper Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Congenital.

Exciting —

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Dr W. J. Dougal General appearance Vacant expression Filthy habits Sunk of interest in every thing.

Dr D. Dougal He takes no interest in anything Has a vacant expression Saliva runs from his mouth & is filthy

NAME Robert Wilson.

STATE ON ADMISSION.

Mental.

Exaltation — none

Depression — none

Excitement — none

Enfeeblement — Weak minded.

Memory — cannot be tested.

Coherence — — Can answer questions? no.

Delusions — none expressed.

Other Abnormalities — Cannot or will not speak.

Bodily.

Appearance — a stupid looking square built peasant

Skin — Sunburnt Hair — brown.

Eyes — brown Pupils — equal. react - to -

Muscularity — fair Fatness — fair.

Nervous System—*Motor* — normal.
but cannot or will not speak.

Sensory —

Reflex Action — present Special Senses — normal.

Retina

Lungs — Nothing abnormal.

Heart — mitral Systolic murmur.

Tongue — furred Bowels — costive.

Other Organs, Abnormalities, Bruises, etc.
none.

Appetite — fair.

Urine — deposit of urates; acid; yellow; no albs.

Menstruation —

Pulse — 78. fair. Temp. 98—

Height Weight

Disease — Imbecility. *Skae's Classification*

General Bodily Health and Condition — average.

PREDOMINANT FEATURES.

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

NAME, Robert Wilson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29 May 1890.						He is quite silent, rather resistive & sits stupidly looking at the floor. Will not utter a sound.
30 May						Much as before - this man is imbecile -
31 May						He has shewn no impulsiveness so far and is quite quiet - but rather resistive at times.
2 June						No change.
4 June						This man is quiet & says nothing.
7 June						He has no energy but works well outside in the garden.
10 June						No change.
14 June						He is in ~~good~~ health & is quite silent as before.
15 October						In good bodily health.
5 December						He sleeps & eats well & works in the Garden.
11.10.92						No change in mental state. Is at times very destructive attempts to tear down pails brackets & kicks things along the floor.

Died

NAME,

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

125

NAME, George McLellan No.
Admitted, 31 May 1890 Pr. Ad. none.
Sex, male Age, 41 Marriage, Single. Occupation, Clerk.
Education, Good. Religion, Protestant.
Private or Pauper, Pauper. Dfs. Where from? Swan Hotel Dfs.

HISTORY.

Causation.
Disposition Quiet
Habits Intemperate
Previous Attacks—No. none Kind —
Duration — Where treated —
Hered. History—Insanity x
Other Diseases
Predisposing Alcohol - & heredity
Exciting money losses & alcohol.

Symptoms. Fixed.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities
Suicidal no
Dangerous yes.
Duration of Existing Attack a week.
Other Facts or Remarks
He has been drinking for years.

Facts of Medical Certificates
Dr Smith.
1. Insane & excited appearance. violence in speech & actions & delusions that he will be destroyed by some noisy machine.
2. Violent & unmanageable & has threatened to injure those about him.

NAME George McLellan.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression Some. he is dull & miserable from the "persecution" he endures.

Excitement restless.

Enfeeblement none.

Memory good.

Coherence coherent Can answer questions? yes.

Delusions That a machine is crushing his head.

Other Abnormalities He has hallucinations of hearing.

Bodily.

Appearance A bloated alcoholic man of medm size.

Skin coarse dusky Hair light

Eyes grey Pupils equal react regular.

Muscularity fair Fatness fair.

Nervous System—*Motor* speech paretic.

Sensory sense of crushing in the head.

Reflex Action present Special Senses normal.

Retina

Lungs

Heart

Tongue furred. Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

Appetite fair -

Urine glycosuria present. Sp.gr. 1028.
Some albumen also present.

~~Menstruation~~

Pulse tense. poor volume Temp. 95-

Height 5ft 7 in. Weight 105 lbs.

Disease Mania. *Shaw's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME. George McLellan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 June. 1890						This man is quiet, did not sleep well & is suffering from hallucinations of hearing. He feels "the machine" crushing his head.
2 June.						His speech simulates that of a general paralytic. He is still hearing voices & has the delusion about his head being worked upon by the machine.
3 June.						He is much as before.
5 June						Still restless at times & hears voices.
7 June						On some nights he does not sleep being troubled with the "machine"
10 June.						His pupils are unequal sometimes & he shews no mental improvement.
13 June.						He hears voices & hears the "machine" still.
1 August						Very much better, stout & healthy & well - no delusions now left. But he looks as if he wd become a G.P.
9.9.90.						Discharged Recovered

AME.

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

129

NAME, Patrick Mc Sherry No.

Admitted, 2 June 1890 Pr. Ad. none

Sex, male Age, Marriage, single Occupation, Labourer

Education, – Religion, Roman Catholic.

Private or Pauper, Pauper Where from? Sligo.

HISTORY.

Disposition

Habits Intemperate.

Previous Attacks—No. none Kind –

Duration – Where treated –

Hered. History—*Insanity*

Other Diseases

Predisposing Phthisis
Intemperance.

Exciting Intemperance.

Causation.

Symptoms. First. Mental

Bodily

Recent. Mental

Bodily

Insane Habits and Propensities

Suicidal –

Dangerous –

Duration of Existing Attack unknown.

Other Facts or Remarks

Facts of Medical Certificates P. Barras Delusion. Fancies Fanny is going to kill him and that the sailors on board the ship which arrived yesterday from Sligo were going to do for him. Dr Taylor Fancies a man Fanny is going to kill him Delusion. He is sure he will never get back to Ireland alive.

NAME Patrick Mc Sherry

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression rather dull.

Excitement none.

Enfeeblement none.

Memory good.

Coherence coherent Can answer questions? yes

Delusions that he had been followed & conspired against.

Other Abnormalities at times worse than at other.

Bodily.

Appearance a tall thin anaemic dark man.

Skin warm. pale. Hair dark.

Eyes dark. Pupils Equal contracted read.

Muscularity fair. Fatness poor

Nervous System—*Motor* normal.

Sensory —

Reflex Action present Special Senses good.

Retina

Lungs haemoptysis.

Heart forcible & thumping action.

Tongue furred Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite poor.

Urine Some albumen - also phosphates.

Menstruation —

Pulse forcible - Temp. 98 -

Height 5ft 10 in Weight 10st 6lb.

Disease — *Stone's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

131

NAME. Patrick Mc Sherry

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3. June 1890						This man is quiet & watchful - he is rather confused mentally & at times does not know what he is doing - (this is according to his own statement).
4 June.						Quiet still & cannot get over his feeling that people are watching him & following him about.
5 June.						no change.
7 June						He is quiet & today says he is confused & his head in a whirl. He has had haemoptysis.
9 June						Still quiet & suspicious. Not able to work outside
12 June						Same state.
July 23						Discharged Recovered.

AME.

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

NAME, Robert Wells. No.
Admitted, 3 June 1890. Pr. Ad. none
Sex, male Age, Marriage, Single Occupation, Clerk.
Education, fair. Religion, Protestant
Private or Pauper, Pauper. Lochmaben Where from? Lochmaben

HISTORY.

Causation.
Disposition: Restless.
Habits: .
Previous Attacks—No. none Kind —
Duration — Where treated —
Hered. History—Insanity Brother & two Sisters insane.
Other Diseases Sister had phthisis
Predisposing Heredity.
Exciting —

Symptoms. First.
Mental: Restlessness.
Bodily:

Second.
Mental: Impulsiveness.
Bodily:

Insane Habits and Propensities
Suicidal — no
Dangerous yes.
Duration of Existing Attack — 2 days
Other Facts or Remarks .

Facts of Medical Certificates: Dr Reid:- He talks in a rambling incoherent way & laughs & smiles with out any apparent cause. When questioned as to reasons exists he is said to have committed says they are the results of momentary impulses which he cannot control & says that he hears people passing remarks about him all of which are delusions

Dr Smith:- Converses in a rambling incoherent way tells me he cannot control himself from momentary impulses & that he cannot account for the feelings coming on with out cause.

NAME Robert Wells.

STATE ON ADMISSION.

Mental.

Exaltation not specially marked.

Depression none.

Excitement restless manner

Enfeeblement none apparent.

Memory good.

Coherence coherent Can answer questions? yes.

Delusions none expressed.

Other Abnormalities –

Bodily.

Appearance A tall dark dirty looking man.

Skin greasy dark callous Hair black.

Eyes dark. Pupils equal react.

Muscularity good Fatness good.

Nervous System—*Motor* normal.

Sensory –

Reflex Action present Special Senses normal.

Retina

Lungs nothing abnormal.

Heart Irregular action.

Tongue furred Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite fair.

Urine no albumen. Spec. 1018. acid.

Menstruation –

Pulse irregular Temp. 98 –

Height 5ft 8½ in Weight 105 lbs.

Disease mania. *Stone's Classification*

General Bodily Health and Condition average.

PREDOMINANT FEATURES.

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

135

NAME, Robert Wells.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4 June			1890			He is quiet, aimless in his manner, slow in his ideation & the expression of his thoughts.
5 June.						He is subject to impulses & is apt to be dangerous -
6 June						His manner is aimless & he is vascillating & hesitating He eats & sleeps well & his bodily health is average.
8 June						He now works outside.
10 June						No change.
13 June						His impulsiveness comes upon him at times & he is not able to control himself but he is not - so far - dangerous.
10 August						He is much thinner & has not been able to work, owing to a Carbuncle - but is rather better again.
15 Sept. October						He is still impulsive & not much better mentally - but a good deal better physically.
5 December						Works as a clerk in the Steward's Office.
April 1st 1891						Discharged Recovered

NAME.

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

137

NAME, James Shields No.

Admitted, 13th June 1860. Pr. Ad.

Sex, M. Age, 18½ yrs Marriage, S. Occupation, Labourer

Education, Religion, R.C.

~~Dismissed~~ Pauper, Where from? 20 Bath Cowburgh St Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack a few weeks

Other Facts or Remarks

Facts of Medical Certificates Dr Barrie: Is dull & melancholy has delusions Imagines that people surround his house day & night & is frightened to leave it. Has not spoken out for six months

Dr Wallace Is dull & stupid looking has a vacant & insane manner & appearance has delusions of sight & hearing. Imagines that people are conspiring against him & does not seem capable of conducting & controlling himself

NAME James Shields.

STATE ON ADMISSION.

Mental.

Exaltation -

Depression is dull & unhappy.

Excitement -

Enfeeblement Demented vacant expression in direction of Idiocy.

Memory hardly any.

Coherence coherent. Can answer questions? yes.

Delusions Has delusions of Suspicion

Other Abnormalities talks very little. does not know his age.

Bodily.

Appearance Pasty Complexion - vacant expression. down on face.

Skin Sallow Hair Mk. brown.

Eyes hazel. Pupils Sluggish. equal

Muscularity poor. Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action K.J. present equal. Special Senses good - exc. eyesight - poor.

Retina

Lungs Normal - exc. inspiration harsh at Apex.

Heart Sounds normal Murmurs. Rather weak

Tongue Bowels costive

Other Organs, Abnormalities, Bruises, etc. Left Cornea has 2 opacities one at each side. Rt has opacity opposite pupil.

Appetite fair.

Urine acid yellow - deposit of urates Normal. Sp. gr. 1022.

Menstruation

Pulse 86 weak compressible Temp. ?

Height 5 ft. 8 in. Weight 7 st.

Disease ~~Idiocy~~ Melancholia. *Shaw's Classification*

General Bodily Health and Condition poor.

PREDOMINANT FEATURES.

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

139

NAME, James Shiels

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
June 27th						Has just it remains in same Condition as on admission. does not exert himself. & takes any interest in anything - is slow in comprehending questions. This is a very "fashionless" boy there is little change in him since admission - if any he is a little smarter who is perhaps due to the little light work &c. he does daily.
July 6th						
August 15th 1890						This young man is restless silly & unsettled. He is of a pale complexion & black hair
August 22						Very restless & unsettled & is morbidly suspicious.
August 29						No improvement.
Septr 15						Works out of doors & does a little, not very much. Eats & sleeps well.
Septr 30th						No change.
5th Decr.						He is brighter & not so suspicious Eats & sleeps well & is in good health.
2:12:91.						Transferred to Woodilee Asylum Louzie.

AME,

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

141

NAME, Robert Wishart — No.

Admitted, 13th June, 1890 — Pr. Ad.

Sex, Male — Age, 26 — Marriage, S. — Occupation, Blacksmith

Education, — Religion, Protestant.

~~Prisoner~~ Pauper, — Where from? Transferred from Woodilee.

HISTORY.

Causation.

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

Symptoms. *Fixed.*

- Mental
- Bodily

Recent.

- Mental
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates — Dr. McGunnich. He is insane. He suffers from mania & has delusions.

NAME Robert Wishart.

STATE ON ADMISSION.

Mental.

Exaltation –

Depression Much is unhappy about his bodily condition & is much depressed.

Excitement –

Enfeeblement –

Memory good.

Coherence coherent. Can answer questions? Yes.

Delusions N

Other Abnormalities

Bodily

Appearance Thin pale man with freckled flushed face

Skin dry. harsh. Hair fair.

Eyes Pupils equal sluggish.

Muscularity poor Fatness very poor.

Nervous System—*Motor*

Sensory

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

Retina

Lungs apex of R lung consolidated - has had haemoptysis

Heart - sounds weak & rapid.

Tongue furred. Bowels costive.

Other Organs, Abnormalities, Bruises, etc. Old scar just above R clavicle & one over middle of R lower jaw.

Appetite fair.

Urine about 3 alb. & sugar. Acid - Specific. 1015

Menstruation

Pulse 82 weak. Temp.

Height 5 - 7½ Weight 8 - 12.

Disease *State's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, Robert Wishart.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
June 15th						Wishart has had no haemoptysis for some time, but his lungs are in as bad a state as ever. His depression remains the same.
4 August 1890						This man has the delusion that the haemoptysis from which he suffers is due to "Kate Wells of Edinburgh" – He is cross grained & ill conditioned.
10 Septr.						Had severe haemoptysis today.
21 Septr						Again severe haemoptysis with a slight attack yesterday
7 October						He has been in bed with severe haemoptysis. Mentally much as before.
						Discharged Recovered.

AME.

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

145

NAME, Peter Bell. No.

Admitted, 16-4-90.

Sex, M. Age, 58 Marriage, S. ~~Parish~~ Occupation, Farmer

Education, Religion, Protestant.

~~Parishioner~~ Pauper, Where from? Dalstock Lockerbie.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous

Duration of Existing Attack Fortnight

Other Facts or Remarks

Facts of Medical Certificates Dr McLachlan He is exceedingly dull & depressed crying mad—he is a drowned man & will die before the morning He has a wish to do away with himself by strangling or other means.

D. Murray Great depression of spirits. Says he has killed a number of people & is anxious to commit suicide

NAME Peter Bell.

STATE ON ADMISSION.

Mental.

Exaltation —

Depression some.

Excitement is very restless.

Enfeeblement some.

Memory fair.

Coherence coherent. Can answer questions? yes.

Delusions Thinks he can't eat. Says he has killed a number of people & want to commit suicide.

Other Abnormalities

Bodily.

Appearance fairly healthy old man - face muddy.

Skin Hair grey.

Eyes blue grey. Pupils Mobile but Rt fish & irregular Rt

Muscularity poor Fatness poor.

Nervous System—*Motor*

Sensory

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

Retina

Lungs - Insp. harsh at Rt apex.

Heart - Sounds healthy

Tongue furred. Bowels ~~costive~~ regular.

Other Organs, Abnormalities, Bruises, etc.

Appetite fair.

Urine acid - deposit of phosphates. Sp. gr. 1022.

Menstruation

Pulse 80. Temp.

Height 5 ft 7. Weight 12. 8.

Disease Melancholia. *Skae's Classification*

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

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

147

NAME, Peter Bell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
June 18th						He is handy & restless as on admission & he takes his food well.
June 23rd						To day Peter Bell became very restless - it was impossible to keep him in bed. he hurt his side on the bed. both knees were broken the parts were just bruised. 2hrs he was given an enema & his bowels were well moved.
June 24						He is much quieter now. can give no explanation as to why his restlessness came on him. while maniacal he repeatedly wished his throat cut.
June 27.						This patient does not sleep well; - & sometimes there is difficulty in getting him to take his food.
July 8th						He sleeps better now. & also takes his food better is at times incoherent sometimes.
July 21st						Peter Bell is really all right now - goes out to work his contents at present.
15 October						Peter Bell is much better & is contented & quiet & works well. He is in good bodily health.
5th December						He works in the garden & is quiet & gives no trouble - Eats & sleeps well & is much better mentally. He is at times however rather confused.
7:1:92						Works at Nannatfield - is keeping very well indeed
24.4.92.						Died from Acute Lobar Pneumonia.

NAME.

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

149

NAME, George Scott. No.

Admitted, June 18th 1891. Pr. Ad.

Sex, M. Age, 53. Marriage, Single. Occupation,

Education, Religion, Protestant

~~Private~~ or Pauper, Pauper. Where from? Lokdale St 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

Dangerous

Duration of Existing Attack ~~2 days~~. 1st attack 41 yrs ago.

Other Facts or Remarks

Facts of Medical Certificates D. Carlyle He is a deaf man & shows imbecility & incompetence of mind which are congenital He is morose & will not & cannot carry on any rational conversation in the usual manner of the deaf & dumb.

D. Fell His countenance is morose & gloomy. His intellect is apparently deficient. He eyed me very suspicious during the visit.

NAME George Scott.

STATE ON ADMISSION.

Exaltation

Depression

Excitement -

Enfeeblement

Memory Deaf + Dumb.

Coherence Can answer questions? Yes on a slate.

Delusions

Other Abnormalities

Appearance Pale man very nervous + tremulous.

Skin rough wrinkled. Hair Scanty grey

Eyes dark blue Pupils Equal very sluggish in movement

Muscularity poor. Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action K J active equal. Special Senses Deaf + dumb

Retina

Lungs healthy.

Heart thumping first sound roncus mus.

Tongue furred Teeth. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Appetite fair.

Urine 1024. trace albumen. No sugar.

Menstruation

Pulse 84 weak. Temp.

Height 5 ft 5 ½ Weight 8 8.

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. George Scott.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
June 28th						Mr Keogh i same condition as on admission - writes both questions on a slate.
July 5th						Same.
1 October 1890						This man is in much the same state as when admitted & is not restless
1 Nov.						Quiet & free from excitement
1 Dec.						Same state.
1 Jan 1891						Eats & sleeps well & is in good health.
7.1.92.						Same
11.10.92						No change. Quiet & inoffensive. Writes the same stupid instrument-question on the slate every morning.
27th Oct 1899:-						Was today sent to Farm Annexe
5th February 1901:-						Today returned to ii House: He is able to move about a little here. Endeavours to keep himself clean. He is now almost blind and is a deal almost imbecile though is able to attend little for himself: quiet and easily managed with a little care. Sleeps and eats well
July 28th 1900:-						No change mentally: a quiet easily managed demented: There has probably been a gradually extending basic sclerosis & cause the blindness: He is readily made excitable by any one comes near him.
January 26th 1901:						No change in any way: a quiet - unobtrusive dement.
Jany 30th 1902:						In good health but failing gradually. Recently he had a mild attack of pneumonia from which he has recovered. He is very quiet & easy to manage. He answers questions much as before.

NAME. George Scott.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1903 July 10th						Continues in 3rd Div. No change in the almost blind ~~deaf~~ imbecile. Quiet & no trouble & fair health.
1904 March 9th						No change mentally. In fair health.
June 1904.						Transferred to Male Hospital today. He is a feeble demented old man. He is almost blind ~~&~~ deaf & dumb. Gives little trouble.
11th Dec. 1905						No change in physical or mental condition.
						was sent to Sanatorium last week.
18th Dec.						Back to Male Hospital ~~today~~ last week. Reason ?
June 8th 1909						Geo. Scott at present in the Sanatorium had an attack of Bronchitis. Temp 100.
" 10th						This old ~~possible~~ man is having considerable dyspnoea his right lung is becoming consolidated. Temp 101 Pulse 112. Resp 46.
12th						His condition is not at all good. He is very frail Right lung consolidated. Bronchitic sounds all over L/11. Patient at 11.20 p.m

Died

153

NAME, Mc Thomas Murray — No.

Admitted, June 19th 1890. — Pr. Ad.

Sex, M. Age, 26. Marriage, No. Occupation,

Education, Religion, Prot

~~Prisoner~~ Pauper, Where from? Dunspie.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates D. Marshall He has a wild insane appearance. Talks incoherently & makes some rambling statements about some woman who has deserted him. D. Smith His insane appearance, incoherence of speech & inability to answer questions. His mental powers are very deficient.

NAME Thomas Mc Murray.

STATE ON ADMISSION. 25

Exaltation Some - is talkative & mutters to himself a great deal. Excited ~~depression~~ - Says he is very happy.

Depression None.

Excitement a little restless.

Enfeeblement None.

Memory fair.

Coherence Not coherent. Can answer questions? Yes.

Delusions That people work his mind - Voice.

Other Abnormalities attention diminished.

Appearance healthy young man. good complexion.

Skin clear healthy. Hair dark - brown.

Eyes blue. Pupils ~~blue~~ equal & mobile.

Muscularity fair. Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action K.J. equally apparent Special Senses good.

~~Knee~~ Plantar - " "

Lungs Normal.

Heart Normal.

Tongue furred & tremulous. Bowels Normal

Other Organs, Abnormalities, Bruises, etc.

Appetite good.

Urine Trace of phosphates - Insolt. not sugar.

Menstruation

Pulse 78 Normal. Temp.

Height 5 9½. Weight 10 - 10.

Disease Mania. *Slade's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

155

NAME. Thomas Laurie McMurray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
June 24th						This patient on admission was very talkative quite incoherent. He has not settled down to work & does not speak as much books very day is passed. Does not talk incoherently now.
June 27th						
July 6th						Says right till will hardly answer questions is healthy enough & is still working ward
23. 8. 90						Discharged.

NAME.

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

157

NAME, John Alston. No.

Admitted, 23rd June 1890. Pr. Ad.

Sex, M. Age, 21 Marriage, Unmarried. Occupation, Joiner

Education, Religion, Protestant.

~~Private~~ or Pauper, Where from? Dumpies
13 Cotterhill Place Hamilton.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack About one week.

Other Facts or Remarks

Facts of Medical Certificates D. Murray: Religious Mania. Says he has "God all right" Is very incoherent rambling from one subject to another.

D. Marshall: — He has general insane appearance Rambles much when talking & makes incoherent statements

NAME John Alston.

STATE ON ADMISSION.

Exaltation – is talkative & makes impertinent remarks.

Depression none.

Excitement a little restless.

Enfeeblement none.

Memory good.

Coherence coherent. Can answer questions? Yes.

Delusions Thinks Oxypath has cured him – although he has not seen him. Thinks he was cured of "mental debility"

Other Abnormalities

Appearance Thin tall lad. Clear complexion.

Skin clear. Hair Dk. brown.

Eyes blue. Pupils equal & mobile.

Muscularity poor. Fatness little fat.

Nervous System—*Motor*

Sensory

Reflex Action K.T. present good. Special Senses

Retina

Lungs normal.

Heart normal. 1st sound accentuated with thrusting

Tongue furred. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

Appetite good.

Urine Sp. gr. 1012. Trace of phosphates & albumin. – Normal in quantity.

Menstruation

Pulse 74 good Temp.

Height 5 ft. 5 ½ Weight 8 st. 8

Disease Mania. *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

159

NAME, John Alston

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
June 24th						This patient is quieter than he was on admission this insanity came on when the excitement about Lynch arose in Dunsyre.
July 5th						Physician tells little walk to go out to work has
5 August 1890						Very much better. Works well.
15 August						Improving every week.
27.9.90						Discharged Recovered.

NAME.

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

161

NAME, John Haughton. No.

Admitted, June 26th 1891. Pr. Ad.

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

Education, Religion, R. C.

~~Private~~ or Pauper, Where from? Dumfries
82 St. Michaels St.

HISTORY.

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

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack —

Other Facts or Remarks

Facts of Medical Certificates Dr Marshall :- Has a morose sullen appearance Refuses to speak & anything he does say no sense can be made out of it.

Dr Smith His stupid insane appearance & inability to converse & answer questions.

NAME John Haydon

STATE ON ADMISSION.

Exaltation None.

Depression Melancholic expression.

Excitement None.

Enfeeblement Attention poor.

Memory fair.

Coherence coherent. Can answer questions? Can if he chooses to.

Delusions —

Other Abnormalities almost in a Stuporose condition.

Appearance vacant hopeless: emaciated complexion

Skin muddy. Hair dk brown.

Eyes hazel. Pupils dilated. Inactive.

Muscularity poor Fatness poor.

Nervous System—*Motor* Seems normal.

Sensory

Reflex Action K.T. good. Special Senses good

Retina

Lungs healthy

Heart thumping 1st Sound.

Tongue flabby marked streak. Bowels normal.

Other Organs, Abnormalities, Bruises, etc.

Appetite fair.

Urine 1025 Sp gr. Alb phosphates.

Menstruation

Pulse 75 weak compressible Vol. small Temp.

Height 5.7½ Weight 9 St. 6.

Disease Melancholia Stupor. *Shaw's Classification*

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

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

NAME, John Hayden.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 21						John is in a stuporous condition still all day in the same position - Notabene his food all right known.
5 August 1890						This man is at work but is stupid & semi cataleptic. His hands are blue & his face - He does not speak.
20 August						Much the same -
10 Septr.						He eats & sleeps well but scarcely speaks even when spoken to & is still in a state of stupor.
10 October						Rather better in bodily health.
10 November						This lad is anergic - he acts like a machine - if food is put into his mouth he swallows it - if anything is put into his hand he holds it. But he will also do what he is told & works a little. Eats well.
5 December						His trophic energy is low but he is working still & is rather better in health & mentally; he answers questions & speaks readily.
14-5-91						Is now strong and active - He is somewhat excited, and at times quarrelsome - He attempts escape -
16-5-91						Escaped this evening immediately after tea, apparently by the 2nd window of the corridor, 3rd Div.
21-5-91						Discharged Recovered - Has enlisted at Ayr - in 5th Batt. Royal Scots Fusiliers.

NAME,

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

165

NAME, John Nichol No.

Admitted, 14 July 1892. Pr. Ad.

Sex, Male. Age, Marriage, not married Occupation, School Master

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Hutton + Corrie.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Six weeks

Other Facts or Remarks

Facts of Medical Certificates D. McLachlan He is in a highly nervous condition. Starting violently at times complains of a confused state of his head. + says he would not be excited if left alone by himself

D Blyth: - I have seen him on three occasions twice at Jedburgh and today On all these occasions I have observed him to be agitated + nervous restless He complains of a dullness in the head. He says he sleeps badly + is made uncomfortable by this dullness in the head which he says He ascribes to some of the chose

NAME John Nichol

STATE ON ADMISSION.

Exaltation occasionally

~~Depression~~ Jeft very confused at times + does not know what he is doing sometimes.

Excitement - how taylin jeft results

Enfeeblement

Memory slightly impaired

Coherence coherent. Can answer questions? Yes.

Delusions Is under impression of those around him doing him bodily injury - + is sometimes in fear of being poisoned

Other Abnormalities Tubercular ulcer on head at times.

Appearance A thin man - sunburnt. bald - good beard

Skin moist - dusky. Hair Grey -

Eyes blue. Pupils Contracted - react slightly to light.

Muscularity poor. Fatness poor. Emaciation not slight.

Nervous System—*Motor*

Sensory Seem normal.

Reflex Action active (KT Special Senses Good

Retina

Lungs Emphysematous at margins.

Heart normal.

Tongue furred. Bowels Costive.

Other Organs, Abnormalities, Bruises, etc. His Right Leg was Amputated when he was a child for disease of the Knee Joint.

Appetite fair

Urine 1025 Sp. gr. Trace. phosphates present

Menstruation

Pulse 90. weak. Temp.

Height Weight

Disease Mania & delusions *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME. John Nichol

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 22						The patient has been quiet & orderly on admission - there has not at present been the medical certificate till 7. He complains of sleeping in a Dormitory - does not like to be with other Lunatics
Aug 1st to 25th						Complains of Dyspepsia and is frequently sick & vomits. is confined to bed, treated with Alkalies & Bismuth
Aug 27th						He now says stomach in better state
Sept 1st to 3rd						Is now quite better recovered from his attacks of dyspepsia. Is a little hypochondriacal.
Octr 15-1890 -						He is brighter & better in every way - eats & sleeps well & is healthy looking.
5 December						This man has lately been a little more depressed - but is somewhat brighter again. Eats well.
22:9:91						He is sometimes depressed but on the whole is very patient & quiet in his enquiries as to when he is going to leave & same state - is quiet & always has a depressed look. Answers pleasantly when spoken to.
7:1:91						
11.10.92						Is in much the same state as he has been since admission at times depressed but never acutely so Quite sensible.

Discharged

AME,

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

169

NAME, Michael Cassidy No.

Admitted, 20th : 7 : 90. Pr. Ad.

Sex, Male. Age, Marriage, - Occupation,

Education, Religion, Unknown.

Pauper or Pauper, Cas Glasgow. Where from? 46 Ann St. Port Dundas St. Glasgow
& 315 Parliamentary Rd. Glasgow.

HISTORY.

Cessation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes.

Dangerous Yes.

Duration of Existing Attack Unknown.

Other Facts or Remarks Was brought from Glasgow - found wandering in streets & thought to be drunk. Was taken to Police Office - & from there to Royal Infirmary. There he was discovered to be insane & further. Could give no account of himself. - Friends unknown - Admitted for certify & Emergency.

Facts of Medical Certificates D. Black He cannot - & yet - to give an intelligible answer to any question or do anything he is bid To any question he gives an utterly irrelevant reply.

D. Buchan :- Fully quite incoherently or cannot answer the most simple questions as what is his name age &c

NAME Michael Cassidy.

STATE ON ADMISSION.

Exaltation Speaks a great deal, is quite incoherent & cannot answer questions rationally.

Depression None.

Excitement Little -

Enfeeblement -

Memory None.

Coherence Incoherent. Can answer questions? No.

Delusions

Other Abnormalities

Appearance of a man in weak health dusky complexion.

Skin muddy - Hair fair.

Eyes grey. Pupils medium sized & responsive.

Muscularity poor Fatness poor.

Nervous System—*Motor* See over. -

Sensory

Reflex Action Knee jerks equal & feeble Special Senses Blind of right eye.

Retina

Lungs harsh inspiration at both apices

Heart - Sound weak at mitral area.

Tongue - Clean Bowels Open

Other Organs, Abnormalities, Bruises, etc. bedsore on buttock. - Biceps thin & ball atrophied. Scars on knee.

Appetite

Urine

Menstruation

Pulse 88 weak. Temp.

Height 5ft 3. Weight 8 8½.

Disease ~~Mania~~ Paralytic Insanity *Clouston's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME, Michael Cassidy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 22nd						This man was given Castor oil last night & his bowels moved well. He cannot give any account of himself yet. & talks upon that of Monsieur.
July 25th						Owing to difficulty in examination & feebleness (patient being confined to bed) it was not discovered till today that this patient is hemiplegic - he can give no account of any shock he has had. But there is a weakness of Rt side of body - & face. - along with aphasia When asked what his employment was he said - a motion with his hands & said - "picking Oakum" - in every slow manner. On asking him how long he was in jail he answered by the same slow manner "30 days" - little more can be got out of him except that he says his name is "McShane" & not Cassidy.
July 29.						His bowels is getting rather troublesome - it is dressed daily with Arnica &c.
August 7.						A poultice was applied for two days & the edges of the opening are looking healthier There is a large abscess cavity connected with this apparent bedsore.
Aug. 14						Poulticing discontinued & the abscess is healing well.
Aug 28.						Quite healed.
October 15						He is very much better both mentally & in bodily health.
10 days						His name is John McShane Discharged Recovered.

NAME.

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

173

NAME, Hugh Stirratt No. 5871

Admitted, 22:7:90. 5·15 pm. Pr. Ad.

Sex, M. Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Three weeks

Other Facts or Remarks

Facts of Medical Certificates D. Muir:- He is melancholic Thinks he is ruin imagines he will be compelled to do injury to those in the house can get no sleep

Dr. Buchan Thinks he is lost both here + hereafter. + feels promptings to do away with himself + the inmates his wife

NAME Hugh Stewart

STATE ON ADMISSION.

Mental

Exaltation

Depression – Considerable – Melancholic expression – Says he has been much trouble with family matters.

Excitement None.

Enfeeblement Memory bad – slow in comprehending what is said to him. Vacant expression

Memory bad

Coherence Coherent. Can answer questions? Yes.

Delusions ~~Some hypochondriacal~~ Thinks there is fire put in his bed.

Other Abnormalities

Bodily

Appearance White-haired old man.

Skin rough. Hair White

Eyes blue Pupils Slightly unequal – L. > R.

Muscularity poor Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action present L. > R. Special Senses deaf –

Retina

Lungs Normal

Heart Accentuation of 2nd Sound –

Tongue much furred Bowels Costive.

Other Organs, Abnormalities, Bruises, etc.

Appetite Fair.

Urine Phosphates present. Albumen – Sugar – ~~Phosphates present~~

Menstruation

Pulse 94 weak. Temp.

Height 5 ft 4 Weight 94 lbs. 5

Shaw's Classification

Disease

General Bodily Health and Condition Weak.

PREDOMINANT FEATURES.

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

NAME, Hugh Stewart -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 29th						This patient being old & feeble is given 2 oz of Whisky daily -
August 5						He is taking his food better & the stimulants are no longer used, except occasionally.
August 10						He is hypochondriacal & dull & his face is covered on one side with acne pustules. No change.
August 20.						
1 September						This man says he has not passed a cupful of urine in 2 years.
14 September						He complains of constipation every day, even after purgation. Says he has not had a motion for 3 weeks - (his bowels acted this morning).
14 October						No change.
5 December						This is a case of hypochondriacal melancholia. He is full of complaints chiefly about his viscera. Says he will "burst".
9.10.91						There is no change in the physical condition. The patient has delusions regarding the state of his viscera. He is in fair bodily condition.
11.10.92						No change. Says he cannot get his bowels open. Is almost quite deaf.
18 Jan: 1897						Transferred today to Gullock.

NAME.

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

177

NAME, Robert Mills No.

Admitted, 23: 7: 90. Pr. Ad.

Sex, M. Age, 24 Marriage, Occupation Teacher

Education, Religion, Protestant

Private ~~or Pauper~~, $20 Where from? Bethlehem Valley

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 His Cath[illegible] recovers from Rheumatic fever.

Facts of Medical Certificates Dr Smith His Insane appearance & actions Refuses to speak or take food.

Dr Potts excited appearance refuses to answer any questions & to take food. Pays no attention to cleanliness or personal surroundings.

NAME Robert Mills

STATE ON ADMISSION.

Exaltation

Depression will not speak at all. melancholic expression

Excitement Sometimes has fits of excitement.

Enfeeblement

Memory —

Coherence —

Can answer questions? Yes.

Delusions

Other Abnormalities very stubborn & powerful

Appearance

Skin dark. moist

Hair black

Eyes grey

Pupils dilated. R. & L. responsive

Muscularity fair.

Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action Knee jerks exaggerated. Special Senses —

Retina

Lungs resp. good at Base. after sibilation heard on front of chest

Heart Accentuation of 1st sound

Tongue —

Bowels

Other Organs, Abnormalities, Bruises, etc. has a stricture at triangular ligament & requires his urine drawn off 2nd daily.

Appetite —

Urine

Menstruation

Pulse 90 - weak

Temp.

Weight

Height

Disease Recurrent Melancholia

Shaw's Classification

General Bodily Health and Condition Below par

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B 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 Mills.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 24th						This morning Mills had an acute attack at 11 A.M. He became very restless & threw himself about, rousing at the top of his voice - & saying now & again "Oh My God". The attack lasted some what ½ an hour.
July 25th						The patient of the 4th Mr Smith this morning & said he had come through a fit - & delusion was the probable cause of his excitement.
1st Aug.st						His urine has still to be drawn off. Has to be fed and his urine drawn.
3rd Aug.st						Takes his food when fed with a spoon passes urine in bed at times.
25th Aug.st						Is now in the sick room dormitory his quite listless all day, takes no interest in anything. has to be fed with spoon...
1st Sept.r						Has never spoken yet but can see for weeks & a little brighter, following people about with his eyes. Still to be fed with spoon.
14 October						He had some purpuric spots on his face, & has had also 2ce a severe haemorrhage from his bowels - almost fatal. Is now better & is not now fed as he had been for a month, with the nose tube.
21 October						Take food himself & is not fed with the tube.
1 November						He had some ulcers on his back but they are healing.
14 November						Becoming very much stouter - he eats ravenously. Ulcers now quite healed.
21 November						Gets out of bed now for a part of the day.
5 December						Well in mind & body. Discharged Recovered.

NAME.

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

181

NAME, Wm Wallace. No.

Admitted, 23:7:90. Pr. Ad.

Sex, M. Age, 37. Marriage, Single Occupation, Chemist

Education, Religion, Protestant

~~Relation~~ Pauper, Pauper - City Parish Where from? Mr Wallace
4 Thomson St. Hillhead

HISTORY.

Occasion.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated Transferred from Dyce.

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Dr. Walson :- He suffers from the delusions that he is mysteriously worked upon by unseen powers + is forbidden by them to speak to his relatives

NAME William Wallace

STATE ON ADMISSION.

Mental

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions Thinks he is worked upon by some unseen power

Other Abnormalities Makes a peculiar noise etc with his mouth

Bodily

Appearance fairly healthy man - very dark.

Skin Smooth tanned — Hair Scanty: dark grey.

Eyes brown. — Pupils Equal responsive

Muscularity fair. — Fatness fairly spare.

Nervous System—*Motor*

Sensory

Reflex Action Wk equal - slightly exaggerated — Special Senses good

Retina

Lungs Normal.

Heart 2nd Sound accentuated

Tongue flabby - slightly furred. — Bowels Regular

Other Organs, Abnormalities, Bruises, etc.

Appetite good

Urine

Menstruation

Pulse 78 - fair volume. — Temp.

Height 5' 7". — Weight 11 6.

Disease — *Shaw's Classification*

General Bodily Health and Condition fair average.

PREDOMINANT FEATURES.

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

NAME, Jno Wallace

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 25						This patient is quiet & manageable. Studies & his delusions.
July 29.						As Statu Jus.
5 August 1890						This man is quiet & suspicious. Smiles oddly & says little.
10 August						He is much the same.
17 August						His bodily health is improving & he is eating & sleeping well.
31 August						No change.
21 September						He says very little & expresses no desire to go home. Is suspicious.
14 October						This man attempted to escape & got into a drain which was wet & dirty - but was detected.
14 November						He is quiet & fairly contented eats & sleeps well & is stout.
5 December						Is very peculiar in manner & is morbidly suspicious & stoic a little restless at times.
31 Decr.						This man is full of delusions - gives a most ridiculous description of the circulation of the blood - evolved out of his own mind. Also he shews the tip of his tongue in different parts of his mouth for an instant & says each is "a tongue" & "these are 9 of them" one is "a rod" another "a staff" & represent the "rod & staff" of the 23d Psalm.
7:1:92.						Has many peculiar ideas on Religious subjects. Is full of delusions
1·6·92.						Very voluble when he talks on religion - he becomes excited, dogmatic and unreasonable. He has delusions of suspicion: facial expression is weak and he is sluggish in his movements.
16·10·92						Works in clerk of works Office. Is still strong on religious matters & gives emphatic expression to his views

NAME.

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

185

NAME, William Nesbitt. No.

Admitted, 29:7:90. Pr. Ad.

Sex, Male. Age, 67. Marriage, Occupation,

Education, Religion, Protestant.

Private or Pauper, Voluntary £25. Where from? Newton Stewart.

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

NAME William Nerbijging.

STATE ON ADMISSION.

Exaltation —

Depression much depressed. Says he is without hope & God in the world.

Excitement —

Enfeeblement

Memory good.
Coherence Coherent. Can answer questions? Yes.
Delusions —

Other Abnormalities is continually reading his bible for comfort.

Appearance A bronzed old man - rather feeble looking.
Skin bronzed. Hair grey -
Eyes grey - Pupils contracted - act sluggishly -
Muscularity poor Fatness poor.
Nervous System—*Motor*

Sensory

Reflex Action W. good Special Senses Good myopic spectacles.
Retina
Lungs Dr front on left side - Dr. is dull - & few rales on hear. Chronic Bronchitis.
Heart Normal
Tongue furred Bowels Costive.
Other Organs, Abnormalities, Bruises, etc.

Appetite poor.
Urine 1030. loads. of phosphates.
Menstruation
Pulse 91. full Temp.
Height 6 ft. 5 in. Weight 10 · 12.
Disease Melancholia *Skae's Classification*
General Bodily Health and Condition Weak.

PREDOMINANT FEATURES.

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

NAME, William Newbiggin.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 20.						This patient is much depressed & very anxious about his Soul. he often spends his time during the day
5 August 1890						He is depressed & miserable & always talking about his soul & body being lost - "no hope" &c.
10 August						no change.
31 August						This man is hypochondriacal & depressed.
10 Septr.						much the same.
30 Septr						His health is a good deal better & he is not so hypochondriacal.
15 October						much the same.
24 October 1890						- Discharged himself.
5th Novr 1890						William Newbiggins was returned today under a Sheriffs Warrant duly certified. He smelt of Whiskey on admission & his face wore an aspect of mixed depression (& hypochondriasis) & waggishness.
6th Novr 1890.						He is depressed & groans over his lost condition all day -
7th Novr						Still groaning & "is lost" & there is "no hope" & he is miserable.
10 Novr						Dull miserable & fancies himself far gone in mind & body; is full of hypochondriasis.
14 Novr						"Lost"; "Hopeless"; is "thin & wasted", "health gone" &c &c &c.
20 Novr						Improving in bodily health & mentally.
5 Decr.						No change. Is "lost".
31 Decr.						Gets Peppermint & Ammonia & Cascara.
21 Feb. 1891						Very ill with asthma Died today

NAME,

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

189

NAME, Charles Wilkes. No.

Admitted, 29:7:90. Pr. Ad.

Sex, Male. Age, 47. Marriage, S. Occupation,

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Stoneykirk.

(Brother) Henry Wilkes - Kirkmichael Stoneykirk

HISTORY.

Cessation.

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 10 days.

Other Facts or Remarks

Facts of Medical Certificates P.P.C/law :- Very restless & chattering very prayerful complaining of people not coming to see him at all who have just left. He is under the impression that there is an old woman going about slandering him & this causes him great annoyance. When questioned he cannot give a coherent answer.

Dr Anderson :- Quivering of eye lids, oscillation of eye balls, flushed face white furred tongue derangement of stomach & bowels, general restlessness, a desire in particular to be out: Delusions that himself has done some dreadful deed in consequence of which he is being brought to his end that a conspiracy has been formed to take his life That he has brought trouble on his sister & brother

NAME Charles Withers –

STATE ON ADMISSION.

Exaltation None.

Depression Some due to his delusions –

Excitement · Alcoholic psychosis.

Enfeeblement

Memory Impaired –

Coherence Coherent. Can answer questions? Yes.

Delusions Thinks that a conspiracy was raised against him at home. Thought that he was being brought to his end. – Thinks he has brought trouble on his relations.

~~Other Abnormalities~~

Appearance Strong man. Middle-aged.

Skin dark. ~~Sunburnt~~. Hair dk brown

Eyes blue Pupils Equal. Contracts responsive –

Muscularity fair. Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action – Special Senses Good.

Retina

Lungs Consolidation at base of R lung. Crepts. Less over that part. Temp up.

Heart Normal.

Tongue furred. Bowels ~~Constipated~~

Other Organs, Abnormalities, Bruises, etc. Papular rash on abdomen. – Tattoo – on ~~the~~ Left Arm. A ship. & rectangular figure with dots –

Appetite fair

Urine

Menstruation

Pulse 64 Temp. 101.

Height Weight

Stoc's Classification

Disease

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B 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 Withers.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 30.						This patient was found on admission to have a patch of pneumonia at base of R. lung - which is spreading - given Liq. Amm. Acet. & Sp. Ammon. Aromat - & turpentine Stupes applied.
5 August 1890						Is up out of bed & better again. He coughs little now.
10 August						Last night very restless & saw faces of men looking in the window.
20 August						Broke some glass under the influence of hallucinations of sight.
1 Septr.						Rather better but restless excitable & confused. Has many hallucinations of "faces" looking in at him through the window.
15 Septr						Is much better & works out of doors.
15 October						Has had bad diarrhoea for a fortnight but is better again. Mentally he is better also.
22 October						Bright & pleasant; anxious to go home; always ready to see a joke & laugh heartily at anything. He is in better bodily health.
30 October						In good health & spirits & sleeps & eats well. Appears quite recovered.
31 October 1890.						Discharged Recovered.

NAME.

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

193

NAME, Archibald Gray. No.

Admitted, 31st July 1895. Pr. Ad.

Sex, Age, 39. Marriage, Occupation, Miner.

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? 29 West Langrigg.

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 Dr Alston. Has an excited appearance restless manner & is incoherent in conversation.

Dr Arthur Has an excited appearance talks incoherently suffers from delusions Says he is married & has children Has delusions about Railways

NAME Archibald Gray.

STATE ON ADMISSION.

Exaltation Some. Continually talking to himself or conversing with imaginary persons.

Depression –

Excitement Slight at times.

Enfeeblement

Memory impaired

Coherence Incoherent at times Can answer questions? Not always.

Delusions none noticed.

Other Abnormalities

Appearance Strong & healthy.

Skin pale. Hair dark.

Eyes Bluish grey. Pupils Equal, rather small.

Muscularity good. Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action Natural. Special Senses

Retina

Lungs Normal.

Heart Weak, sounds badly heard but seem normal.

Tongue normal. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Appetite good.

Urine Sp. Grav 1028 yellow Acid No albumin &c.

Menstruation

Pulse 68 rather weak. Temp.

Height 6 ft. 6½ Weight 10 St. 2 lb.

State's Classification

Disease

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

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NAME, Archibald Gray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1890 1st Aug.						He is Continually talking to himself but Can be ~~stopped~~ roused when spoken to. Tries to answer questions put to him but memory is impaired. Does not remember the day of the week. Says he has been in the house two days ~~ago~~ [illegible] was admitted yesterday.
2nd Aug.						The same, memory impaired still talks to himself in whispers.
4th Aug.						Sleeps well at nights
22nd Aug.						Has now become quiet. Goes out with the working party each morning the day.
8th Sept.						Is still quiet & works well. Has not improved much mentally his memory is impaired & he is apparently becoming demented.
18.9.90						Transferred to Dyce Asylum

NAME.

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

NAME, Samuel Shaw. L.R.C.P.E. L.F.P.S.G. No 5881

Admitted, 30th Jan. 1890. Pr. Ad.

Sex, Male Age, Marriage, Occupation, Physician

Education, Religion,

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates D. Barnes Labouring under D.T. very delusive & incoherent Fancies there is fighting going on outside between the police & civilians and hears his name called out.

D Turner Suffering from D.T. Fancies he was in Ships a few days ago is restless & suspicious.

NAME Samuel Shaw F.R.C.P.E. L.F.P.S.G.

STATE ON ADMISSION.

Exaltation talkative.

Depression -

Excitement Has very violent + restless. Says he has

Enfeeblement -

Memory

Coherence Incoherent somewhat Can answer questions? Sometimes

Delusions Says he has come here to invent a commission.

Other Abnormalities Has had H.T. four times.

Appearance Athletic man. Full face.

Skin rough. warm. Hair dk brown

Eyes Pupils Equal + Quick.

Muscularity fair. Fatness too fat.

Nervous System—*Motor*

Sensory

Reflex Action Knees + Ankle clonus Special Senses good.

Retina

Lungs Some C.

Heart—Sounds a little weak + irregular in action.

Tongue Very tremulous clean. Bowels open

Other Organs, Abnormalities, Bruises, etc. Large ecchymosis over Sternum.

Appetite good.

Urine

Menstruation

Pulse 88. + with compressible Temp.

Height 6ft. 7. Weight 110st. 10.

Disease D.T. *Skae's Classification*

General Bodily Health and Condition Below par.

PREDOMINANT FEATURES.

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

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NAME, Samuel Shaw.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 August 1890						This patient is quiet & settled and now convalescent.
14 August.						Still improving.
18 August.						He is now quite steady & is getting stronger & better in every way.
27th August						Discharged Recovered.

NAME.

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

199

NAME, Samuel Shaw.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 August 1890						This patient is quiet & settled and now convalescent.
14 August.						Still improving.
18 August.						He is now quite steady & is getting stronger & better in every way.
27th August						Discharged Recovered.

NAME

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

201

NAME, James Smith. No.

Admitted, 5 Aug 1890. Pr. Ad. none

Sex, male Age, 54 Marriage, Widower Occupation, Miner.

Education, fair Religion, Protestant.

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind —

Duration — Where treated —

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes.

Dangerous no.

Duration of Existing Attack 2 or 3 weeks.

Other Facts or Remarks

Facts of Medical Certificates

Dr Lorraine:-

Is very melancholy & dull about himself Says his thoughts have been troubling him about himself so much that he attempted to cut his throat. Is incoherent.

NAME James Smith.

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Appearance A small dark tanned restless man.

Skin warm. dry. Hair dark with grey

Eyes dark. Pupils unequal - react. ½.

Muscularity reduced Fatness reduced

Nervous System—*Motor* normal

Sensory giddiness

Reflex Action present Special Senses normal

Retina

Lungs old bronchitis

Heart 1st sound rough. Palpitation.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises.

Appetite poor.

Urine and pale. 1020. no albumen.

Menstruation —

Pulse weak. Temp. —

Height Weight

Disease Melancholia. *Shaw's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME. James Smith

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6 August 1890.						He is restless; cannot keep still & is excited & miserable.
7 August						This man is a little quieter but much depressed & very is in an anxious state of mind and fears that something is going to happen to him.
8 August						He is sleeping a little better.
10 August						Rather more restless and unsettled and cannot keep still - is depressed.
12 August						No change.
15 August						This man is anxious & in a miserable state. He is dull & despondent.
18 August						much the same - sleeping bad, & his pupils are now constantly unequal.
23 August						much improved & getting stouter.
3 Septr.						Improving steadily.
17 Septr						Has an abscess in the left breast - mentally getting on well.
15 October						He is very much better & his health is good & he is cheerful & contented & has no delusions.
15 November						A useful man & is cheerful & bright - Eats & sleeps well.
5 December						At times this man complains of slight ailments & is rather hypochondriacal.
31 Decr.						Same state.
30.4.91						Discharged recovered.

NAME.

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

205

NAME, Charles Brittan No.
Admitted, 8 August 1890 Pr. Ad. none
Sex, Male Age, 15 10/12. Marriage, single Occupation, Hammerboy
Education, fair. Religion, Protestant
Private or Pauper, Pauper. Govan Where from? White inch.

HISTORY.

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

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities
Suicidal yes.
Dangerous yes.
Duration of Existing Attack 2 weeks.
Other Facts or Remarks

Facts of Medical Certificates

Dr Campbell:—
He refuses to answer questions as I dont belong to The building - He burst into a fit of laughter & immediately after crying because I was going to turn him into a Serpent.
2. Melancholy lately & seeing snakes continually - threatened to cut his ash or his mother's throat.

NAME Charles Brittan.

STATE ON ADMISSION.

Exaltation none.

Depression — has a look of misery on his face.

Excitement Restless - cannot sit or stand still - shining & moving about incessantly.

Enfeeblement - none.

Mental.

Memory hard to test

Coherence ptly coherent Can answer questions? yes.

Delusions that he is to be injured in some way.

Other Abnormalities

Appearance a thick lipped fairly stout boy; lips everted.

Skin warm Hair dark.

Eyes blue. Pupils unequal - dilated.

Muscularity fair. Fatness fair.

Nervous System—*Motor* normal.

Sensory ?

Reflex Action present Special Senses normal

Retina

Lungs Breathing on right side rather harsher than on left

Heart No murmur.

Tongue furred. Bowels costive, very.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite bad

Urine nothing abnormal

Menstruation -

Pulse weak. 82 Temp. 95 -

Height 5ft 2½ in Weight 7st.

Disease ? *Shac's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B 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. Brittan

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9 August 1890						He is wringing his hands & whining & talking incoherently - his face is expressive of organic misery.
10 August.						This patient is noisy at night & restless - He is troublesome by day.
11 August.						Rather quieter but restless & miserable still. He is still incoherent at times.
13 August						Somewhat quieter.
15 August						He is not so noisy at night as he was & is looking brighter.
18 August						Improving gradually.
28th August.						Is quiet but irritable. Struck a patient a blow on the face and when spoken to about it - lay with eye & say he wanted home to his mother.
3rd Sept.						Is still excited at times but time depressed. Often begins crying & wants home.
17 Sept.						At times refuses his food Howls a great deal.
15 October						Rather Quieter & is better in bodily health.
15 November						Improving gradually. He sits quietly & eats & sleeps well. Is much better than he was.
5 December						This boy is brighter & much healthier - he is recovering Improving gradually.
31 Dec.						
11.10.92						No change for the better. Will not speak Is dirty in his habits.

Discts

NAME.

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

209

NAME, James John Slater. No.

Admitted, 9 August 1890. Pr. Ad. none

Sex, male Age, 41. Marriage, married Occupation, Blacksmith

Education, fair Religion, Protestant

Private or Pauper, Pauper Govan Where from? Govan

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind —

Duration — Where treated —

Hered. History—*Insanity* none.

Other Diseases

Predisposing

Exciting

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes.

Duration of Existing Attack a short time.

Other Facts or Remarks

Facts of Medical Certificates

Dr Carswell

He is restless & excited & labours under the influence of delusions such as that he is a very wealthy man. & that he is about to go to Australia.

NAME James John Slater.

STATE ON ADMISSION.

Exaltation great - his sense of wellbeing is at the highest point

Depression none.

Excitement Restless & excited

Enfeeblement facile.

Memory impaired.

Coherence coherent Can answer questions? yes volubly

Delusions of grandeur - & wealth & great deeds.

Other Abnormalities General paralytic manner.

Appearance a stout flabby excited looking man

Skin warm Hair dark.

Eyes grey Pupils unequal - scarcely react

Muscularity fair Fatness fair

Nervous System—*Motor* normal

Sensory normal.

Reflex Action Exaggerated K.j. Special Senses normal.

Retina

Lungs normal

Heart normal.

Tongue furred. Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite good

Urine a trace of albumen.

Menstruation —

Pulse 86 - - Temp. 98

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. James John Slater

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 August 1890.						He is excited & very restless & in a state of exaltation & boisterousness.
11 August						He is exalted & restless noisy & facile & full of delusions of grandeur.
12 August						Much the same.
14 August						He is at times quarrelsome & irritable & in a state of extreme restlessness.
18 August						A case of General paralysis of the Insane – in the 1st Stage.
25 August						No change.
3 Septr.						Very restless & rather excited.
17 Septr.						Managed to escape but was followed & brought back at once.
15 October						He is very much better – has no delusions now & seems almost recovered. Still he is stout & flabby, pupils unequal & irregular & his Speech co-ordination is imperfect. Discharged on Pass for 28 days. Discharged by Minute of Board after 28 days

NAME.

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

213

NAME, William McKill. No.
Admitted, 12 August 1890. Pr. Ad. None.
Sex, Male Age, 28. Marriage, Single Occupation, Mason
Education, fair. Religion, Protestant.
Private or Pauper, Pauper (?) B'm'clellan Where from? Taken Before. Balmachellan

HISTORY.

Causation.

Disposition
Habits
Previous Attacks—No. none Kind –
Duration – Where treated –
Hered. History—Insanity Sister died insane. Maternal uncle insane & cut his throat.
Other Diseases
Predisposing H. P.
Exciting Fall from scaffold.

Symptoms. First.

Mental
Bodily

Recent.

Mental
Bodily

Insane Habits and Propensities
Suicidal no
Dangerous yes.
Duration of Existing Attack 8 months
Other Facts or Remarks

Facts of Medical Certificates

Dr. Arthur
Cannot remember the day of the week a minute after being told. Conversation incoherent. Sees him mad. There is great difficulty in preventing him being assaulted.

NAME William McKill

STATE ON ADMISSION.

Exaltation none

Depression none

Excitement none

Enfeeblement in a state of chattering incoherence.

Memory bad

Coherence incoherent Can answer questions? yes. no.

Delusions ? —

Other Abnormalities

Appearance A cumbrous young man

Skin not Hair dark.

Eyes blue Pupils unequal dilated

Muscularity fair Fatness fair

Nervous System—*Motor* weak— a good deal of twitching about the mouth—

Sensory

Reflex Action present Special Senses normal?

Retina

Lungs nothing possible to detect.

Heart examination difficult.

Tongue foul Bowels costive

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite bad.

Urine some albumen.

Menstruation —

Pulse weak—90— Temp. 98.

Height 5ft 7½ in Weight 115[illegible].

Disease Stupor *Shae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

215

NAME. William McKill.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12 August 1890.						He is in a state of rambling incoherence.
13 August.						He is very weak - & in a state of stupor - utterly helpless.
14 August						In a drivelling state.
16 August						No improvement.
18 August						Still silly & stupid & drivelling. He is quiet now but utterly helpless - needs feeding.
21 August						Is still fed - his condition is that of "acute dementia" He is restless & automatically goes through certain motions or says certain words. for hours -
28 August						No change.
3 Septr.						He is much thinner & his mouth twitches most markedly - pupils unequal.
17 Septr.						No change. He is still absolutely incoherent & very restless. He has no memory.
15 Octr						He is still quite incoherent - needs spoonfeeding, is dirty in his habits, destroys his clothes & is in the greatest possible weakness & incoherence -
25 ~~October~~ November						Getting weaker. Died of General Paralysis.

NAME.

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

217

NAME, John Mc Target No.
Admitted, 13 August 1890. Pr. Ad. none
Sex, male Age, 35. Marriage, married Occupation, Proof Reader
Education, fair. Religion, Protestant
Private or Pauper, Pauper. Where from? Glasgow.

HISTORY.

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

Symptoms. First.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities
Suicidal no
Dangerous yes.
Duration of Existing Attack
Other Facts or Remarks

Facts of Medical Certificates
Dr Wallace :-
Has a dull melancholy look, & absent in manner, & has delusions about his friends & his work. 2. His wife says she is dangerous & outrageous to her & has threatened her life. She cannot manage him & is afraid of him.

NAME John Mc Target

STATE ON ADMISSION.

Mental.

Exaltation none

Depression none except in appearance.

Excitement none.

Enfeeblement none.

Memory seems good

Coherence coherent Can answer questions? yes

Delusions none expressed.

Other Abnormalities —

Bodily.

Appearance a dark dull looking man of medm size.

Skin dark - warm Hair black

Eyes dark. Pupils equal contracted.

Muscularity fair Fatness fair.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action present Special Senses normal.

Retina

Lungs nothing abnormal.

Heart mitral Systolic murmur.

Tongue dry. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite moderate.

Urine phosphates present.

Menstruation —

Pulse weak. 78. Temp. 98 -

Height 5 ft 5½ in. 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. John Mc Target.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14 August 1890.						He is quiet & has a somewhat depressed appearance. He thinks his employers have not treated him well and that his wife has acted badly towards him. He is anxious to shew himself quite well & to explain everything away.
15 August.						This man has some twitching about his mouth. His pupils are equal & react. He is dull looking & quiet & complains of the treatment he received from his wife & employers.
16. August Septr.						Much the same.
19 August						He is nervous & somewhat aimless in his manner.
23 August						His nervousness continues & a very little upsets him.
1 Septr						no change.
14 Septr.						He is very nervous & can give no reason for being so. He clenches his fist and sits for an hour with it clenched nervously.
17 October						He is still peculiar in his manner & restless & nervous.
15 November						He is quiet & pretty well but looks peculiar.
5 December						Much the same.
31 Decr.						This man is much as he was when he came in. he is nervous & emotional.
7:1:92						Nervous, can't settle. says he cannot help it.
30 A 92						Discharged recovered.

NAME.

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

221

NAME, John Burns No.

Admitted, 16 August 1890. Pr. Ad. none

Sex, male Age, 67. Marriage, single. Occupation, outdoors.

Education, Religion, Protestant.

Private or Pauper, Where from? Balfron.

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. yes Kind –

Duration – Where treated Greenock.

Hered. History—*Insanity*

Other Diseases

Predisposing Previous attack.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes.

Duration of Existing Attack since 1858.

Other Facts or Remarks

Has been boarded out at Balfron Stirlingshire.

Facts of Medical Certificates

Dr Buchan

Thinks people are conspiring against him – see imaginary people. hears imaginary voices. incapable of taking care of himself – dangerous to others.

NAME John Burns.

STATE ON ADMISSION.

Exaltation None -

Depression none.

Excitement Restless.

Enfeeblement weakminded.

Memory not very clear

Coherence Coherent Can answer questions? Yes

Delusions none expressed

Other Abnormalities

Appearance A thin sallow wrinkled old man

Skin sallow warm Hair grey.

Eyes grey Pupils react - ½ - Equal

Muscularity poor Fatness poor

Nervous System—*Motor* normal

Sensory normal.

Reflex Action present Special Senses normal ?

Retina

Lungs old bronchitis

Heart weak heart

Tongue furred Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite fair

Urine a trace of albumen.

Menstruation -

Pulse weak. 70. Temp. 98

Height 5ft 2in Weight 75lb-2 oz.

Disease Mania *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME. John Burns.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17 Aug. 1890						He is in a state of mental exaltation & is restless & weak-minded.
18 August						no change
19 August						He is talking to himself today & holding forth excitedly. His conversation is incoherent.
21 August						Restless & goes about in an abstracted manner.
24 August						No change.
31 August						He is now in the 3rd Division.
14 Septr						This old man is not so restless & excitable & has settled down quietly in the Division
17 Sept Octr.						He talks to himself & is a little noisy but better than he was.
15 November						Eats & sleeps well – is quiet except when he sings & talks to himself. Is in the 3rd Division.
5 December						This man was working with Carmont's Cart but does not do so now.
31 Decr.						No change.
10.11.92						Is sometimes slightly excited. Generally quiet & harmless.
18 Feb: 1897:–						Transferred today to Carlton.

NAME.

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

NAME, Robert McC. Murtrie. No.
Admitted, 18 August 1890 Pr. Ad. none
~~Age~~ 36. ~~Sex~~ male Marriage, married. Occupation Blacksmith
Education, fair Religion, Protestant.
Private or Pauper, Govan. Pauper Where from? Glasgow.

HISTORY.

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

Causation.

Symptoms. First.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities
Suicidal yes.
Dangerous yes.
Duration of Existing Attack a few days.
Other Facts or Remarks

Has had no food since Thursday last - 4 days.

Facts of Medical Certificates

Dr. Barrie :-
He is nervous excited & unmanageable & imagines that he is beset by enemies trying to take his life.
His wife says he has been in this condition for 2 days.

NAME Robert McMurtrie.

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement

He is in a state of restlessness, does not know at times what he is doing & needs nursing to be made to answer questions. He clutches his throat & rocks about wildly.

Memory bad.

Coherence at times C.C Can answer questions? yes?

Delusions -

Other Abnormalities -

Appearance A dark pale dyspeptic flabby man

Skin copper color almost Hair black.

Eyes dark. Pupils equal react - ½.

Muscularity poor Fatness poor

Nervous System—*Motor* normal. ?

Reflex Action present Special Senses normal

Retina

Lungs ?

Heart faint mitral systolic murmur.

Tongue furred dry cracked Bowels constipated badly.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite bad

Urine albuminous.

Menstruation

Pulse weak - Temp.

Height Weight

Disease *Slade's Classification*

General Bodily Health and Condition very weak.

PREDOMINANT FEATURES.

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

NAME. Robert McMurtrie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19 August 1890.						He took a glass of port wine & a feed & has had enough food today - Sat & Sunday. Is suicidal & does not know that he is dying - talks incoherently.
20 August.						Very weak & ill. Sent to bed - unable to stand to answer questions or to feed himself.
22nd August.						Can now ~~take food~~ of. when given with spoon.
30th Aug.						Is very restless excited, talks almost incessantly; does not sleep at night & is noisy. Has to be kept in bed when not in straight jacket
31st Aug.						Had to be fed with tube this morning is still noisy and violent.
2nd Sept.						Is a little better takes his food when given to him with spoon.
4th Sept.						Got up this morning but did not take his breakfast. Wants some food out of a cup. Was sick last night.
20 Septr.						Has been fed 3ce daily for 10 days with stomach tube - He is dirty in his habits. Hears voices & swears at imaginary people under the sofas & orders them to "come out". Will not keep his clothes on.
17 October						He has been fed with the tube for over 5 weeks & is now & then taking a meal himself. He is in bed & has been there for a fortnight.
25 October						Getting much weaker & he has diarrhœa & the fondest treatment sank & died.

NAME.

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

229

NAME, Angus Campbell Reid No.
Admitted, 21st August 1890 Pr. Ad.
Sex, Male Age, 23 Marriage, Single Occupation, Riveter
Education, Religion, Protestant
Private or Pauper, Pauper Where from? Govan

HISTORY.

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

Symptoms. First. Mental
Bodily
Recent. Mental
Bodily

Insane Habits and Propensities
Suicidal no
Dangerous yes
Duration of Existing Attack
Other Facts or Remarks

Facts of Medical Certificates Dr Barrie. Is excited walking about the cell Talking nonsense & gesticulating in an insane manner.

Dr Wallace Has a silly insane manner & appearance talking incoherently & nonsensically & making absurd grimaces & gesticulations.

NAME

STATE ON ADMISSION.

Exaltation Yes.

Depression

Excitement He is in a state of excitement; gesticulating and continually talking to himself in whispers.

Enfeeblement He is weak minded.

Memory fair

Coherence Coherent Can answer questions? Yes in a slovenly manner.

Delusions None expressed.

Other Abnormalities

Appearance A Short thin young man

Skin pale & cold Hair dark

Eyes bluish grey Pupils react normally. eyes

Muscularity rather poor Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action normal. Special Senses normal.

Retina

Lungs normal Resp. 15 per minute.

Heart bleak no murmurs.

Tongue furred, brown in Centre. Bowels

Other Organs, Abnormalities, Bruises, etc.

Appetite good.

Urine Sp. gr 1013, pale, No albumin

Menstruation

Pulse 58 weak. Temp. Normal.

Height 5 ft 12 in. Weight 7 St. 2 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.

231

NAME. Augus Campbell Reid.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
August 1890 22nd					100	He is restless & excited talks continually to himself in whispers will not still for any length of time. Often gesticulates with his hands, when spoken to is sulky and answers carelessly often giving foolish answers.
25th						Went out today with the working men & works well.
28th						Not so restless, ~~still~~ at work, till 4. day when he complained of dys. ~~pepsia~~ was kept in the house.
Sept 1st 3rd						Has now been out with the working squad for some days the dyspeptic symptoms having disappeared.
20 Septr.						Restless and silly & importunate. He is most unsettled, unable to keep still & is nervous & goes through absurd posturing & gesturing.
15 November						He is restless & acts in an absurd manner & speaks in a ridiculous way.
5 December						This man is stout & well & eats & sleeps well. Mentally he is much better.
31 Decr.						Very well but his pupils are unequal today.
2: 10: 91.						Escaped today
30: 10. 91.						Discharged Escaped

NAME.

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

NAME, Peter Blackstock No.

Admitted, 29th August 1890 11.55 P.M. Pr. Ad. 11. 8. 89.

Sex, Male Age, 31 Marriage, Single Occupation, Joiner

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? Parish St Mungo Dumfries

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One previous Kind

Duration Where treated G. C. A.

Hered. History—*Insanity*

Other Diseases

Predisposing Previous attack

Exciting not known.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes.

Dangerous yes

Duration of Existing Attack One month.

Other Facts or Remarks

Facts of Medical Certificates D. Bell says he wrote a letter to one Mr Campbell (which may or may not be true) that said letter was laid before the members of Parliament & Lord Rosebery said he was a genius & the above members collected a large sum of money for writing such a clever letter & wished him to write a book (This is a delusion) He says Dr Jenner is constantly speaking to him from the atmosphere & telephones Says he is the most Blackguard in the world & also a murderer & says he can raise the dead & bring them to life again.

Dr Bryson. Sullen Reticent demeanour Delusions

NAME

STATE ON ADMISSION.

Exaltation

Depression At times.

Excitement

Enfeeblement

Memory fair

Coherence Coherent Can answer questions? Yes

Delusions Says he is a murder thief &c.

Other Abnormalities

Appearance A strong looking healthy man.

Skin Healthy. Hair black.

Eyes Brownish Pupils equal, regular react normally

Muscularity fair Fatness little.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action good. Special Senses

Retina

Lungs normal. Resp. 20 per minute.

Heart irregular rapid, slight presystolic murmur.

Tongue flabby, furred, tremulous Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Appetite good.

Urine yellow Sp. gr. 1028 Acid, No albumen or sugar.

Menstruation

Pulse 104 irregular tension poor. Temp. normal.

Height 6 ft. 4 ~~in~~ inches Weight 9 St.

Disease *Skae's Classification*

General Bodily Health and Condition ~~good~~. fair.

PREDOMINANT FEATURES.

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

NAME. Peter Blackstock

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
31st August 1892						He looks well this morning but is a little dull. answers when spoken to only. Does not exhibit any delusions
1st Sept.						Still the same, if anything a little brighter, takes his food well
2nd Sept.						No difference, talks very little takes no interest in anything
4th Sept.						The same, very dull this morning requires some persuasion before he will speak.
14 Septr.						He works out of doors and is still depressed. Says he hears the telephone speaking to him frequently.
20 Septr.						No change.
17 October						He still hears the telephone & is dull lazy & depressed. Works a little outside.
15 November						No change.
5 December						He hears "the telephone" still & is silly & listless.
31 Decr.						He continues quiet & lazy & has the same delusions & hallucinations - is no better
11.10.92						Refuses to speak at all Bodily health is good.
13th July 1893:—						Died today after a few weeks acute illness of Phthisis. He had a haemoptysis from right lung on June 17th.
						Died.

NAME.

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

237.

NAME, John Muirhead. No.

Admitted, 30th August 1890 8 am Pr. Ad.

Sex, Male Age, 26 Marriage, Married Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Parish of Dornoch.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One previous. Kind

Duration Where treated Lowthertown.

Hered. History—*Insanity*

Other Diseases

Predisposing ~~Intemp~~ Epilepsy.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Is Epileptic.

Suicidal Yes Yes.

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates "Tried to drown himself by jumping into a deep well. Has attempted to ~~drown~~ murder his wife & children"

NAME [illegible]

STATE ON ADMISSION.

Exaltation

Depression is depressed

Excitement

Enfeeblement

Memory

Coherence is coherent. Can answer questions? yes

Delusions none expressed.

Other Abnormalities

Appearance well made, with expressionless face.

Skin healthy Hair black

Eyes blue Pupils equal, regular, react normally

Muscularity fair Fatness not good.

Nervous System—*Motor* normal

Sensory normal

Reflex Action good Special Senses fair

Retina

Lungs normal Respirations 18 per minute.

Heart slightly irregular bounding. Mitral systolic murmur.

Tongue slightly furred Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Appetite good

Urine Sp. 1020 Colour light yellow. Acid, no alb. or sug.

Menstruation

Pulse 112. very. Tension poor. Temp. normal

Height 5 ft. 6 in. Weight 8 St. 10 lb.

Disease *Slade's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME. John Muirhead.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
31st. August 1890.						Patient is in good bodily health at present. is slightly unintelligent in appearance but answered questions readily at times. Says he was sent in as he was not behaving himself.
1st Sept.						Is better this morning brighter looking, sleeps well.
2nd Sept.						The same, says he is willing to work.
3rd Sept.						Went out with the working men this morning, worked well & was very willing. Never attempted to leave the gang or showed any suicidal inclination.
4th Sept.						Working again today is quite bright when spoken to.
16 Septr.						No change in this man.
20 Septr.						This man is not taking fits - he has a peculiar twitching in his face when spoken to.
1st October 22. 9. 90						Discharged Recovered.

NAME.

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

241

NAME, Allan Annan. No. 3918.

Admitted, 3rd Sept. 1890 Pr. Ad. —

Sex, Male Age. 30 Marriage, Single Occupation, Seaman

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Govan Combination

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None Kind —

Duration Where treated —

Hered. History—Insanity None.

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 weeks

Other Facts or Remarks

Facts of Medical Certificates Dr J. F. Wallace. Nervous, excited stuttering about first getting violent talking in very extravagant Manner saying that he is the Lord Jesus Christ &c. Has very many delusions about religion, himself the universe &c. is violent at times dangerous.

Dr. J. M. Wallace. In very excitable & highly nervous state. Has many hallucinations talking in a incoherent & rambling way &c.

NAME

STATE ON ADMISSION.

Exaltation yes.

Depression none.

Excitement some at times

Enfeeblement none.

Memory Apparently good

Coherence Is coherent Can answer questions? yes.

Delusions Says he is the Lord Jesus Christ come a second time &c.

Other Abnormalities

Appearance A short, stout sensitive, dark man.

Skin healthy, moist. Hair black.

Eyes dark brown Pupils equal, react.

Muscularity good Fatness good.

Nervous System—*Motor* acting.

Sensory normal.

Reflex Action present in knees &c. Special Senses Acute.

Retina

Lungs Healthy. Resp. 20.

Heart Normal.

Tongue Clean moist Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Appetite good.

Urine

Menstruation

Pulse 100 fair tension Temp. normal

Height 5 ft. 3 inch. Weight 11 St.

Disease *Skae's Classification*

General Bodily Health and Condition good.

PREDOMINANT FEATURES.

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

NAME. Allan Annan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
3rd Sept.			1890			This patient is quite tractable and easily managed. Has a very polite & oily manner. Says he is a wan. dering Jew. His Lord Jesus Christ but is not going to force Himself to be. his Lord.
4th Sept.						Had a fairly good night is quiet quiet in the day room this morning.
6th Sept.						Is excited this morning, sitting on a chair gesticulating wildly with his hands talking at the same time in a rambling way.
16 Septr.						This man is peculiar in manner - very formal - most scrupulously polite but is excitable & restless. He is not yet much better.
20 Septr.						His manners are absurdly ceremonious and he bows & speaks in a most formal manner. Says he is much annoyed just now but will for no reason.
						Removed to First House
3 Jan 1890.						Escaped. Has been working in Low East: is not very steady in his work and requires looking after. Has bouts of masturbation at times. Sings to himself most of the day when at work.
9th Jan 1891						Discharged recovered.

NAME.

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

245

NAME, Thomas Marshall No.

Admitted, 5th Sept 1890 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Town Combination

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. The present Kind

Duration 5-11-89 — 4-12-89. Where treated Town Pau. Asylum.

Hered. History—*Insanity*

Other Diseases

Predisposing Epilepsy.

Exciting

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Ep Epileptic

Suicidal No

Dangerous Yes

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Dr Barnes. – Delusions & Excitable Attacked a dog yesterday which he fancied bit him ten years ago & after wards assaulted the owner

Dr Taylor Delusion Fancies he sees faces on the wall & during the night Hears voices. Thinks he cured mg a horse wound his head by the Tail.

NAME

STATE ON ADMISSION.

Mental.

Exaltation at times.

Depression

Excitement Is excited at times especially when spoken to on religious subjects.

Enfeeblement

Memory fair

Coherence Is Coherent Can answer questions? yes

Delusions

Other Abnormalities

Bodily

Appearance A strong looking pale young man.

Skin pale Hair brown

Eyes pale blue Pupils Equal & regular.

Muscularity fair Fatness fair.

Nervous System—*Motor* normal. Subject to epileptic fits.

Sensory normal.

Reflex Action present. Special Senses

Retina

Lungs Slight prolongation of expiration in R. Apex. Otherwise healthy. Resp. 22.

Heart Normal.

Tongue healthy. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Appetite fair.

Urine pale yellow 1021 Acid no alb. or phosphates.

Menstruation

Pulse 100 regular fair tension Temp. normal.

Height 5 ft 5 inch. Weight 10 St 12 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. Thomas Marshall

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1st Sept:						Thomas Marshall had a good night talks rationally this morning, describing why he was brought here. He came excited when spoken to about his delusion; thinks there was no God or he would have been cured of his epilepsy. Said he had been speaking to his uncle Bob [illegible] that he was standing out in the passage at the time.
8th Sept:						Still quiet - this morning Governor's wife home says he is quite certain that he was mistaken about his uncle Bob. who turned out to be a man he did not know. Says he fits and cries.
15 Septr.						He is an Epileptic & Quarrelsome.
20 Septr.						This man is restless & unsettled - no fits noticed so far.
17 October						This man is a most powerful fellow and the most dangerous patient in the House. He is at present Epileptic & unfit for work.
						Discharged by Minute of the Parochial Board.

NAME,

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

249

NAME, John Hughes. No.

Admitted 5th Sept 1890 8 P.M. Pr. Ad.

Sex, Male Age, 18 12. Marriage, Single Occupation, None

Education, none Religion, Protestant

Private or Pauper, pauper. Where from? Town Combination

HISTORY.

Causation.

Disposition Imbecile.

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Idiocy.

Suicidal no

Dangerous yes

Duration of Existing Attack since birth.

Other Facts or Remarks

Facts of Medical Certificates Dr. Barnes:- Imbecile from birth unable to speak or understand anything & is very restless & at times destructive

Dr Taylor Imbecile unable to understand questions of the most simple nature

NAME

STATE ON ADMISSION.

Exaltation

Depression

Excitement Shows signs of excitement & fear.

Enfeeblement

Memory ?

Coherence

Can answer questions? Cannot.

Delusions ?

Other Abnormalities

Appearance A slight thin weak looking boy.

Skin healthy Hair fair

Eyes blue. Pupils equal regular.

Muscularity poor Fatness poor.

Nervous System—*Motor* Has to be led about by force.

Sensory

Reflex Action present Special Senses dull.

Retina

Lungs healthy.

Heart normal, rabid.

Tongue furred, white Bowels regular

Other Organs, Abnormalities, Bruises, etc.

Appetite fair

Urine Reddish yellow, Sp.g. 1030 strongly acid. No alb. or phos.

Menstruation

Pulse 110 weak from tension Temp.

Height 4 ft. 9 in. Weight 5 St.

Disease *Skae's Classification*

General Bodily Health and Condition rather poor

PREDOMINANT FEATURES.

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

NAME. John Hughes.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6th Sept.						This boy has been imbecile from birth & was sent in as he has become unmanageable at home. He is timid & when addressed but answers heavily with anything within his reach when left alone. Is not troublesome. Is apparently deaf & dumb.
13 Septr.						This boy is dirty destructive & troublesome. He runs about wild & is a nuisance on the place.
20 Septr.						No change.
17 October						He is still a mischievous boy
15 November						This boy always falls asleep at once after dinner & sleeps for half an hour.
6 December						Sleeps with his heels very high
31 Decr.						This boy is much the same. He is at times noisy violent & vicious - kicking & striking.
7:1:91						A veritable imp of darkness! mischievous dirty - always at the alert to [illegible] the patients' lives.
24. A. 92.						Died from Phthisis Pulmonum.

NAME.

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

253

NAME, James Cauldy. No.

Admitted, 6th Sept 1596 Pr. Ad. —

Sex, Male Age, 33 Marriage, Single. Occupation, Groom

Education, Fair. Religion, Protestant

Private or Pauper, Pauper Where from? Drumfries parish

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity none.

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 D. Marshall: - His conduct to me this morning was wanton of a bad & dangerous lunatic. He is in a passionate & dangerous state.

John Smith: - His insane appearance & gesticulations.

NAME

STATE ON ADMISSION.

Exaltation Shows none.

Depression none.

Excitement Is a little excited.

Enfeeblement none.

Memory ?

Coherence Is coherent in writing Can answer questions? Can write them on paper.

Delusions Delusions none.

Other Abnormalities Is deaf + Dumb.

Appearance A short expressionless dark, mean looking man.

Skin healthy. Hair black.

Eyes Blue Pupils Equal Regular.

Muscularity fair Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action present Special Senses Deaf + Dumb.

Retina

Lungs Distinctly diseased, moist sounds & rhonchi over both lungs most at apices especially R.

Heart Weak, no murmurs.

Tongue Clean moist Bowels Regular.

Other Organs, Abnormalities, Bruises, etc.

Appetite fair

Urine pale Straw Colour Sp. g. 1008 Alkaline. phosphatic. no Albumin

Menstruation

Pulse 82. poor tension Temp. normal

Height 5 ft. 1 in. Weight 6 St. 12 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. Jas. Caully.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6th Sept. 90.						This man is quite quiet at present & gives no trouble. He is deaf & dumb. Suffers from extensive phthisis pulmonalis in both lungs. He can read & write & on being spoken to communicates with us that way complains of nothing but his chest & wants some whisky for it.
8th Sept. 90.						Still the same, quite quiet, suffers a little from cough.
15 Septr.						He is deaf & dumb. Mentally he is much the same.
20 Septr.						No change.
14 October						This man is getting much stouter & better in every way.
15 November						He suffers a good deal from bronchitis which is chronic with him.
5 December						Continues much as before.
6 Decr.						His bronchitis is worse
7 Decr.						He is coughing & dyspnoeic today.
8th Decr.						This man is worse. He has a somewhat cyanotic appearance His dyspnoea troubles him
10th Decr.						He is in bed & very breathless
						The bronchitis has become capillary & he breathes with difficulty. Died today

ME.

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

257

NAME, James Hunt No.

Admitted, Sept? 6th 1890 Pr. Ad. –

Sex, Male Age, 18 10/12 Marriage, Single Occupation, Apprentice?

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Govan Combination.

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. One Kind

Duration 6.11.89 - 22.3.90 Where treated Govan. Par. Asylum.

Hered. History—Insanity none.

Other Diseases

Predisposing

Exciting Unknown.

Symptoms. First.

Mental

Bodily

Recent.

Mental Depression.

Bodily

Insane Habits and Propensities

Suicidal no.

Dangerous yes.

Duration of Existing Attack About 2 months.

Other Facts or Remarks

Facts of Medical Certificates Dull & melancholy. Cannot tell day of week or month correctly. If spoken to does not speak but goes down stairs diligently he says. Dr Taylor.

Dull & melancholy seems to take no interest in anything. Has no hope or idea of time.

NAME

STATE ON ADMISSION.

Exaltation

Depression Marked.

Excitement

Enfeeblement Some.

Memory poor.

Coherence Is Coherent— Can answer questions? yes.

Delusions None observed.

Other Abnormalities

Appearance A ~~Stout~~ pale full faced Caucasian Male.

Skin pale moist Hair short & black.

Eyes Blue & Brown. Pupils Equal regular, react.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal.

Sensory dull.

Reflex Action present Special Senses Sees & hears.

Retina

Lungs healthy. Resp. 18 per min.

Heart normal.

Tongue slightly furred & flabby Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Appetite fair.

Urine dark Coloured. Sp. grav. 1028. Acid, deposit of mate

~~Menstruation~~ no albumin or phosphates.

Pulse 80. from tension Temp. normal

Height 5 ft. 8 in. Weight 8 St. 8 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 Flint.

DATE.	Températ. Morn.	Températ. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4th Sept 1890						This man is evidently melancholic. He is moody & taciturn sits in a cramped position in a chair with his head bent. Could not take any interest in anything going on. Answers when spoken to, in a dull manner.
14 Sept.						This lad will scarcely reply to questions & is rather stupid. He is listless & takes no interest in anything.
17 Sept.						Quiet & depressed. Says almost nothing.
20 Sept.						Has a sore toe so is not out of Doors.
17 October						This boy is a good deal better but still dull.
15 November						He is restless & silly & at times incoherent.
5 December						Was at the well (artesian) the other day & fell in, wheelbarrow & all. He is too restless & acutely insane to be trusted near the water & so is now indoors - He is often incoherent.
31 Decr.						Very restless & incoherent.
7:1:92.						Silly - often looks depressed - then laughs & talks irrelevantly afterwards. Answers questions in a very low voice. is becoming demented.
13-2-92						Not much or restless or cranky as he was. He works outside & is in good bodily health.

Disch.

NAME.

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

261

NAME, Thomas Glass. No.

Admitted, 9 September 1890. Pr. Ad. none

Sex, Female. Age, 23. Marriage, Single Occupation, —

Education, ? Religion, ?

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

HISTORY.

Causation.

Disposition —

Habits —

Previous Attacks—No. — *Kind* —

Duration — *Where treated* —

Hered. History—*Insanity* —

Other Diseases

Predisposing

Exciting

He is an epileptic imbecile — Congenital —

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

Dr Alston :—

1. Has a silly imbecile expression was standing on the floor with his finger in his mouth & drivelling. Could not tell the day of the week or how many pence in a sixpence.
2. Vicious & bad for 2 months. occasionally outrageous. chased eldest girl with a knife.

NAME Thomas Glass.

STATE ON ADMISSION.

Exaltation –

Depression –

Excitement none.

Enfeeblement Weakminded – imbecile

Memory not good.

Coherence coherent Can answer questions? yes.

Delusions none expressed.

Other Abnormalities –

Appearance A small thin very pale deformed imbecile.

Skin pale cold Hair light.

Eyes grey. Pupils Equal react.

Muscularity ? Fatness very poor.

Nervous System—*Motor* deficient.

Sensory – ?

Reflex Action present Special Senses dull.

Retina

Lungs consolidated with tubercle.

Heart mitral praesystolic & systolic.

Tongue flabby Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

Infantile paralysis. Microcephaly. Asymmetrical headed. Potbelly. Enlarged liver. Dwarfed stature.

Appetite moderate.

Urine albumen + phosphates.

Menstruation –

Pulse weak 76. Temp. 95–

Height 4ft 8½ in Weight 65l.

Disease imbecility. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME. Thomas Glass.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 September 1890.						This boy is quiet & free from excitement at present. No fits
11 September						No fits – he is much as he was. Eats well.
12 Septr.						no change.
14 Septr.						This boy is subject to impulses which he cannot control.
16 Septr						He is somewhat weakminded & is an imbecile.
19 Septr.						no change.
26 Septr						He has had an epileptic fit today.
31 Septr.						Is restless & irritable at present.
7. Octr						Had another fit yesterday.
17 Octr						His head is microcephalous & asymmetrical.
15 Novr						No change.
5 December						He is the same imbecile.
31 Decr.						He is taking fits.
2 Jan 1891						Taking so many fits that he has been put to bed.
3 Jan.						Got KBr. gr x sec. horis.
5 January						Is now out of bed & better again.
11.10.92						no change still takes fits & is generally a quiet harmless imbecile.

Transferred to Perth Poorhouse. on 21st Oct 1892

AME.

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

NAME, William Mc William. No.

Admitted, 10 September 1890. Pr. Ad. none

Sex, male Age, Marriage, Occupation, Stone mason

Education, — Religion, Protestant.

Private or Pauper, Pauper. Kirkmaiden Where from? Kirkmaiden

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

Other Facts or Remarks

Facts of Medical Certificates D. Clark At one time had to be restrained from injuring others at another time found in the clasping Bible & repeating texts.

Dr Scott Excites carries open Bible

NAME William Mc William.

STATE ON ADMISSION.

Mental.

Exaltation some.

Depression none.

Excitement restless & excitable.

Enfeeblement none apparent.

Memory in abeyance to some extent.

Coherence incoherent ?ly. Can answer questions? yes at times.

Delusions none expressed.

Other Abnormalities —

Bodily

Appearance a small thin dark man - full beard.

Skin warm dry. Hair black.

Eyes dark Pupils equal react - ½ -

Muscularity poor Fatness poor

Nervous System—*Motor* normal.

Sensory ?

Reflex Action present Special Senses normal.

Retina

Lungs

Heart Forcible irregular action.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite bad

Urine no albumen. Sp gr 1022. acid.

Menstruation

Pulse forcible 80 Temp.

Height 5ft 6½. in Weight 9st 10lb.

Disease Acute Mania. *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME. William Mc William.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11 Septr 1890						He is restless & excited today & was noisy & trouble some last night-
12 Septr.						Noisy & excited last night- Refusing food today. Restless excited & violent & needs Special attendant.
13 Septr.						Gets half a "feed" 3ce daily & as much extra diet as he can be forced to take. Is restless incoherent & excited.
15 September						Taking his food better but is still weak - He is still incoherent but less so than he was. Sleeps much better.
17 Septr.						He now & then is somewhat excited & refuses a meal, but takes his food well on the whole.
28 Septr.						Takes his food well. Improving steadily.
17 October						Improving steadily. Works out of doors now.
15 November						This man is apparently much better & eats & sleeps well but his eye is bright & his manner is peculiar.
5 December						He works in the garden.
31 Decr.						He is apparently in good bodily health & fairly well mentally but never asks to be allowed to go home.
21 Jan. 1891						Improving in every way. Discharged Recovered.

AME.

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

NAME, George King. No.
Admitted, 13 September 1890. Pr. Ad. none.
Sex, male Age, 48. yrs. Marriage, widower. Occupation, Miner.
Education, — Religion, Protestant.
Private or Pauper, Pauper. Non Monkld. Where from? Airdrie.

HISTORY.

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

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities
Suicidal no
Dangerous yes.
Duration of Existing Attack About a week.
Other Facts or Remarks

Facts of Medical Certificates

Dr Manuel.
He says the nurse has tried to give him poison. He takes one man in the ward for the devil & another for the Lord hung up by his hands. Tears his clothes.
2. Says the others in the ward are going to hang him. He also refuses food.

NAME George King.

STATE ON ADMISSION.

Exaltation —

Depression He is merely in a state of muttering incoherence & partial Stupor with restlessness.

Excitement

Enfeeblement

Memory none.

Coherence incoherent. Can answer questions? yes. incoherently.

Delusions incoherence.

Other Abnormalities —

Appearance A small very thin dark man.

Skin dirty Hair black.

Eyes grey prominent. Pupils Equal - react - ½.

Muscularity bad Fatness Emaciated.

Nervous System—*Motor* very weak.

Sensory —

Reflex Action present - sluggish Special Senses sluggish.

Retina

Lungs flat - patches of emphysema & consolidation.

Heart weak - almost inaudible.

Tongue furred Bowels regular

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite none.

Urine albuminous - Sp gr. 1026 - no sugar.

Menstruation

Pulse weak. Temp.

Height Weight

Disease Stupor. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

271.

NAME. George King.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14 September 1890.						He is in bed - very weak - needed spoonfeeding & was fed with difficulty - Incoherent & destructive
15 September						Same state - is incoherent & destructive - was spoonfed.
16. September						He took his food himself today and does not need to be spoonfed. He is looking better but his breathing is very heavy & laboured. He is not so destructive.
18 Septr.						Took half of his breakfast today. Is still in bed.
20 Septr.						Taking his food well - he has a bad cough. Is still in bed.
27 Septr						He eats & sleeps well & is very dyspnoic. His memory for recent & most remote events is quite lost - He has no idea of time or place.
17 Octr.						Out of bed & getting on well but is still dyspnoic.
15 November						He eats & sleeps well & is getting very stout - his breathing is better.
5 December						Improved very markedly.
31 Decr.						Stout & well. Discharged Recovered

ME.

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

273

NAME, Thomas Swift. No.

Admitted, 15 Septr 1890. Pr. Ad. none

Sex, male Age, 58 Marriage, widower Occupation, nil.

Education, ? Religion, Protestant.

Private or Pauper, Pauper. New Monkld Where from? Kirdrie Poorhouse.

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. none Kind –

Duration – Where treated –

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes.

Duration of Existing Attack A few days.

Other Facts or Remarks

Facts of Medical Certificates

Dr Arthur

Has a vacant staring appearance
Speaking loudly in praying attitude &
refuses to answer questions &c.
2. Makes a great noise all night -
disturbs the whole House. uncontrollable

NAME Thomas Swift.

STATE ON ADMISSION.

Exaltation none

Depression none

Excitement none.

Enfeeblement appears rather weakminded

Memory good

Coherence coherent Can answer questions? yes.

Delusions none expressed

Other Abnormalities –

Appearance a cyanotic looking dark man –

Skin dirty color Hair not very dark

Eyes grey Pupils equal, react. to –

Muscularity poor Fatness poor

Nervous System—*Motor* normal ?
weak.

Sensory –

Reflex Action present Special Senses normal

Retina

Lungs bronchi all over the chest. He is very asthmatic. Patches of emphysema.

Heart weak. irregular.

Tongue furred. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.
none.

Appetite poor.

Urine some albumen – no sugar. – 1020.

Menstruation –

Pulse weak Temp.

Height 5 ft 1 in 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.

275

NAME. Thomas Swift:

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16 Septr. 1890.						He is quiet & speaks sensibly - has difficulty with his breathing & is weak.
17 Septr.						Sent to bed - refused two meals & has dropsical feet. Staring in front of him in an most vacant manner.
18 Septr.						Took his food today.
20 Septr.						Taking his food well - he talks to himself & is a pauper of the regular type.
23 Septr.						He is very dyspneic.
26 Septr						Much the same.
1 October.						He is rather more amenable to reason but still a grumbling fellow.
14 October						No change. He is very asthmatic & coughs at night.
15 November						Is in bed & filled with drops. He is very asthmatic. His legs are immense with oedema.
20 November						He is getting weaker.
2 December						Died -

NAME.

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

277

NAME, Charles King No.
Admitted, 22 Septr 1890. Pr. Ad. none.
Sex, male Age, 35 Marriage, married Occupation, musician
Education, — Religion, Protestant.
Private or Pauper, Pauper. Tinwald Where from? Lochmaben.

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. none Kind —
  - Duration — Where treated —
- Hered. History—Insanity Sister insane & in an Asylum.
  - Other Diseases
- Predisposing —
- Exciting

Symptoms.
- First.
  - Mental
  - Bodily
- Recent.
  - Mental
  - Bodily

Insane Habits and Propensities
Suicidal yes
Dangerous no
Duration of Existing Attack 8 days.
Other Facts or Remarks

Facts of Medical Certificates

Dr Smith :-
Has delusions about his body - says he has heard the devil's voice outside the house & has thoughts of committing suicide
2. Outrageous & unmanageable.

NAME Charles King.

STATE ON ADMISSION.

Exaltation none

Depression very dull thas lost his sense of well being.

Excitement Restless.

Enfeeblement wanting in vigour & strength of mind.

Memory fairly good

Coherence coherent Can answer questions? yes.

Delusions that he has lost "his inside".

Other Abnormalities A masturbator.

Appearance A small dark thin shuffling man.

Skin warm. Hair black.

Eyes dark. Pupils dilated.

Muscularity poor Fatness poor

Nervous System—*Motor* nystagmus & strabismus.
a shuffling gait.

Sensory all sorts of perverted sensations.

Reflex Action present (++) Special Senses weak sight.

Retina

Lungs Dull percussion at apex of left lung.

Heart mitral systolic murmur.

Tongue furred. Bowels passing bloody shred.

Other Organs, Abnormalities, Bruises, etc.
none.

Appetite poor.

Urine Some albumen present - 1022.

Menstruation

Pulse weak irregular Temp. —

Height 5ft 4 in Weight 7st 10lb

Disease melancholia. *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

279

NAME. Charles King

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
23 Septr.						He is restless and hypochondriacal & says he is dwindling away off the face of the earth & that he has no legs left now
24 Septr						This man is restless, bemoans his miserable lot, is depressed & wretched & in a state of acute misery.
25 Septr.						No change
28 Septr						He is dull, thinks his bones are wasting away to nothing. He is very nervous & hypochondriacal.
30 Septr						Much as before. Refused his food & had to be fed with the spoon.
3 Octr.						He is in a state of very excited melancholia.
7 Octr.						Same state.
17 October						He is restless, frowning, resistive & excited.
15 November						This man is dull & depressed & is not any better. His skin is still scaly & he suffers from ichthyosis.
5 December						Same state.
31 Decr.						This man does not say anything or make any noise & can scarcely be got to speak.
28 Feb.						Same state.
11.10.92						Still is suicidal & depressed.

Discd

NAME.

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

281

NAME, James Symington No.

Admitted, 7 October 1870. Pr. Ad. none.

Sex, male. Age, Marriage, Occupation,

Education, — Religion,

Private or Pauper, Pauper. Where from?

HISTORY.

Causation.

Disposition Restless.

Habits

Previous Attacks—No. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing Previous Attack.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates P. Walton Dillwin's concerning the ownership of grandfather
Stats he has no visible work for money for his family.
Dr. Adams Insane ditto.

NAME James Symington

STATE ON ADMISSION.

Exaltation none.

Depression none.

Excitement restless.

Enfeeblement rather weak minded.

Memory good.

Coherence coherent Can answer questions? yes.

Delusions none expressed.

Other Abnormalities —

Appearance a light haired man below medium size.

Skin warm. Hair light.

Eyes dark. Pupils equal react. ℞.

Muscularity moderate Fatness poor.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action present Special Senses normal.

Retina

Lungs rhonchi at right apex.

Heart irregular action.

Tongue clean Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite fair.

Urine 1014. no albumen or sugar.

Menstruation —

Pulse irregular — Temp. —

Height 5ft 5in Weight 85l 6 lb.

Disease mania. *Skae's Classification*

General Bodily Health and Condition average.

PREDOMINANT FEATURES.

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

NAME. James Symington

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8 October 1890						He is a restless unsettled man with a certain amount of facility and weak mindedness.
9 October						No change.
10 October						He is now working out of doors. Mentally the same.
13 October						He imagines himself to be a large landed proprietor.
15 October						He now works out of doors & gets on well. Is restless & silly still.
20 October						Is quiet & shews himself cheerful & willing to do anything.
27 October						Eats & sleeps well & gives no trouble.
15 November						Same state.
5 December						He is quiet & in good health & spirits. Works on the Farm.
31 Decr.						No change to report.
28 Feb. 1891						no change.
14.10.92						Still works outside. Picks all sorts of odd articles & pockets them believing they have some charm. Has a private collection of small stones each of which possessed some virtue.

Duckworth

AME,

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

285

NAME, James Highet No.

Admitted, 7 October 1890 Pr. Ad. none.

Sex, male Age, Marriage, Occupation,

Education, fair. Religion, Protestant.

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack —

Other Facts or Remarks

Facts of Medical Certificates D^r Taylor:— Delusions. Incoherent. Hears voices sees faces at night. Imagines he is poisoned.

D^r Barnes Dellusions Says he has been getting medicine which has upset his brain & that he has evil mind which no white man could have stood Memory defective

NAME James Highet.

STATE ON ADMISSION.

Exaltation none.

Depression a little depressed

Excitement none.

Enfeeblement none.

Memory fairly good.

Coherence coherent. Can answer questions? yes.

Delusions none expressed.

Other Abnormalities

Appearance a tall greyish-haired man.

Skin warm. Hair greyish.

Eyes blue grey. Pupils equal - react.

Muscularity fair. Fatness reduced.

Nervous System—*Motor*

Sensory

Reflex Action present Special Senses normal.

~~Retina~~ Conjunctivæ yellow.

Lungs nothing abnormal.

Heart no murmur. forcible thumping action.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite poor.

Urine some albumen. 1018. Otherwise normal

Menstruation —

Pulse Temp. 98

Height 5ft 11½ in. Weight 11 st —

Disease none. *State's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME, James Highet

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8 October 1890						He is quiet but does not sleep well. He looks restless & strange today.
9 October						This patient is quiet but looks strange. He thinks that "he has been made sick so as to destroy his memory".
10 October						He is sleepless & restless
13 October						Works out of doors.
17 October						This patient is not able to be out of doors today working. He is excited & restless, talks nonsense & says he has lost the power of speech.
20 October						He has many hallucinations of hearing & hears God's voice". He is restless at night & is under special supervision.
27 October						He is still peculiar, is insanely suspicious, restless & has a pinched insane look.
15 November						This man will not speak, and says he cannot speak - his mouth is full of saliva all day.
28 November						Restless & sits looking about him strangely all day.
5 December						No improvement.
31 Decr.						This man sits rubbing his legs & arms & twisting his sleeves stocking & trousers about & says that they are full of electricity. He looks round indignantly if questioned or spoken to & walks off at once.
28 Feb 1891						His habits are dirty very dirty - he shews many signs of G. P.

James Highet

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					He is going downhill rapidly, with all the symptoms of G.P. Has been put to bed as his feet are swollen, and he is very unsteady on his legs.
					Bed-sores are forming over the sacrum. He eats well, but is becoming weaker.
					The sores have ceased to extend, but shew no tendency to heal. He is failing. Heart's action is rapid and feeble.
					Died this morning.

289

NAME, Andrew Morrison. No. 593

Admitted, 9 October 1890 Pr. Ad. none.

Sex, male Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Pauper. Where from?

HISTORY.

Connection.

Disposition —

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack A few Days

Other Facts or Remarks

Facts of Medical Certificates Dr Yeomans :- Highly excited Excitement. Delusions as much means at his disposal

Dr Arthur Delusions Says he made 35/- in last eight shift & has £8000 Excitement.

NAME Andrew Morrison.

STATE ON ADMISSION.

Exaltation great. as shewn by his delusions & expansive ideas on every subject.

Depression none.

Excitement restless & easily excited.

Enfeeblement facile.

Memory not good

Coherence coherent Can answer questions? yes.

Delusions that he is Sir Andrew Morrison & has millions of money.

Other Abnormalities Insists on going at once to his mother's funeral but is easily dissuaded

Appearance a blear eyed dark sallow labourer of medm size.

Skin warm - sallow Hair black

Eyes dark. Pupils Equal react. to -

Muscularity fair Fatness poor

Nervous System—*Motor* gait unsteady; speech thick; tremor of tongue & face.

Sensory —

Reflex Action present K. j. Cappi Special Senses normal.

Retina

Lungs respirations normal.

Heart action weak - sounds almost inaudible.

Tongue furred yellowish. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

scars on inner side of knee.

Appetite moderate.

Urine some albumen present. 1012. acid.

Menstruation —

Pulse weak. 76. Temp. —

Height ′ Weight

Disease Mania at present *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B 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 Morrison.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 October 1890						He is restless & facile & is easily excited, quarrelsome & irritable. He has been declaring all day that he is going to start at once for Wainwright but is not specially disappointed at not being allowed away. His conjunctiva are yellow & he is suffering from a sore throat.
11 October						Full of delusions of grandeur e.g. that he is worth millions & will give the writer some thousands of pounds at once.
12 October						no change.
14 October						Still restless & irritable & much the same as before.
17 October						No change.
24 October						Says he is Sir Andrew Morrison
1 November						He is still restless & is absurd in his statements.
15 November						He is much quieter & is stouter & in better health.
5 December						Improving a little.
31 Decr.						He is full of delusions of grandeur - that he is a King, an "M.P." - baronet and "Rt Honble" &c. He is shaky in health & talks "to Almighty God".
28 Feb. 1891						Same state.
27. 8. 92.						Died from G. P.

AME.

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

NAME, Michael Glancy. No. 596

Admitted, 17. October 1890. Pr. Ad. none.

Sex, male Age, Marriage, single. Occupation, 0

Education, – Religion,

Private or Pauper, Pauper. Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Previous attack.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Dr Gilbert-Campbell Vacant look Wandering eye In middle of an answer suddenly drops his head & lapses vacantly.

Dr Kirk.- Very stupid has a vacant silly look Incoherent-

NAME Michael Glancy.

STATE ON ADMISSION.

Exaltation none.

Depression none.

Excitement none.

Enfeeblement none apparent.

Memory

Coherence coherent Can answer questions? yes.

Delusions none expressed.

Other Abnormalities Stupid & sluggish.

Appearance A. red complexioned thin stupid man

Skin warm Hair red.

Eyes blue. Pupils unequal, react, ½-dilt.

Muscularity fair Fatness poor

Nervous System—*Motor* right hand is weak.

Sensory normal.

Reflex Action present Special Senses normal.

Retina

Lungs right chest under the clavicle more flattened than left side

Heart forcible action.

Tongue furred Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

no bruises.

Appetite poor.

Urine no abnormal constituents - Sp. Gr 1016. acid.

Menstruation

Pulse forcible. Temp. —

Height 5ft 7½ in. 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, Michael Glancy.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18 October 1890						He is quiet & rather stupid & takes little interest in anything. Is rather hypochondriacal about his hand.
19 October						Still quiet; at times he is a little restless & there is something weighing on his mind which he will not express.
20. October						He is much as before.
22 October						This man is comfortable here & will not leave if he can help it. He is restless & there is some little suppressed excitement about him.
25 October						He is beginning to get stouter.
28 October						This man is stupid & quiet but speaks when spoken to. He takes no interest in anything
3 November						Still stupid & hypochondriacal & takes no interest in anything.
10 November						Getting much stouter. Sent out on pass to c/o Inspector of Poor - Govan & Discharged.

NAME.

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

NAME, Charles Zabe. No. 5760

Admitted, 17 October 1890. Pr. Ad. none.

Sex, male. Age, Marriage, Occupation, Sailor

Education, — Religion,

Private or Pauper, Pauper. Where from? S.S. Pacific.

HISTORY.

Causation.

Disposition

Habits Intemperate when on Shore.

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

He speaks English imperfectly being a German. He has been in the German Navy & is still a Naval Reserve man.

Facts of Medical Certificates D. Taylor. Delusions Fancy people try to murder him

D. Barnes Ditto.

NAME Charles Zabe.

STATE ON ADMISSION.

Exaltation none.

Depression some - but slight.

Excitement none.

Enfeeblement none apparent

Memory appears impaired.

Coherence coherent Can answer questions? yes.

Delusions none expressed.

Other Abnormalities Looks peculiar & is suspicious - morbidly so. Very silent.

Appearance A heavy foreign-looking & greasy-looking Sailor

Skin greasy dark Hair dark.

Eyes dark grey Pupils equal, react, contracted

Muscularity Good. Fatness Good.

Nervous System—*Motor* normal -

Sensory normal ?

Reflex Action normal Special Senses Good.

Retina

Lungs chest not well formed. There is a flattening on each side of the sternum.

Heart Faint mitral praesystolic murmur.

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, etc.

Tattoo marks.

Appetite fair.

Urine no abnormal constituents. acid. 1016.

Menstruation

Pulse fair volume Temp. -

Height 5ft 9 in Weight 11 st. 6 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, Charles Zabe

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18 October 1890						This man is quiet & says little in reply to questions. He admits having been intemperate, not on board ship but on shore & says he attempted suicide.
19 October						He is restless & peculiar in his appearance - he looks insane. Says he attempted suicide because he thought everyone was looking at him & making faces at & mocking him. Owns to being much depressed & very sleepless.
20 October						Is more restless today. Does not sleep at night & before taking his food looks about him suspiciously - but takes his food.
22 October						Would not go to the Hall to dinner today as he says everyone was making faces at him & looking at him & mocking.
24 October						Takes his food in the Infirmary room as he thinks he is persecuted in the hall.
27 October						He is suspicious & sleepless & restless & still has delusion of people watching him.
31 October						Improved somewhat & sleeps better - He is not nor so much afraid of people making faces at him. He is more cheerful.
15 November						This man is at times restless & sleepless; has hallucinations still & is often depressed. He is suicidal.
5 December						Improving steadily.

NAME. Charles Jabe.

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					31 Dec 1890 Much the same. Works well.
					10 Feb. 1891 Attempted to escape.

Is working well – is uniformly cheerful, and expresses no delusions –

Discharged recovered –

301

NAME, Henry Weir. No. 595,
Admitted, 17 October 1890 Pr. Ad. none
Sex, male. Age, Marriage, single Occupation, Garden &c
Education, fair Religion, Protestant.
Private or Pauper, Private. Where from? Moffat.

HISTORY.

Disposition
Habits Good
Previous Attacks—No. none Kind —
Duration — Where treated —
Hered. History—Insanity none
Other Diseases
Predisposing Age.
Exciting Irregular food. Bad Cooking

Causation.

Symptoms. First. Mental Restlessness.
Bodily Getting thinner

Symptoms. Recent. Mental Restlessness & excitability.
Bodily Indigestion & loss of flesh.

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack
Other Facts or Remarks

Facts of Medical Certificates Dr Munro Exalted ideas Rambling talk Cannot be controlled by parents Fancies he sees lights at night.
Dr Grange. Sleepless Restless Noisy & Otto

NAME Henry Weir.

STATE ON ADMISSION.

Exaltation Some - he is pleased with himself & with everything & is full of spirits shewing an
Depression none. [exalted sense of wellbeing.

Excitement Restless.

Enfeeblement none.

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

Other Abnormalities Vain - facile -

Appearance a thin anamic boy.
Skin warm Hair dark
Eyes greyblue. Pupils dilated - equal - react.
Muscularity poor Fatness poor
Nervous System—*Motor* normal

Sensory normal

Reflex Action K.j. Exaggerated. Special Senses normal.
Retina
Lungs healthy.

Heart mitral systolic murmur.
Tongue furred Bowels costive.
Other Organs, Abnormalities, Bruises, etc.
none.

Appetite uncertain.
Urine abundant phosphates - no sugar &c.
Menstruation
Pulse weak 74. Temp. -
Height 5ft 3½ in Weight 7st - 3½ li.
Disease mania *Shaw's Classification* Adolescent Insanity
General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME. Henry Weir.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18 October 1890						This boy is restless & excitable & is in a state of mental exaltation.
19 October						He is restless & facile & is rather vain - & is loquacious.
20 October						Much the Same
23 October						This boy takes his food well & sleeps well & is cheerful & exalted, restless & facile.
26 October						Working out of doors now.
29 October						Improving a good deal & becoming stouter & stronger. His complexion is better, he eats & sleeps well, works in the garden & is settling down.
5 November						much better in every way.
10 November						Getting stouter & mentally is much stronger
19 November						Took a fit today.
20 November						Took another fit - Is stupid & confused.
5 December						This boy is better again & eats & sleeps well & is working in the garden as before. He is looking more healthy & has got over his late attack.
31 Decr.						Has increased 1 stone 5 lbs in weight since admission.
						Discharged Recovered.

NAME.

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

305

NAME, Thomas Corbett No. 5764

Admitted, 21 October 1890. Pr. Ad. none.

Sex, male. Age, Marriage, Occupation, Sailor.

Education, – Religion,

Private or Pauper, Pauper. Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing Ill health.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates D. Barrie: – Is dull & melancholy & Kidney affection prey on his mind. Has desire to commit suicide.

D. Wallace Dull & melancholy Broods & despnds.

NAME Thomas Corbett.

STATE ON ADMISSION.

Exaltation none.

Depression dull & dispirited.

Excitement none.

Enfeeblement not apparent

Memory good.

Coherence coherent Can answer questions? yes.

Delusions none expressed.

Other Abnormalities

Appearance An emaciated very debilitated man.

Skin pale. Hair black.

Eyes dark Pupils equal, react, dilated.

Muscularity poor Fatness very poor

Nervous System—*Motor* weak & can scarcely walk.

Sensory —

Reflex Action present. sluggish. Special Senses normal.

Retina

Lungs bronchovesicular breathing at the left right apex.

Heart Action very weak.

Tongue furred. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

tattoo marks. A ship in full sail on his chest - with Union Jack flying -

Appetite Catarrhal dyspepsia.

Urine albumen in abundance. diminution of urine.

Menstruation

Pulse weak. 70 Temp. -

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition very weak.

PREDOMINANT FEATURES.

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

NAME, Thomas Corbett

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22 October 1890.						He is very weak & ill. Urin & anaemic & altogether in a wretched condition.
23 October						Has Bright's Disease. Chronic his feet are swollen.
24 October						Says he has impulses towards homicide. Is depressed & miserable.
25 October						Still with swollen feet & is vomiting today. Eats well at times.
27 Octr.						Had a fit today.
29 Octr						Weak & miserable had another fit.
1 Novr						Has diarrhoea - mental state The same.
4 Novr						Has uraemic fits & diarrhoea. He is in a miserable state.
7 Novr						Died.

NAME.

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

NAME, Thomas Stewart No. 576

Admitted, 23 October 1890. Pr. Ad. none

Sex, male. Age, Marriage, Occupation,

Education, – Religion,

Private or Pauper, Pauper. Where from? E

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Dr Wallace Fidgetty & strange in movements & manner Imagines people alive him away him by putting down bad smells Imagines water is poisoned. Excitable & dangerous.

D. Barrie Ditto Goes to a week in Glasgow Keen for his wife.

NAME Thomas Stewart.

STATE ON ADMISSION.

Exaltation none.

Depression melancholic.

Excitement none.

Enfeeblement stuporous.

Memory bad.

Coherence Coherent Can answer questions? yes.

Delusions that poisonous gases surround him.

Other Abnormalities In a state of partial stupor.

Appearance A small dark sallow dull man

Skin warm. Hair dark.

Eyes dark Pupils dilated unequal react.

Muscularity poor Fatness poor

Nervous System—*Motor* normal

Sensory normal ?

Reflex Action present - sluggish Special Senses normal.

Retina

Lungs Nothing abnormal.

Heart no murmur.

Tongue furred. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite bad

Urine 1026. a deposit of urates. no albumen.

Menstruation

Pulse weak. Temp. -

Height Weight

Disease - *Stone's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

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NAME, Thomas Stewart

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24 October 1890.						He is stupid, says nothing except to ask to be allowed home and then immediately sinks into silence & torpidity
25 October						Dull & listless – says "Can I get home soon" & then sinks back into stupor.
26 October						Stupid & dull & blows away "poisonous gases" from himself constantly
28 October						Still blows away the poisonous gases &c. & thinks his food at home was poisoned.
30 October						Utterly dull & stupid & thinks the poison affects him thro' the air.
4 November						No change.
11 November						He remains silent & stupid. Never speaks unless spoken to & is full of delusions about poisonous gases affecting him.
20 November						His bodily health is improving.
5 December						He still looks ill, is sallow his face twitches & he is nervous & silly & never speaks except to ask when he will get home.
31 Decr.						This man gets stouter & is rather better but is very silly still.
28 Feb 1891						no change.
12.11.92						Continually expresses the delusion "that his throat & stomach are off from the head" & that he must go to Glasgow to get it put right.
28-2-93						Died

ME.

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

NAME, Charles Brimms. No. 5970

Admitted, 27 October 1890. Pr. Ad. none.

Sex, male Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Pauper. Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates D. Brr Excited & suspicious of every one seen him. Conversation confused & incoherent. Delusion of impending calamity

D. Buchan Sleepless & frightful Hallucinations Illusions

NAME Charles Brimms.

STATE ON ADMISSION.

Exaltation none.

Depression some.

Excitement restless - wild looking

Enfeeblement none.

Memory will not allow it to be tested.

Coherence coherent | Can answer questions? yes but only about his present condition.

Delusions none expressed.

Other Abnormalities Seems to fear impending danger

Appearance a dark pale medium sized man.

Skin warm Hair black.

Eyes dk dark Pupils unequal - left dilated

Muscularity fair Fatness poor.

Nervous System—*Motor* normal.

Sensory normal

Reflex Action present Special Senses good.

Retina

Lungs Nothing abnormal.

Heart Mitral Systolic murmur.

Tongue dry yellow fur Bowels irregular.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite poor.

Urine no abnormal constituents - 1026. acid.

Menstruation

Pulse fair vol. & tension Temp.

Height 5ft 6½ in Weight 8st 6lb

Disease *Shaw's Classification*

General Bodily Health and Condition weak

PREDOMINANT FEATURES.

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

NAME. Charles Brimms

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28 October 1890						He is restless & wild looking says he is lost body & soul & has committed the unpardonable sin.
29 October						Takes his food badly & says he is black in color & is a nigger, which is a delusion. Is very restless.
30 October						Was fed with the tube today and is very restless, his left eyelid droops and his left leg is weak -
1 November						Took his food himself but is full of delusions.
3 November						Fancies he is a negro & that he is also lost body & soul & is to be murdered.
6 November						Has retention of urine. Relieved by the Catheter.
7 November						Catheterised today again.
8 November						Catheter used again.
9 November						Passed urine in the morning but had retention at night.
10 November						Passed urine himself.
17 November						For the last week he has been in bed & now is up again - passed urine perfectly himself. Gets Cascara.
20 November						Much the same.
5 December						Passes urine freely. He says he vomits & accordingly gets small doses of Gregory's powder & Bismuth daily. Not much better mentally.
31 Decr.						He sees double some days & complains still of heartburn
20 Feb. 1891						Much the same but is useful in helping the attendants.
10-5-91						He is somewhat depressed, but speaks sensibly, and makes himself very useful in the ward -

NAME. Charles Brimms

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28-7						Is now very much depressed and confused, and cannot occupy himself in any way: says he feels too stupid to do anything, and cannot remember what he is told. He believes that those about him are plotting to do him harm, and has many delusions about his bodily condition, Eg. that his bowels never act.
22: 91.						This patient is developing signs + symptoms of locomotor Ataxia - he has girdle pains - diplopia - fortes Crises - cannot shew steadily when eyes are shut. Knee Jerks are absent. Generally there is a lack of muscular incoordination. his left pupil is larger than the Right. + both are inactive to light.
9: 192						Gradually getting worse. His nervous disease is progressing - he is very unsteady in walking. Complains of a bad taste in his mouth - lost digestion. Great flatulence is present. + his abdomen is often much distended. He is much depressed.
1 12-1892						Has been helpless in bed for some time. Complains that while he shaves with cold his skin is burning that he can't sleep on account of the feeling of things crawling on his ear. Perpetually grinds his teeth. Says he has pains darting through his body.

Death

317

NAME, George Todd No. 5971

Admitted, 20 October 1890. Pr. Ad. none

Sex, male. Age, 48 Marriage, — Occupation,

Education, Religion,

Private or Pauper, Pauper. Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Some weeks

Other Facts or Remarks

Facts of Medical Certificates Dr. Ruffort:— Without delusions lies in bed. Hears voices whispering to him. Would remain weeks but feels mentally unfit though physically quite strong. Absent & dreaming look but quite coherent.

Dr Tottenham under my treatment for dyspepsia with melancholia — Despondency constant crying in bed loss of interest vacant look

NAME George Todd.

STATE ON ADMISSION.

Exaltation none.

Depression none

Excitement none

Enfeeblement none.

Memory

Coherence coherent Can answer questions? yes.

Delusions none expressed.

Other Abnormalities –

Appearance A tall burly red bearded man.

Skin warm. Hair red.

Eyes blue. Pupils equal react. ½.

Muscularity good Fatness good

Nervous System—*Motor* normal

Sensory normal

Reflex Action present Special Senses normal.

Retina

Lungs nothing abnormal.

Heart no murmur.

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite fair.

Urine Sp gr. 1016. acid. no sugar or albumen.

Menstruation

Pulse fair. Temp.

Height 5ft 7½ in Weight 115 lbs 4 oz.

isease *Skae's Classification*

eneral Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME. George. Todd.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29 October Nov[r] 30 October 1890.						Quiet & dull & rather stupid. He is torpid & says little unless spoken to - thinks his health in a deplorable state. Is hypochondriacal.
31 October						Still rather dull & stupid & considers himself weak & his health bad which is not the case.
1 November						No change
3 November						This man is still silent & lazy & rather stupid.
6 November						A soft rather careless man
10 November						Enjoys the dances & is rather brighter & fresher.
17 November						Works out of doors, goes to the dances, plays cards & is much better.
5 December						Improving steadily & is better in every way.
31 Decr.						He works as before & is quiet & orderly but lazy & unstable & has no energy in him.
28 February 1891						Is in bed with a carbuncle in his back.
23 Sept. 1891						He is subject to fits of depression which usually come on once a fortnight. He works in the grounds a little.
7:1:91						This man varies upon the whole. Sometimes he is a little depressed. Two days ago he walked away to Cramond and got home 10 miles along the Edinburgh (?) road. He says himself he had no great desire to go home - but that it was an impulse pushed on his part.
5.9.92						Discharged Recovered

A. E.

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

321

NAME, Owen Smith No. 5972

Admitted, 29 October 1890. Pr. Ad. none.

Sex, male Age, 30 Marriage, Single Occupation, Plasterer Labourer

Education, Religion, R.C.

Private or Pauper, Pauper. Where from? Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First attack Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous Yes

Duration of Existing Attack 6 days

Other Facts or Remarks

Facts of Medical Certificates D. Barrie Stupid, hesitating undecided manner hallucinations sight & hearing.

D. Wallace Peculiar manner & speech cannot tell day of month. Strange confused feeling in head

NAME Owen Smith.

STATE ON ADMISSION.

Exaltation none

Depression none

Excitement restless.

Enfeeblement none.

Memory fairly good

Coherence coherent. Can answer questions? Yes.

Delusions That "French flies" cover the walls.

Other Abnormalities

Hallucinations of Sight.

Appearance A thin brown haired rather short man.

Skin warm. Hair brown

Eyes dark. Pupils Eq. react. ±.

Muscularity reduced Fatness reduced.

Nervous System—*Motor* normal

Sensory normal.

Reflex Action present Special Senses normal

Retina

Lungs healthy.

Heart faint mitral præsystolic murmur.

Tongue furred Bowels irregular

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite poor.

Urine acid - 1020. no albumen.

Menstruation

Pulse poor tension. Temp.

Height 5ft 5-½ in Weight 95 lbs.

Disease *Slade's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

323

NAME. Owen Smith.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30 October 1890						He is quiet- rest, but still has hallucinations of sight & sees French flies all through the room - He thinks this "is their civilization".
31 October						He is impulsive & today threw a spittoon suddenly thro. the room - & without reason
1 November						Still has delusions about the flies being sent to annoy him.
3 November						He is confused & has a peculiar insane look today - says he is not sleeping well.
6 November						Still weak in mental health & at times only, has hallucinations of sight.
10 November						Much better but far from well. He is getting stouter & sleeping better.
17 November						Works out of doors & is free from hallucinations of sight.
5 December						Improving slowly.
31 Decr.						This man is getting stouter & healthy & eats & sleeps well & has no hallucinations.
28 February 1891.						Improving steadily.
14 March.						Discharged Recovered.

NAME.

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

325

NAME, Hugh Douglas. No. 5975

Admitted, 4th November 1890. Pr. Ad. none

Sex, Male Age, 29 Marriage, married Separated Occupation, Was a [illegible] is a cl[illegible]

Education, Fair. Religion, Protestant

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Abou[illegible] three months.

Other Facts or Remarks

Facts of Medical Certificates Dr Barnes Unhappy & restless Delusions. – Had a struggle with the devil lasting from ten minutes to 25 till half past eight

Dr Taylor Melancholy stands looking at the sun will not sit down. Says God is looking at him & will not permit him.

NAME Hugh Douglas.

STATE ON ADMISSION.

Exaltation great - his sense of well being is unduly exalted, he is self satisfied, satisfied with his position & laughs about things.

Depression none.

Excitement Restless & excitable.

Enfeeblement none.

Memory confused for recent events.

Coherence coherent Can answer questions? yes.

Delusions That he is being watched by the patients & needs to "Keep his eye on them".

Other Abnormalities Irritable - Defiant - without having anything to be defiant at.

Appearance A small light haired restless man.

Skin clear yellowish Hair light.

Eyes blue Pupils unequal, react, l. d.

Muscularity fair Fatness fair

Nervous System—*Motor* normal

Sensory normal.

Reflex Action patellar exagg?. Special Senses good.

Retina

Lungs healthy.

Heart no cardiac murmurs.

Tongue yellowish furred Bowels - costive.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite moderate.

Urine no sugar. Trace of albumen. 1016. acid.

Menstruation

Pulse fair vol. & tension 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. Hugh. Douglas.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5th November 1890						This patient is very restless walks about restlessly, can settle to nothing, his manner when spoken to is also restless & suspicious. He will not say anything straightforward & speaks only in an indirect way & by suggestion.
6th November						He is insanely suspicious, is sleepless & restless, irritable & thinks everyone is watching him.
7th November						This man is much the same.
10 November						His eyes are yellowish & his complexion & he is restless excitable & silly in his manner.
13 November						He paces the floor constantly in agitation and is suspicious & extremely restless.
20 November						This man hears "the voice of God" speaking to him. He is still very restless & suspicious & irritable, but too silly to be persistently irritable.
27 November						His hallucinations of hearing continue & his delusions of being watched & "looked at". He is still suspicious & very restless - his manner is silly & he will not say anything straightforward & only speaks by suggestions.
5 December						No change. He takes Nitro hydrochloric acid m xv 3ii daily - This he refused at first but on being assured that it would do him no harm he took it.
31 Decr.						Still suspicious & rather silly in his manner but better & not so restless.

AME. Hugh Douglas.

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					January 1891 He said he was not going to allow the Commissioner to try electric tricks on him. The Commissioner, Dr Sibbald has ticked his name off in his book.
					2. February He thinks people are constantly trying "electric tricks" on him & will not allow the writer to stand behind him on this account.
					1st to 5th Sept 1891 Discharged Recovered

NAME, Archibald Thomson. No. 5979.
Admitted, 6 November 1890 Pr. Ad. none
Sex, male Age, 40 Marriage, single Occupation, Labourer
Education, - Religion, Roman Catholic.
Private or Pauper, Pauper. Govan Where from? Glasgow.

HISTORY.

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

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities
Suicidal Unknown
Dangerous "
Duration of Existing Attack "
Other Facts or Remarks

Facts of Medical Certificates Dr. Gillespie Campbell Answers in hesitating manner memory defective. Does not know where he lives where he works where his father lives
Dr Kirk In stupid state cant tell why he was going about naked

NAME Archibald Thomson.

STATE ON ADMISSION.

Mental.

Exaltation None -

Depression none.

Excitement none

Enfeeblement seems weakminded.

Memory weak; confused.

Coherence Incoherent - Can answer questions? yes.

Delusions none expressed -

Other Abnormalities Has a dazed stupid expression.

Bodily.

Appearance A very well made big tall man.

Skin warm. Hair dark. light -

Eyes dark grey Pupils ~~unequal~~. equal. react.

Muscularity Good Fatness poor

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action Sluggish. Special Senses Sluggish.

Retina

Lungs healthy - ?

Heart no murmur.

Tongue furred. Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

bruises on nose & left arm.

Appetite fair.

Urine no sugar; 1020.; trace of albumen.

Menstruation

Pulse fair volume Temp.

Height Weight 5?

Disease *Skae's Classification* Epileptic Insanity.

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME. Archibald Thomson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4 Novr 1890.						He is stupid & dazed & his memory is confused.
8 Novr						Weakminded & dazed this m. can remember little of recen events - is slow to answer quest.
9 Novr						Still stupid but rather brighter.
11 Novr						Had an Epileptic fit.
14 Novr						He is stupid after his fit & does not know what he is doing.
17 Novr						Much the same.
21 Novr						Had a quantity of pus in the right ear wh. was syringed. No more fits - at least grande mal.
28 November						He is silly & weakminded & now & then takes a fit -
5 December						He has a blister applied to the back of his ear.
31 Decr.						He still takes fits but is stouter & better in every way.
15 Jan. 1891						He is much as before.
15 February						This man is better both physically & mentally
8:1:92.						Is getting very dull, fairly well mentally still takes his fits
13·10·92						Much the same. Smiles when spoken to in a silly way Does not know how long he has been in this age. He is at times excited

Dr Sch

NAME.

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

333

NAME, Alexander Bryce. No. 5980

Admitted, 6 Nov^r 1890. Pr. Ad.

Sex, male Age, 42 Marriage, married Occupation, Ironmoulder

Education, – Religion, Protestant

Private or Pauper, Pauper Govan Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack Eight months

Other Facts or Remarks

Facts of Medical Certificates Dr Taylor Restless. Delusions. Fancies fearful things on the wall during the night. Amuses himself with a clasp knife like a child

Dr Barras Delusions Plenty of money Can raise £150.000 on an I.O.U.

NAME Alexander Bryce

STATE ON ADMISSION.

Exaltation none.

Depression none

Excitement Irritability & sense of dis-satisfaction in him.

Enfeeblement none noticed.

Memory good -

Coherence coherent Can answer questions? Yes

Delusions That people are watching, dogging & conspiring against him.

Other Abnormalities facile manner.

Appearance A tall redfaced dark man. stout.

Skin warm. Hair black.

Eyes dark. Pupils Equal, react -

Muscularity Good Fatness Good

Nervous System—*Motor* normal -

Sensory

Reflex Action present Special Senses normal

Retina

Lungs healthy.

Heart no murmur

Tongue dry. Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

~~two~~ old scar on nape of neck.

Appetite fair

Urine no sugar or albumen - 1026. urates.

Menstruation

Pulse poor tension. 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.

335

NAME, Alexander Bryce.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7 Nov^r 1890						He has the delusions that he is conspired against & watched & all people dog his steps.
8 Nov^r						He is rather silly & facile & does not sleep well. is irritable & defiant.
9 Nov^r						Still restless & irritable & full of delusions of persecution
12 Nov^r						No change.
15 Nov^r						Gets Aqua Regia & Rhubarb in mixture.
20 Nov^r						Still restless & thinks people wish to insult, & conspire against him.
25 November						He is quiet & says little - is rather hypochondriacal & full of ideas about "nervous debility" - Works out of doors most but says he does not sleep.
5 December						Sleeping better - Eats well.
31 Decr.						He is quiet but his manner is peculiar & he is restless & unsettled & will not allow his attention to be fixed on anything.
15 January 1891						Much the same but has a Carbuncle on his neck.
15 February						Is restless & irritable & emotional & facile. His facial muscles twitch like those of G. P. Undoubtedly a G. P. mostly the symptoms have developed now
8:1:92.						
12-10-92						Very exalted ideas has £200,000 as many horses horses boats as he wants Has a large Hotel on his property & might marry any one but the Queen His speech is very markedly affected.

Died

NAME.

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

337.

NAME, John Blane. No. 5988

Admitted, 13 November 1890 Pr. Ad. none

Sex, male Age, 68 Marriage, widower Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Argyle District asylum

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Age.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal was considered so when admitted to Argyle in 1890

Dangerous no

Duration of Existing Attack two months

Other Facts or Remarks

Facts of Medical Certificates Dr Skae Senility demented does not know his age Can give account of his antecedents Rambling in conversation At times much depressed

NAME John Blane.

STATE ON ADMISSION.

Exaltation some.

Depression none.

Excitement none.

Enfeeblement none apparent

Memory confused on some points.
Coherence coherent Can answer questions? yes.
Delusions none expressed.

Other Abnormalities

Appearance A medium sized elderly man.
Skin warm clean Hair grey
Eyes grey Pupils equal react. ½.
Muscularity good Fatness good
Nervous System—*Motor* normal

Sensory normal

Reflex Action Special Senses
Retina
Lungs Way respiration at apices.

Heart no cardiac murmur.
Tongue clean Bowels regular
Other Organs, Abnormalities, Bruises, etc.
broken rib.

Appetite fair.
Urine no sugar or albumen.
Menstruation —
Pulse irregular Temp. —
Height 5ft 7 in Weight 115 lb.
Disease mania. *Skae's Classification*
General Bodily Health and Condition poor.

PREDOMINANT FEATURES.

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

NAME, John Blane

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14	Novr 1890					He is quiet at present but has a confused appearance & his memory is imperfect on some points.
15	Novr					Restless now & then.
17	Novr					He is in weak health & easily upset.
19	Novr					This man is restless at times - he has not been much excited however. Complains of his rib.
26	Novr					Has a cold in the head & chest.
7	Decr.					He has got rid of his cold and is stronger & his rib does not trouble him.
14	Decr.					He is suffering a little from diarrhoea having got Cascara for some time past.
31	Decr.					Is better & not troubled with the diarrhoea. He is becoming stouter.
17	January					Coughs a good deal at times but is well otherwise.
28	February					Works out of doors.
14:9:91						Discharged Recovered.

NAME.

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

341

NAME, John Davis. No. 5991

Admitted, 20 ~~March~~ Novr 1890 Pr. Ad. none

Sex, male Age, 36 Marriage, married Occupation, Labourer

Education, Religion, R.C

Private or Pauper, Pauper. Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One two years ago Kind

Duration Where treated Inverness asylum Gartnavel

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack 6 weeks

Other Facts or Remarks

Facts of Medical Certificates Dr. Taylor Delusions Incoherent-Irrelevant-Fancies he is swimming in the sea

Dr Barnes Confused & Dazed no idea of time

NAME John Davis

STATE ON ADMISSION.

Exaltation great. immensely pleased with everything, disappointed at nothing

Depression none.

Excitement Restless.

Enfeeblement none.

Memory bad.

Coherence coherent Can answer questions? yes.

Delusions of grandeur.

Other Abnormalities -

Appearance A tall thin raw pale man

Skin warm Hair dark

Eyes blue Pupils very unequal.

Muscularity much reduced Fatness much reduced.

Nervous System—*Motor* unstable.

Sensory -

Reflex Action present Exaggd K.J. Special Senses normal

Retina

Lungs bronchial breathing at apex of left lung

Heart irregular

Tongue furred flabby Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

scar on the breast - top of left forefinger awanting

Appetite fair.

Urine some phosphates - trace of albumen - 1020.

Menstruation -

Pulse irregular Temp.

Height 5ft. 10 in Weight 9st. 8lb.

Disease Mania *Stott's Classification*

General Bodily Health and Condition weak

PREDOMINANT FEATURES.

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

343

NAME, John Davis.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21 Novr 1890						This patient is very restless & cannot keep still for an instant. He is full of delusions of wealth & grandeur.
22 Novr						Very facile & insanely credulous. He is weak both in body & mind.
23 Novr						His mans memory is impaired, he is in a state of great mental exaltation, can be made to believe any rubbish & nonsense & his speech has a slight stutter.
25 Novr						His pupils are always unequal, his speech has a stutter, his memory is weak & he is altogether very shaky in body & in mind.
28 Novr						Same state.
1 Decr.						He is not quite so restless & is looking a little better.
10 Decr						Same state of restlessness & facility & exaltation with delusions & loss of memory.
31 Decr.						Great exaltation, unequal pupils, delusions of pride & great grandeur, paretic speech, Tremor of facial & lingual muscles, with great facility & loss of memory for ordinary events mar this man as a case of General paralysis.
						Removed to Ireland

NAME.

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

345

NAME, John Smith No. 5993

Admitted, 24 Nov 1890 Pr. Ad. none.

Sex, male Age, 81 Marriage, Single Occupation, Butler

Education, — Religion, Protestant

Private or Pauper, Private Where from? Moorhead's Hospital

HISTORY.

Causation.

Disposition —

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing old age.

Exciting senility

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous no

Duration of Existing Attack about 12 months

Other Facts or Remarks

Facts of Medical Certificates Dr Marshall Has a vacant expression Talks incoherently & makes rambling statements. Dr Macdonald excited & restless. Says he is 22 years old.

NAME John Smith.

STATE ON ADMISSION.

Exaltation none.

Depression none.

Excitement restless.

Enfeeblement very weak in mind.

Memory none for recent Events.

Coherence incoherent Can answer questions? yes

Delusions that he is 24 years of age.

Other Abnormalities An old man in his dotage.

Appearance A thin spare red faced feeble old man.

Skin warm Hair scanty & grey.

Eyes blue Pupils contracted - equal.

Muscularity poor Fatness poor

Nervous System—*Motor* unstable & weak.

Sensory —

Reflex Action K.j. exaggerated Special Senses weak.

~~Retina~~ Arcus Senilis in both eyes.

Lungs old bronchitis.

Heart action weak: Vessels atheromatous.

Tongue furred. Bowels regular

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite fair.

Urine 1020. no albumen. acid.

Menstruation

Pulse weak Temp.

Height 5ft 6in Weight 8st —

Disease Old age. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

347

NAME, John Smith.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25 Novr 1890						He is restless, silly & cannot tell where he is or how long he has been here. He has no memory.
26 Novr						This man is restless & in a state of dotage.
27 Novr						Eats well & is wet at night.
30 Novr						He fumbles with his clothes & stares about vacantly & talks incoherently.
2 Decr.						Same state.
8 Decr.						This old man is in bed & in a state of restlessness & delirium - Senile.
10 Decr.						Rather better but has great difficulty in swallowing.
11th Decr.						This man is worse - very weak.
12th Decr 1890						Died this morning.

NAME.

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

349

NAME, Thomas Neilson No. 5996

Admitted, 25 November 1890 Pr. Ad. none

Sex, male Age, 26 Marriage, single Occupation, uncertain

Education, poor Religion, Protestant.

Private or Pauper, Pauper. New Abbey Where from? New Abbey. 2 Ofs.

HISTORY.

Causation.

Disposition weak.

Habits unsatisfactory

Previous Attacks—No. none Kind –

Duration – *Where treated* –

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Three weeks

Other Facts or Remarks

Was tried for attempted assault on a girl.

Facts of Medical Certificates Dr Tommy Francis some one is always on the look out to shoot him.

Dr. Murray Melancholia Will not answer questions

NAME Thomas Neilson

STATE ON ADMISSION.

Exaltation none.

Depression rather dull & dispirited.

Excitement restless.

Enfeeblement Seems slightly deficient mentally probably congenital.

Memory good

Coherence coherent Can answer questions? yes.

Delusions That he is to be murdered.

Other Abnormalities

Appearance A thin pale young man. restless.

Skin warm Hair dark.

Eyes grey blue. Pupils & equal react regular.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal

Sensory normal.

Reflex Action present Special Senses normal.

Retina

Lungs no pulmonary disease.

Heart irregular action - palpitation.

Tongue furred foul Bowels constipated

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises

Appetite bad.

Urine 1030. a deposit of urates. no sugar.

Menstruation

Pulse irregular. Temp.

Height 5ft 6in. Weight 8st 3lb.

Disease In *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

351

NAME. Thomas Neilson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26	Novr	1890				This man is sleepless & restless & has the delusion that he is to be murdered. He is also morbidly suspicious
27	Novr					Noisy at night & sleepless, restless & full of morbid fears & suspicions.
28	Novr					Escaped but was caught again at once.
30	Novr					Same state.
3	Decr.					He is still sleepless restless & irritable & morbidly suspicious
10	Decr.					Sleeping a little better but is delusional & thinks he is to be murdered.
17	Decr.					He is much better except at times when his delusions return & he is restless.
24	Decr.					Becoming much stouter.
31	Decr.					This man is gradually improving both mentally & physically.
7	Jan 1891.					He is very restless & suspicious & depressed at times & has delusions of impending danger at times still but not frequently.
7	Febuary					He is dangerous & is a man with many delusions of persons wishing to injure & hurt him. Attacked the head attendant owing to such a delusion.
13.10.92						Has for the last six months been working outside He is never secluded now- Bodily health is good.

Discharged recovered
22 Oct. 1892

NME.

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

353

NAME. David Thomson No. 399

Admitted, 26 Novr 1890 Pr. Ad.

Sex, Male Age, 22 Marriage, Single Occupation, Coal Cri

Education, Religion,

Private or Pauper, Pauper. Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hered. History—*Insanity*

Other Diseases

Predisposing Adolescence.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack 4 months

Other Facts or Remarks

Facts of Medical Certificates D. Barras. Simple & silly in his manner
memory somewhat defective & obscure
Dr Taylor. Depressed & melancholy
answers questions in a childish manner

NAME David Thomson.

STATE ON ADMISSION.

Exaltation none.

Depression miserable & depressed

Excitement restlessness & weeping.

Enfeeblement Silly.

Memory somewhat impaired.

Coherence coherent partly Can answer questions? yes

Delusions

Other Abnormalities Moaneders on "want hame", "want hame" - does not know where he is.

Appearance a red faced thin adolescent.

Skin warm. Hair brown.

Eyes blue Pupils unequal dilated.

Muscularity poor Fatness poor

Nervous System—*Motor* weak.

Sensory normal

Reflex Action present Special Senses normal.

Retina

Lungs rhonchi in larger tubes, at right apex also.

Heart no murmur, weak action.

Tongue furred Bowels regular

Other Organs, Abnormalities, Bruises, etc.

none

Appetite poor

Urine phosphaturia.

Menstruation

Pulse weak - 76 Temp.

Height Weight

Disease Melancholia (1) *Stat's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

355

NAME, David Thomson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27 Nov.			1870			Dull & miserable & weeping – is silly & can reply nothing but "want hame" "want hame".
28 Nov.						This is a silly depressed adolescent often in tears & can be replaced by smiles.
29 Nov.						No change.
1 Decr.						His tongue & breath are foul Ite pot Castor oil.
3 Decr.						Takes his food fairly well & is rather quieter but still weeps & is silly & restless.
6 Decr.						Same state.
12 Decr.						Eating & sleeping better & is not quite so melancholic.
19 Decr.						He is now in the 3rd Division.
31 Decr.						This patient is silly, his memory is much confused, he is utterly facile, has no mental energy, is timid, at times exalted & sings in an absurd way, at others is depressed & weeps without cause. He has no idea of time or of dates.
7 Jan 1891						Not any better except in bodily health.
7 February						A miserable weak minded silly adolescent.
24:11:91						Today at 12 Noon the boy was seized with acute attack – Right sided due to an irritative lesion at Brain Cortex – There was Spasm & Conjugate deviation to ~~left~~ Right side. & after the Spasm was over – Conjugate deviation to left. He has taken one attack after another all after noon today.
25:11:91						Died during the night. Dead.

NAME.

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

357

NAME, William Richmond. No. 5998

Admitted, 28th Nov. 1890 Pr. Ad.

Sex, male Age, 24 Marriage, single. Occupation, Nil

Education, Religion, P.

Private or Pauper, Pauper. Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Adolescence.

Exciting

Symptoms. First.

Mental

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. Barrie Dull & stupid sleepless. Has hallucinations Absurd ideas about his health. Impulsive will not leave the house

Dr. Wallace Silly & stupid Takes no interest in anything. Weak in mind.

NAME William Richmond.

STATE ON ADMISSION.

Exaltation none.

Depression none.

Excitement none.

Enfeeblement somewhat facile & silly.

Memory good.

Coherence coherent Can answer questions? yes.

Delusions none expressed.

Other Abnormalities cannot look anyone in the face & is downcast in his gaze. is very nervous also.

Appearance a pale medium sized adolescent

Skin pale warm Hair dark

Eyes dark - Pupils Equal react dilated

Muscularity poor Fatness poor.

Nervous System—*Motor* normal

Sensory normal

Reflex Action present Special Senses good.

Retina

Lungs bronchitic sounds.

Heart no murmur.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises.

Appetite moderate.

Urine 1020. acid. no albumen.

Menstruation

Pulse fair vol. & tension Temp. -

Height Weight

Disease Mania *Slate's Classification* Adolescent Insanity

General Bodily Health and Condition weak

PREDOMINANT FEATURES.

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

359

NAME, William Richmond

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29 Nov^r			1890			Nothing will induce this lad to look one in the face. He says he is nervous & timid.
30 Nov^r						Will not look anyone in the face & is very nervous & says he is weak. he is inclined to be hypochondriacal.
1 Decr.						Same State.
3 Decr.						This man is facile & somewhat silly & much taken up with his "nervousness" & nervous debility & bodily symptoms of all kinds & sorts.
6 Decr.						No change.
10 Decr.						He is still nervous & timid & will look no one in the face.
19 Decr.						Removed to the 3rd Division. He is a little better but still weak in bodily health & is very hypochondriacal.
24 Decr.						This patient is still peculiar in manner, silent, takes no interest in anything except his present state of health, repeats things over & over again, is silly.
31 Decr.						Still very anaemic.
7 Decr. January.						He is now in the 3rd Division & is weak in health & mentally, still.
7 February						He often threatens to tear his eyes out or to knock his brains out — & has the delusion that he has no head & is changed into someone else.
22:9:91						When speaking to anyone this patient has one hand on the other lip of the mouth & chin — often changing them — he avoids looking at one in the face is silly. In poor bodily health — takes his food well
8:1:92.						A happy, indolent, disinclination. Strength

NAME.

DAT	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5.732						Sheer Lazimm he will sit + let his trousers in stead of urinating in the closet. Has a silly smile Refuses to look one in the face Says it is because he is "bashful" Speaks very little. Has not had discharge from his nose for some time. Died

361

NAME, Arnold Nisbet Mc Master King No. 600
Admitted, 11 ~~Nov~~ Dec 1890. Pr. Ad. none
Sex, male Age, 22 Marriage, Single Occupation, none
Education, fair ? Religion, P.
Private or Pauper, Private. Where from? Mavisbank Asylum

HISTORY.

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

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities
Suicidal no
Dangerous no
Duration of Existing Attack
Other Facts or Remarks

He was born in India.
Talks Hindostanee just before a fit.

Facts of Medical Certificates Dr Keay. Being in a state of mental enfeblement from epilepsy.

NAME Arnold Nisbet Mc Master King

STATE ON ADMISSION.

Mental.

Exaltation -

Depression none.

Excitement none.

Enfeeblement weak minded.

Memory good for recent events.

Coherence coherent Can answer questions? yes.

Delusions none expressed.

Other Abnormalities Great facility.

Bodily.

Appearance A well nourished fair complexioned youngman

Skin warm. clean. Hair light.

Eyes blue. Pupils dilated, react. & equal.

Muscularity Good Fatness Good

Nervous System—*Motor* normal

Sensory normal.

Reflex Action K. j. exaggerated Special Senses normal.

Retina

Lungs Expiration slightly prolonged at the right apex.

Heart irregular action - very.

Tongue clean. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

none

Appetite Good.

Urine no albumen or sugar. Deposit of urates. acid.

Menstruation -

Pulse fair volume. Temp.

Height 5ft 4 3/4 in. Weight 9st.

Disease *Skae's Classification* Epileptic Insanity.

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B 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, Arnold Nisbet Mc Master King

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12 Decr. 1890						He is quiet silly facile & weak-minded.
13. Decr.						Has not had any fits.
15 Decr.						This patient had a fit yesterday but it was slight & almost without convulsion.
18 Decr.						Same state.
21 Decr.						He has not been excited & is merely facile & silly.
28 Decr.						This patient is quiet & silly & has had another fit.
7 January						He is not at present taking any fits but is weakminded as before & shews no change.
14 January						Same state.
28 January						He still takes fits & is quiet & gives no trouble.
28 February						Same state.
8:1:92						Mc King is quiet but Nervous - Childish - easily pleased & with little regards from home - Takes fits frequently. both Petit Mal. & Grand Mal. During the smaller fits he claps his hands or stretches the floor & says "Sunday Sunday ——&c. & some other day the week.
13:6:92						Discharged.

NAME,

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

365

NAME, James Carruthers. No.

Admitted, 12th Decr 1890. Pr. Ad. none

Sex, male Age, 48 Marriage, Single Occupation, Upholstery

Education, - Religion, R. C.

Private or Pauper, Private Where from? Dumfries.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind –

Duration – *Where treated* –

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no.

Dangerous no.

Duration of Existing Attack 1 month

Other Facts or Remarks

Facts of Medical Certificates

Dr Cunningham.

1. He imagines that he hears voices urging someone to shoot him with an air gun.

2. His Sister Mrs McNaught says he speaks to imaginary individuals & is sleepless.

NAME James Carruthers.

STATE ON ADMISSION.

Mental.

Exaltation — none.

Depression dull & in low spirits.

Excitement none.

Enfeeblement —

Memory good.

Coherence coherent Can answer questions? yes.

Delusions That he is to be murdered "by a gang of young ruffians".

Other Abnormalities Hallucinations of hearing.

Bodily

Appearance A tall long haired thin dark complexioned man.

Skin warm Hair dark.

Eyes dark? Pupils — none.

Muscularity poor Fatness poor

Nervous System—*Motor* normal

Sensory normal.

Reflex Action present. Special Senses Quite blind.

Retina

Lungs no disease.

Heart very weak action.

Tongue furred. Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

Eyes cicatrised — i.e. eyeballs.

Appetite poor.

Urine phosphaturia.

Menstruation

Pulse weak. Temp.

Height 5ft 11 3/4 in Weight 9st 6lb.

Disease M *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME, James Carruthers

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13 Decr. 1890						He hears imaginary voices & has the delusion that he is to be murdered.
14 Decr.						No better - is restless & hears "a gang of young ruffians" ready to murder him
15 Decr.						He takes his food moderately well & sleeps better. His delusions & hallucinations continue.
17 Decr.						No change.
19 Decr.						He is still full of morbid fears & has the same delusion & hears voices.
22 Decr.						Eating better.
31 Decr						This man still has hallucinations of hearing & thinks the patients mean to kill him. He is not so restless however, mentally.
7 January 1891						Improving gradually.
14 January						He is full of hallucinations of hearing & is at times much annoyed at the persecutions he suffers from imaginary tales floating about regarding him.
28 January						Same state.
28 February						He is not much better except in bodily health.
12.10.92						No change in mental condition. He is still grieved about the scandals that he says are spread in the home about this moral character.

Died

NAME,

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

369

NAME, Andrew Kerr. No.

Admitted, 31 Decr. 1890. Pr. Ad. none

Sex, male Age, 29 Marriage, Single Occupation, —

Education, Religion,

Private or Pauper, Pauper. Kirkinner Where from? Kirkinner

HISTORY.

Cause.

Disposition

Habits

Previous Attacks—No. none Kind —

Duration — Where treated —

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily Pleurisy.

Recent.

Mental Nervousness - sense of impending danger.

Bodily Weakness.

Insane Habits and Propensities

Suicidal no

Dangerous yes.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

Dr McBride

1. Is excited - rambling & incoherent in talk Refuses to take any food & is afraid he will burst & be poisoned.
1. Restless & excited - Says he has cancers of the body.

NAME Andrew Kerr.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression -

Excitement restless & excitable -

Enfeeblement none.

Memory much confused for recent events.

Coherence coherent partly Can answer questions? yes

Delusions That he is to be murdered.

Other Abnormalities —

Bodily

Appearance A medium sized wild looking man

Skin warm dirty Hair red beard. dark hair

Eyes brown Pupils equal, dilated, react.

Muscularity fair Fatness fair.

Nervous System—*Motor* normal.

Sensory -

Reflex Action present Special Senses normal

Retina

Lungs has had pleurisy at base of left lung. dull percussion.

Heart Mitral praesystolic murmur.

Tongue furred Bowels regular

Other Organs, Abnormalities, Bruises, etc.

Blister over the old pleurisy.

Appetite bad

Urine albuminuric.

Menstruation

Pulse weak. 82. Temp.

Height Weight

Disease Mania *Stark's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME, Andrew Kerr.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 Jan. 1890.						He is excited & restless today & did not sleep last night. Is confused in his memory & does not know how long he has been here — says 18da.
2 Jan. 1891.						This man is restless and excited still & was violent today. His memory is no better. he has delusions of impending danger to himself
3 Jan.						He is not much better. & is rather incoherent.
5 Jan.						He is nervous & shaky & restless, easily upset & is weak in health. His lung is weak on both sides in fact.
8 January						He is still restless & nervous & hypochondriacal — repeats himself & is silly in his manner.
11 January						Improving gradually
16 January						He eats & sleeps pretty well & is in fairly good spirits.
23 January						This man is restless & very hypochondriacal. He complains of all sorts of ailments & is full of fears of a relapse of acute mania.
1 February						Improving gradually but very hypochondriacal.
28 February						Works out of doors & is much better.
21 March						Getting stronger.
1-5-91						Is excitable, depressed, and hypochondriacal. His facial muscles twitch a good deal. He is suspicious of those about him. Complains much of his detention here —
1-6-91						Is in much the same state. He refused to go out to work for some days, but is now out again. Complains of indefinite ailments & great weakness, is suspicious, and ascribes all his troubles to his detention here, and hints at secret influence

NAME, Andrew Kerr

DAY	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						being brought to bear upon him.
21-9						Has been much excited for the last two days. Talks quite incoherently, and is at times very noisy.
22-9						Is in bed. He has a troublesome cough, with purulent expectoration. He has quieted down considerably, but at times seemes excited and incoherent.
7:9.						The patient suffers from advanced Phthisis tis fast failing - Complains of - Intense swelled & cough is very troublesome - Thirst great.
8: 9:91						Died this morning.

373

NAME, David Murray No.
Admitted, 31 Decr. 1890 Pr. Ad. none.
Sex, male Age, 28 Marriage, single Occupation, Shepherd
Education, — Religion, Presbyterian
Private or Pauper, Pauper Where from? Biggar.

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. ~~one~~ two Kind —
Duration in 1886 & in 1887 Where treated Gartnavel, & Hy.
Hered. History—Insanity
Other Diseases
Predisposing Previous Attack.
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities
Suicidal no
Dangerous Yes
Duration of Existing Attack nine days
Other Facts or Remarks

Facts of Medical Certificates

Dr Kello
1. His strange & very excited looks: his answers to questions given with great reluctance.
2. His father tells me he is afraid to remain with him - that he fears his becoming outrageous. Sleepless nights.

NAME David. Murray

STATE ON ADMISSION.

Mental.

Exaltation none

Depression none

Excitement none.

Enfeeblement somewhat facile & silly.

Memory fairly good but confused for recent events.

Coherence coherent Can answer questions? yes.

Delusions none expressed.

Other Abnormalities Is in a state of partial stupor.

Bodily

Appearance A thin & brownfaced young man

Skin warm. Hair dark.

Eyes grey Pupils equal, react, dilated.

Muscularity poor Fatness poor

Nervous System—*Motor* normal.

Sensory normal ?

Reflex Action normal Special Senses Good.

Retina

Lungs Dulness of percussion at right apex with prolongation of expiration.

Heart forcible irregular beats.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite poor.

Urine no sugar or albumen - acid. 1020.

Menstruation -

Pulse Good vol. poor tens? Temp. -

Height Weight

Disease Stupor. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

375

NAME. David Murray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 Jan 1891.						He is quiet & will not say much, in fact scarcely answers questions, is stupid and takes no interest in his surroundings.
2 Jan. 1891.						Has the delusion that he is to be murdered - Is stupid & taciturn.
3 Jan.						Eats well; sleeps better than he did; is silent & stupid still; he is thin & his tongue is yellow & foul.
5 Jan.						Got castor oil which has operated.
7 Jan.						This patient works out of doors & is getting better. He is still dull & stupid.
10 January						Working out of doors & is in a state of partial stupor.
15 January						Same state.
						Transferred to Asylum.

NAME,

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

377

NAME, Andrew Mc Lachlan. No. 6024

Admitted, 6 January 1891. Pr. Ad. none!

Sex, male Age, 66 Marriage, Single. Occupation,

Education, – Religion,

Private or Pauper, Pauper. Straurer Where from? Straurer.

HISTORY.

Causation.

Disposition: weak.

Habits: –

Previous Attacks—No.: none. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing: "Fits" since infancy; & age.

Exciting:

Symptoms. First.

Mental:

Bodily: Fits.

Recent.

Mental: Restless & troublesome.

Bodily: Fits.

Insane Habits and Propensities

Suicidal: No

Dangerous: No

Duration of Existing Attack: Three days

Other Facts or Remarks

Facts of Medical Certificates: Dr. Scott. On admit. Restless walks sideways attempts to pick up imaginary things on the ground. Dr Cochrane On admit. watches about house as if looking for objects. Says he will jump out at the window

NAME Andrew Mc Lachlan.

STATE ON ADMISSION.

Mental.

Exaltation some; he has an undue sense of wellbeing.

Depression none.

Excitement Restless.

Enfeeblement Weakminded.

Memory not good

Coherence coherent Can answer questions? yes.

Delusions none expressed

Other Abnormalities

Bodily.

Appearance A thin pale old wrinkled man.

Skin warm. Hair grey.

Eyes grey Pupils equal, contracted, react.

Muscularity poor - Fatness poor -

Nervous System—*Motor* weak.

Sensory -

Reflex Action present Special Senses not good. | rather deaf sight weak.

Retina

Lungs He has emphysema in places & a few dry sounds in the larger tubes.

Heart weak action

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

He has the mark of a large ulcer on the left leg- over the front of the tibia.

Appetite fair.

Urine phosphates & a trace of albumen present.

Menstruation -

Pulse poor Tension 70. Temp.

Height 5ft 8in Weight 9st 4lb.

Disease mania. *State's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME. Andrew Mc Lachlan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7 January 1891.						He is a weak old man, weak in body & weak in mind. Is scarcely coherent & is silly & restless & fatuous. Eats & sleeps well on the whole.
8 January						This man is incoherent & restless & weakminded - He has not so far had any fits that have been observed. He eats & sleeps well.
9 January						no change.
11 January						This man is stupid & demented Had a severe fit today.
13 January						Same state - Had another severe fit.
16 January						He eats & sleeps well & has had no more fits.
23 January						This weakminded old man is happy & contented & eats as much as before.
31 January						He sleeps & eats well & is no trouble & his habits are clean.
14 February						Same state.
21 February						He takes fits now & then but otherwise is well enough - His shoulder which has been attacked with rheumatism is weak & the joint stiff. V. i.
12.10.92						Takes fits as usual Is silly & incoherent - Both deaf & stupid. In good bodily health.
February 9th 1900:-						In gradually failing bodily health. He is idle and listless: takes no interest in surroundings: Is not dirty: Cannot talk coherently and is very stupid & dull: Never moves about unless assisted etc.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						The fits continue and are very severe. She is often unconscious after a series. for nearly 24 hours, running down becoming very cyanosed + blue looking + nurse being tried also. She generally takes her food well. Is frequently wet at nights
9th	April 1900					Died today after a severe fit.
						Died

381

NAME, Robert Cochrane. No. 6027

Admitted, 7 January 1891 Pr. Ad. none.

Sex, male Age, 26 Marriage, Single Occupation, Boatman

Education, Religion,

Private or Pauper, Pauper. Where from?

HISTORY.

Causation.

Disposition .

Habits .

Previous Attacks—No. . Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack Unknown

Other Facts or Remarks

Facts of Medical Certificates Dull sheepish look. Answers in rambling manner

D. G. Campbell Says his mother wanted her son out of the house to throw himself in the Clyde

Dr. Kirk Hallucinations. Illusions

NAME Robert Cochrane.

STATE ON ADMISSION.

Mental.

Exaltation –

Depression –

Excitement –

Enfeeblement –

Memory confused in some things.

Coherence Coherent Can answer questions? yes.

Delusions none expressed.

Other Abnormalities –

Bodily

Appearance A small thin dark man exhausted looking.

Skin very dirty Hair dark.

Eyes dark. Pupils contracted equal react

Muscularity very poor Fatness very poor.

Nervous System—*Motor* weak.

Sensory Pain in chest.

Reflex Action normal. Special Senses normal.

Retina

Lungs Double pneumonia

Heart no cardiac murmur.

Tongue dry - brown Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite fair.

Urine reddish - full of urates & albumen - 1022.

Menstruation

Pulse pulse 82 Porable. Temp. –

Height 5ft 0½ in Weight 7st –

Disease – *Skae's Classification* –

General Bodily Health and Condition very weak.

PREDOMINANT FEATURES.

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

NAME, Robert Cochrane.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8 Jan. 1891.						This man is very ill - he has rapid breathing & looks weak & exhausted. The base of his left lung & the apex of the right have moist sounds & dull percussion.
9 Jan						Respirations 62. Pulse 120. Temps. 103° F. Very weak. Gets Brist Eggs, plenty of milk, & milk diets - Turpentine stupes - ℞ Ammon Carb. gr 4 Tr Digitalis m v Aq. ad 3ß. Haustus tertiis horis. also a powder of Sod. Salicyl. grx et P. Dover gr v. ℞. Taken first made him perspire very freely & the digitalis &c was then used.
10 Jan.						Respirations 58. Pulse 120 - Temp 102°.7 then went up to 104°.7.
11 Jan						Same state.
12 Jan.						Takes food well - is very thirsty & again got Sod. salicyl & P. Dover - Temp. reduced from 104.2°.7. to 101°.7.
13 Jan.						His temperature rises in the afternoons generally to 103.5°.7 or higher.
15 Jan						Respirations 42. Temp 102.6°; Pulse 116. Takes plenty of nourishm.
17 Jan						Gets weaker - Died.

AME.

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

NAME, Alexander Gallocher No. 602

Admitted, 8 January 1891 Pr. Ad.

Sex, ♂ male Age, 18 Marriage, single. Occupation, Paper stainer

Education, Religion,

Private or Pauper, Pauper. Where from? Glasgow.

HISTORY.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing Adolescence.

Exciting

Symptoms. *First.* Mental

Bodily

Recent. Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Dr Gil. Campbell Dull & listless Can't sleep for fear of a fire at the foot of his bed.

Dr. Kirk Stupid & obstinate

NAME Alexander Gallacher.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression none.

Excitement none.

Enfeeblement none.

Memory fairly good

Coherence coherent Can answer questions? yes.

Delusions none expressed

Other Abnormalities In a state of partial stupor.

Bodily.

Appearance A medium sized well nourished youth.

Skin warm. Hair dark.

Eyes brown Pupils eq. react. dilated.

Muscularity good Fatness good

Nervous System—*Motor* normal.

Sensory —

Reflex Action normal. Special Senses good.

Retina

Lungs no pulmonary disease.

Heart 1st sound rough. 2nd accentuated.

Tongue thick fur. Bowels regular

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite —

Urine no sugar or albumen. urates in deposit

Menstruation

Pulse fair vol. & tension Temp.

Height 5ft 5in Weight 9st 8lb.

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 Gallacher.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9 January 1891.						He is silent & stupid & can scarcely be got to speak. Stares about him in an insane fashion
10 January						Still silent.
11 January						He admits hearing voices & is rather stupid & thinks 'people are against him' -
13 January						This lad is taciturn & stupid, he is listless & will scarcely say 'yes' or 'no' -
15 January						Same state.
18 January						This lad is silent & at times depressed & melancholic. & thinks himself a great sinner & a lost soul.
21 January						A torpid lethargic youth whose beard has not begun to grow.
28 January						Same state.
February 5						He is lazy & at times he sheds tears over his lost condition - it is rather late & has been so from the first to get him to speak at all & he would sit all day in one place without moving.
21 February						He now works out of doors.
20 March						Works out of doors - Is a little better.
1-5-91						Continues to improve steadily - Looks rather listless, but speaks sensibly.
1-6-91						Is brighter and more active.
26-6-91						Discharged recovered -

NAME.

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

NAME, Robert Monteath. No. 6637
Admitted, 19 January 1891 Pr. Ad. one
Sex, male Age, 32 Marriage, single Occupation, Labourer
Education, - Religion, Protestant.
Private or Pauper, Pauper. Maxwellton. Where from? Gasstown Dfs.

HISTORY.

Causation.
- Disposition: quiet
- Habits:
- Previous Attacks—No.: one. Kind: Acutely maniacal.
- Duration: - Where treated: C. R. I.
- Hered. History—Insanity: -
- Other Diseases:
- Predisposing: Previous attack.
- Exciting:

Symptoms. First.
- Mental:
- Bodily:

Recent.
- Mental:
- Bodily:

Insane Habits and Propensities: Tries to set house on fire.
Suicidal: -
Dangerous: yes.
Duration of Existing Attack:
Other Facts or Remarks:

Facts of Medical Certificates: Dr Murray Agitated restless Incoherent
Dr Marshall Insane appearance Incoherent

NAME Robert Monteath.

STATE ON ADMISSION.

Mental.

Exaltation some.

Depression none.

Excitement none.

Enfeeblement facile.

Memory impaired for recent & remote events.

Coherence coherent partly Can answer questions? yes, slowly.

Delusions none expressed.

Other Abnormalities An insane appearance with physical symptoms of unequal pupils; & a sad very stupid stare. & dazed appearance.

Bodily.

Appearance a stupid rather below med^m size man.

Skin warm. Hair dark; red beard -

Eyes blue. Pupils unequal, react^n ½.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action present Special Senses good.

Retina

Lungs no disease.

Heart no murmurs.

Tongue furred. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite moderate.

Urine no albumen or sugar - acid 1018.

Menstruation

Pulse & so weak. Temp.

Height 5ft 7 in Weight 8st 8lb.

Disease partial stupor. *Skae's Classification* —

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME. Robert Monteath

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20 January 1891						This patient is stupid; sighs & stares in a fixed meaningless manner; is coherent at first in conversation but later becomes incoherent - his memory for recent events is much impaired. He takes it for granted that he is now where he should be - his pupils are unequal. bowels costive tongue furred & brown. Got castor oil.
21 January						Ste is no better. The oil acted.
22 January.						This man does not sleep well & is silly & facile, very stupid & aimless in manner.
24 January						Same state.
27 January						He is stupid & confused & cannot be got to speak freely or to respond to a stimulus.
31 January						Quiet & stupid.
7 February						He sleeps & eats well & is a little better in bodily health - otherwise there is no change in him.
14 February						He is still confused but is improving.
28 February						R. M. is quiet & rather stupid. He is confused mentally & & his ideation is very slow. He is improving in bodily health & is much better than when he came - he is getting a little demented - Works out of doors.
20 March						Doing well but is very stupid.
17.9.94						Discharged Recovered.

NAME.

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

NAME, George Johnstone. No. 563.

Admitted, 19 January 1891. Pr. Ad.

Sex, male Age, 32 Marriage, Single Occupation, ~~Farmer~~ Farm labourer assistant

Education, Religion, R. C.

Private or Pauper, Private. Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One when 24 years old Kind

Duration Where treated Lancaster Asylum

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack About a year

Other Facts or Remarks

Facts of Medical Certificates D Logan says he is to be married tonight to a girl 14 years old

Dr McLachlan Symptoms & remarks. Bovine prostration.

NAME George Johnstone.

STATE ON ADMISSION.

Mental.

Exaltation some.

Depression none.

Excitement restless.

Enfeeblement silly.

Memory bad.

Coherence incoherent Can answer questions? yes.

Delusions none expressed.

Other Abnormalities a stout silly foolish fellow.

Bodily.

Appearance a tall dark stout high complexioned man.

Skin warm Hair dark.

Eyes dark. Pupils dilated equal react-

Muscularity good. Fatness good.

Nervous System—*Motor* normal

Sensory normal.

Reflex Action present Special Senses good

Retina

Lungs —

Heart —

Tongue clean Bowels fair.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite fair.

Urine .

Menstruation .

Pulse good; Temp.

Height 5ft 9 in. Weight 11st 8lb.

Disease Mania. *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

NAME. George Johnstone.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20 January 1891						He is silly restless & incoherent, behaves in a ridiculous & outrageous manner & is noisy & incoherent.
21 January						Same state.
22 January						He is restless silly talkative & says he is Sir Robert Jardine & has delusions of identity.
24 January.						Same state.
26 January						He is becoming incoherent & is more restless & talkative.
30 January						He works out of doors but needs constant care. he chatters incessantly all sorts of incoherent rubbish &c. it is impossible to understand.
3 February						Works, chatters incoherently, gestures, postures, & is in a state of busy restlessness unable to keep still or quiet for an instant.
7 February						He is under special night supervision. Today he refused his food & is not talking so much.
14 February						He is today silent, refuses to speak, is not fit to be out at his work as he is impulsive. He refuses food now & then & last night took, or rather tried to take a pair of suspenders to bed with him, but was detected.
21 February						Will not speak & needs constant care & watching day & night as he is ready for an outbreak -
28 February						Silent - nothing will induce him to speak & he has a

NAME.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						wild excited look & restless manner & rocks himself to & fro a little; he struck an inoffensive patient violently today.
20 March 6th May						No improvement. Discharged relieved ~~not improved~~ to the care of his father.

NAME, John McCreadie No. 604
Admitted, 20 January 1891 Pr. Ad. one
Sex, male Age, 42 Marriage, married Occupation, Ironworker
Education, fair Religion, Protestant
Private or Pauper, Pauper. Where from? Hamilton

HISTORY.

Disposition: Excitable
Habits:
Previous Attacks—No.: One. Kind: Similar
Duration: in 1890 Where treated: C. R. I.
Hered. History—Insanity:
Other Diseases:
Predisposing: Previous Attack.
Exciting:

Symptoms. First. Mental: Restlessness
Bodily:

Recent. Mental: Restlessness - suspicion - irritability.
Bodily:

Insane Habits and Propensities:
Suicidal: no
Dangerous: yes.
Duration of Existing Attack:
Other Facts or Remarks:

Facts of Medical Certificates: Dr Marshall Lazy wont work & imagines all sorts of things about his wife.

Dr Lindsay Suspicions of his wife without foundation.

NAME John Mc Creadie.

STATE ON ADMISSION.

Exaltation a little.

Depression none.

Excitement restless -

Enfeeblement somewhat silly & facile.

Memory good.
Coherence coherent Can answer questions? yes.
Delusions of persecution.

Other Abnormalities —

Appearance A fairly stout medium-sized man -
Skin warm - Hair dark & grey.
Eyes dark grey eyes Pupils equal react-ve -
Muscularity fair Fatness fair.
Nervous System—*Motor* — normal.

Sensory normal

Reflex Action present Special Senses normal.
Retina
Lungs no pulmonary disease.

Heart mitral Systolic murmur.
Tongue white fur Bowels costive.
Other Organs, Abnormalities, Bruises, etc.
poor appetite.

Appetite poor appetite.
Urine no abnormality.
Menstruation —
Pulse weak 78. Temp.
Height 5ft 5½ in Weight 9st 12lb.
Disease mania *Stae's Classification*
General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME, John Mc Creadie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21 January 1891						He is restless & somewhat silly & has delusions of persecution.
22 January						He is not excited but is suspicious & condemns his friends especially his wife whom he denounces as the whole cause of his illness & insanity.
23 January						This man eats & sleeps well.
25 January						He now works out of doors.
28 January						Same state.
31 January						John Mc Creadie works as before & is quiet & gradually settling down contentedly He eats & sleeps well, works in the garden & is still silly suspicious and enraged at his wife & is on the whole happy.
7 February						Works in the garden as before.
21 February						Same state.
21 March						Improving gradually.
27.3.92						Confined to bed for two days: temp 103°.2 pulse 120 breathing easy: Sputum rusty. Attendant of R.M. apparently suffering from pleuro-pneumonia.
29.3.92						Temp 101.2 pulse 98 Resp. 25: rapidly improving.
8.4.92						Convalescent.
6.10.92						John Mc Creadie discharged today.

AME.

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

NAME, William Jackson No. 6041
Admitted, 23 January 1891 Pr. Ad. none
Sex, male Age, 32 Marriage, married Occupation, Baker
Education, fair. Religion, Protestant.
Private or Pauper, Pauper. Where from? Hamilton

HISTORY.

Causation.
Disposition nervous.
Habits
Previous Attacks—No. one. Kind —
Duration — Where treated Bothwell. Asylum
Hered. History—Insanity .
Other Diseases .
Predisposing Previous attack.
Exciting —

Symptoms. First.
Mental
Bodily Anaemia

Symptoms. Recent.
Mental Restlessness & excitement.
Bodily Anaemia

Insane Habits and Propensities
Suicidal No
Dangerous yes.
Duration of Existing Attack
Other Facts or Remarks

Facts of Medical Certificates Dr Lindsay has a vacant expression Sleeps well & eats well & does not get out of bed Has no distinct hallucinations or uses threatening language appears he does Dr London thinks or thinks that his wife is the cause of his not getting work.

NAME William Jackson

STATE ON ADMISSION.

Mental.

Exaltation some.

Depression none.

Excitement restless manner.

Enfeeblement none.

Memory appears good.

Coherence coherent Can answer questions? yes.

Delusions none expressed

Other Abnormalities nervous, with stamp restless fluttering eyes, is like a hunted animal.

Bodily.

Appearance A thin pale dark nervous man

Skin warm Hair dark.

Eyes dark Pupils unequal dilated react.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action present Special Senses normal

Retina

Lungs slight comparative dulness of percussion at the right apex.

Heart 1st sound thumping & muffled the 2nd accentd.

Tongue white fur Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

Sprained hip & wrist.

Appetite moderate.

Urine loaded with phosphates

Menstruation –

Pulse weak tension. Temp. –

Height Weight

Disease Mania. *Skae's Classification*

General Bodily Health and Condition weak

PREDOMINANT FEATURES.

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

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NAME. William Jackson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24 January 1891						He is thin & pale & sallow & reduced in health & says he is nervous & irritable.
25 January						This man expresses no delusion but is restless nervous & suspicious - his left wrist is weak.
26 January						He eats fairly well & sleeps a little better.
28 January						This man is still nervous & stares about him in a peculiar manner. So far the only delusion he has expressed is that he is the son of the Revd Mr Jack of Glasgow -
31 January						Same state.
3 February						He is not yet fit to work out of doors.
10 February						This man is quiet & says little but is still nervous & suspicious.
24 February						He is now working out of doors & is rather better mentally & physically.
20 March						Much better. Discharged recovered.

31-7-91

AME.

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

405

NAME, Neil Boyle No.

Admitted, 31 January 1891 Pr. Ad. none

Sex, male Age, Marriage, Occupation, none

Education, — Religion, Protestant.

Private or Pauper, Pauper. Where from? Glasgow.

HISTORY.

Causation.

Disposition —

Habits has got into the way of taking opium

Previous Attacks—No. — Kind —

Duration — *Where treated* —

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal —

Dangerous —

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Neil Boyle.

STATE ON ADMISSION.

Exaltation none.

Depression dull & weeps at times —

Excitement restlessness.

Enfeeblement —

Memory good

Coherence coherent Can answer questions? yes

Delusions none expressed

Other Abnormalities Jerks himself about — cannot sit still —

Appearance A pale thin sallow clammy man

Skin cold clammy Hair dark

Eyes grey Pupils contracted equal react.

Muscularity poor. Fatness poor.

Nervous System—*Motor* no weak.

Sensory Headache.

Reflex Action present Special Senses normal.

Retina

Lungs patches of dulness & hyper resonance & dulness, with moist & dry sounds.

Heart Mitral systolic murmur.

Tongue furred Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

thickening over the ulna.
one finger off —

Appetite bad.

Urine albumen present & deposit of urates.

Menstruation —

Pulse weak. 98. Temp. —

Height Weight —

Disease — *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME, Neil Boyle

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 February 1891						He is restless & looks more like a malingerer than an insane man.
2 February						He fidgets about & talks in a wild way & if told that he is ill he denies it if told that he is well he resists that statement. He says he does not sleep & asks for opium.
3 February						He complains of rectal pain which does not appear to exist and throws his head about in a most despairing fashion.
5 February						Says he never sleeps but he sleeps by day as well as by night.
7 February						No change.
10 February						He appears to go off into a state of trance but can soon be roused by some disparaging remarks. He denies that he is insane.
13 February						He says that he is not of sound mind & is insane.
20 February						Threatened to strike today, but did not do so.
27 February						No change.
20 March						He is often noisy at night & sleepless — He often strikes patients severely.
7:1:92.						Neil Boyle is in bed - complains of all the food being dirty & for some days ate very little & was fed with the tube etc. Given an alkaloidal mixture with difficulty - was made to take it - but after a few doses he was unable to get enough food to satisfy him. He thinks there is a lot of "Allotters" in his food. Says everything tastes of it - evidently has perversion of taste.
13·1·92						He is much terrified by any one pointing at him

AME.

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					or holding out the hand to him If any one walks up to him he retreats across the room in a shrinking manner & holds up his arms to guard himself.
					Died

NAME, William Mc Dermid No.

Admitted, 3 February 1891. Pr. Ad. none

Sex, male Age, Marriage, Occupation, Labourer

Education, - Religion, Roman Catholic

Private or Pauper, Pauper Govan Where from? Glasgow.

HISTORY.

Consultion.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME William Mc Dermid.

STATE ON ADMISSION.

Exaltation none

Depression none

Excitement restless at times

Enfeeblement —

Memory wont speak

Coherence wont speak Can answer questions? wont speak —

Delusions V. S.

Other Abnormalities making a trumpet sound in his throat at short intervals - v. i.

Appearance a medium sized man with flushed face.

Skin warm Hair dark

Eyes dark eye. Pupils reacts —

Muscularity fair Fatness fair

Nervous System—*Motor* normal

Sensory normal -

Reflex Action normal. Special Senses —

Retina

Lungs no pulmonary disease -

Heart mitral systolic murmur -

Tongue furred. Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

Appetite poor.

Urine albumen & phosphates found.

Menstruation —

Pulse weak - 120. Temp. —

Height 5ft 0½ in Weight 85 lbs.

Disease — *Shaw's Classification* —

General Bodily Health and Condition —

PREDOMINANT FEATURES.

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

411

NAME. William Mc Dermid.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4 February 1891.						He will speak only at times & for the most part Sees about making a strange trumpet sound in his throat.
5 February						He says that his present state & the noise he makes are "a mystery" & "the will of God".
6 February						Eats & sleeps better but still trumpets at intervals all day.
8 February						He will say little & when he is beginning to become communicative he suddenly stops & will say no more but trumpets loudly.
10 February						Same state.
12 February						Trumpeting out of doors as he is now at work outside.
15 February						Works as before.
22 February						This man is still silent. will give little or no explanation of his conduct & works out of doors as before.
20 March						He still trumpets away. His health is much better.
14/10/92						Quite happy quiet & contented to be here

C

NAME,

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

413

NAME, John Mc Kenney *No.*

Admitted, 6 February 1891 *Pr. Ad.* none

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

Education, — *Religion,*

Private or Pauper, Pauper. *Where from?*

HISTORY.

Concretion.

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

Takes epileptic fits.

Facts of Medical Certificates

1 2

NAME John Mc Kenney

STATE ON ADMISSION.

Exaltation some - is unduly pleased with everything.

Depression none.

Excitement none.

Enfeeblement is a little weakminded.

Memory moderately good.

Coherence coherent Can answer questions? yes.

Delusions that he is the subject of persecution by his neighbours.

Other Abnormalities a dazed stupid old man

Appearance a dark sallow wrinkled old man

Skin dirty sallow Hair grey

Eyes dark - Pupils equal contracted read.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal -

Sensory normal.

Reflex Action present Special Senses weak (sight & hearing

Retina

Lungs bronchitic sounds in the chest.

Heart no murmurs -

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

right forefinger has been cut off.

Appetite fair.

Urine sometimes some albumen some urates.

Menstruation

Pulse good 68. Temp. -

Height 5ft 5 1/2 in Weight 8st 11lb.

Disease *Skae's Classification* Epileptic Insanity.

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

415

NAME. John Mc Kenney.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7 February 1891						He is quiet & depressed & hypochondriacal - he is also rather stupid & confused.
8 February						He is still depressed & complains also of his urine being passed too often & in too large quantity - there is none in his bladder
9 February						Same state.
11 February						This man is a little brighter looking - he says he takes fits at night - no during the day.
13 February						He has not had any fits since admission.
16 February						He looks rather brighter & better & takes his food & sleeps well.
19 February						Placed in the 3rd Division.
26 February						This old man is still depressed & stupid & has delusions of persecution - he is slow in ideation -
14 March						He is cheerful & bright & is getting stouter & healthier Never expresses any delusions
20-8-91						Has had several severe Epileptic fits recently, and is weak, and stupid -
12-10-92						This man not frequent. Is in good bodily health except for a slight cough which he has been subject to for some years (chronic bronchitis)
February 9th 1900.						In poor health: Has chronic bronchitis now absolutely confined to bed. when the Grange people removed their patients a few months ago John was left as being unfit to travel. He has developed fits of coughing during which he becomes almost asphyxiated.

ME.

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					Mentally has generally retained consistent. Sleeping quite 20 out of the 24 hours. He is very paralytic in speech and the tongue points to left. He wakens up occasionally for a few days and scolds nickerning at times about him then relapses again into quiescence. Catheter has not recently had any fits.
					18th February 1900:— Died today: Bronchitis took an acute turn a few days ago and he died today very rapidly of heart failure. He took his breakfast at 9 o'clock became unconscious about 12 died of typical case

DIED

NAME, John Mc Connell. No.

Admitted, 6 February 1891 Pr. Ad.

Sex, male Age, Marriage, Married Occupation, Saddler

Education, — Religion, Protestant.

Private or Pauper, Pauper. Langholm Where from? Langholm

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind —

Duration — *Where treated* —

Hered. History—*Insanity*

Other Diseases

Predisposing Bodily Illness. (Renal)

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME John Mc Connell.

STATE ON ADMISSION.

Mental.

Exaltation not specially marked.

Depression none.

Excitement restless & loquacious.

Enfeeblement not apparent

Memory good.

Coherence coherent Can answer questions? yes.

Delusions none expressed.

Other Abnormalities Has an excited & insane appearance

Bodily.

Appearance a thin sallow pockled oldish man

Skin warm dirty Hair grey

Eyes grey Pupils unequal contracted read

Muscularity poor Fatness poor.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action present Special Senses we normal.

~~Retina~~

Lungs Percussion slightly duller at the apex of the right lung.

Heart blowing mitral systolic murmur.

Tongue foul Bowels & regular.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite bad.

Urine reddish yellow - a thick deposit of urates. albumen

Menstruation

Pulse weak. 78. Temp.

Height 5ft 8½ in Weight 9st—

Disease Mania. *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

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NAME. John McConnel.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7 February 1891						This patient is restless, irritable, cannot stand contradiction and is very loquacious.
8th February						He shews facility & is turned away from his purpose with the greatest ease – his restlessness & loquacity continue.
9th February						He takes his food well & sleeps fairly well now but is still very talkative & shews a strain of silliness in his conversation & behaviour.
12 February						Much the same.
14 February						He eats & sleeps well & & looking fresher & better. His loquacity & importunity continue – & his facility also
17 February						He sleeps by day, a little, but denies that he does so – he does not sleep well at night
20 February						Much the same – Sleeps badly at night.
28 February						His leg & head are in a state of inflamed Eczema.
14 March						Same state.
10-6-91						Continues loquacious and querulous – Often demands to be sent home, but is easily put off.
20-8-91						Continues in the same state – His mind is weak.
8:1:92.						This man is getting worse. Has prolapsus of the rectum. His bowels are in a state of Chronic diarrhoea. He appears to have had Marked Phthisis – is loquacious says he is all right & wants to go home.
11·7·92.						Looking very ill and feeble – put to bed.
12·7·92.						Died this morning from Senile debility.

NAME.

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

421

NAME, Matthew Waddell. No.

Admitted, 11 February 1891. Pr. Ad. none

Sex, male Age, Marriage, w Occupation, Miner

Education, — Religion,

Private or Pauper, Pauper. Where from? Airdrie.

HISTORY.

Causation.

Disposition Quiet

Habits

Previous Attacks—No. none Kind —

Duration — *Where treated* —

Hered. History—*Insanity*

Other Diseases

Predisposing Old age.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Wandering about aimlessly.

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Matthew Waddell.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression none.

Excitement restless.

Enfeeblement weakminded.

Memory bad.

Coherence partly coherent Can answer questions? yes

Delusions that he is persecuted.

Other Abnormalities

Bodily.

Appearance A dark complexioned decrepit old man

Skin sallow dirty Hair grey scanty.

Eyes dark. Pupils contracted equal react.

Muscularity fair - Fatness fair -

Nervous System—*Motor* weak.

Sensory —

Reflex Action sluggish Special Senses weak.

Retina

Lungs Dull percussion over both apices.

Heart 1st cardiac sound soft & long. 2nd accent.

Tongue foul Bowels costive

Other Organs, Abnormalities, Bruises, etc.

Some fingers thickened.

Appetite fair

Urine albumen present & some urates. acid. 1014.

Menstruation —

Pulse weak - tense Temp. -

Height Weight

Disease Dementia, *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, Matthew Waddell.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12 Feb. 1891						He is restless & wanders about aimlessly & cannot rest for any time. His memory is very bad.
13 February						He has delusions that people wish & do him bodily harm but he is not very coherent.
14 February						Same state.
16 February						He still wanders about in an aimless & vacant manner as if without purpose & unable to come to a decision on anything. He is weakminded.
18 February						No change
21 February						He does not know where he is or what he is doing & is silly & incoherent.
24 February						much the same.
1 March						He is silent & is unable to say much or take any interest in anything.
8 March						Still silent.
22 March						He eats & sleeps well but is quite stupid & has no memory.
13-6-91						Discharged by minute of Parochial Board to the care of his brother.

NAME.

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

425

NAME, George Ferguson No.

Admitted, 12 February 1891. Pr. Ad. none

Sex, male Age. Marriage, single Occupation, none

Education, none. Religion, Prot.

Private or Pauper, Pauper. Marwald Where from? Marwald

HISTORY.

Causation.

Disposition imbecile.

Habits

Previous Attacks—No. none Kind —

Duration — *Where treated* —

Hered. History—*Insanity*

Other Diseases

Predisposing Heredity.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no.

Dangerous no.

Duration of Existing Attack

Other Facts or Remarks An imbecile from birth.

Facts of Medical Certificates

NAME George. Ferguson.

STATE ON ADMISSION.

Mental.

Exaltation —

Depression

Excitement

Enfeeblement

Merely an imbecile - quiet a giving no trouble.

Memory bad.

Coherence speaks little Can answer questions? yes.

Delusions none expressed.

Other Abnormalities —

Bodily

Appearance A small microcephalous imbecile.

Skin warm. Hair dark short.

Eyes dark grey Pupils dilated - sq. react.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal.

Sensory —

Reflex Action present Special Senses normal.

Retina

Lungs dull percussion at the right apex.

Heart accentuated 2nd sound. Rough 1st sound

Tongue clean Bowels constipated

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite poor. He vomits his food.

Urine no albumen or phosphates.

Menstruation

Pulse irregular Temp.

Height 4ft 10 in Weight 58-66.

Disease Imbecility *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

427

NAME, George Ferguson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13 February 1891						This imbecile vomited his food today & got Castor oil.
14 February						The oil acted & the vomiting has ceased.
15 February.						Quite quiet - nothing special to record.
17 February						Same state.
24 February						This patient simply continues in his state of quiet imbecility.
						There is nothing to record.
3 March						Same state.
10 March						Same state.
30 March						Same state.
1-4-91						Discharged relieved -

NAME,

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

NAME, Robert Gray Kaye. No.

Admitted, 17 February 1891 Pr. Ad. none

Sex, ~~Female~~ male Age, Marriage, married Occupation, Clerk

Education, fair. Religion, Protestant

Private or Pauper, Pauper. Where from? Glasgow.

HISTORY.

Causation.

Disposition Quiet.

Habits

Previous Attacks—No. - Kind -

Duration - *Where treated* -

Hered. History—*Insanity*

Other Diseases

Predisposing Struma & strumous disease. Diathesis.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes

Dangerous no.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Robert Gray Kaye.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression some.

Excitement none

Enfeeblement none.

Memory Good for remote events not for recent ones.

Coherence coherent Can answer questions? yes.

Delusions none expressed

Other Abnormalities

Bodily.

Appearance A tall thin strumous pale dark man

Skin warm Hair dark.

Eyes dark Pupils dilated equal - react.

Muscularity poor Fatness very poor

Nervous System—*Motor* cannot move his right arm much.

Sensory normal.

Reflex Action present Special Senses normal

Retina

Lungs Tubercular.

Heart rough forcible thumping 1st sound.

Tongue foul Bowels constipation.

Other Organs, Abnormalities, Bruises, etc.

right arm incapacitated.

Appetite poor.

Urine phosphaturia.

Menstruation

Pulse forcible beat 78. Temp.

Height 6 ft 2 in Weight 9 st 10 lb.

Disease melancholia *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

431

NAME, Robert Gray Kaye.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18 February 1891						He is dull & dispirited & his memory for recent events is quite confused.
19 February						Sleeps badly & is dull & stupid & confused.
20 February						No change.
22 February						He is depressed & miserable but takes his food rather better. He is very thin, & is nervous & weak
24 February						This man is in a highly nervous state & wishes medicine for "nervous debility"
27 February						Same state.
2 March						He is improving greatly & gets Syr. Easton.
8 March						Improving steadily.
15 March						He looks a little worn the paunter - has gained 8 lbs in weight
22 March						Has diarrhoea & has lost 4 lbs in weight.
30 March						Gets Eastons Syrup & cod Liver oil.
18th April.						Discharged recovered -

NAME.

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

433 Enc

NAME, James McArthur Harley No.

Admitted, 19 February 1891 Pr. Ad. none

Sex, male Age, Marriage, married Occupation, Civil Engin

Education, Good Religion, Protestant.

Private or Pauper, Pauper Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits Industrious.

Previous Attacks—No. none Kind –

Duration – *Where treated* –

Hered. History—*Insanity*

Other Diseases

Predisposing Overwork.

Exciting Overwork.

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

NAME James Mc Arthur Harley

STATE ON ADMISSION.

Mental.

Exaltation great.

Depression none.

Excitement restless

Enfeeblement facile.

Memory impaired

Coherence coherent Can answer questions? yes

Delusions of grandeur.

Other Abnormalities

Bodily.

Appearance A pale thin spare man.

Skin warm Hair

Eyes grey Pupils contracted - unequal.

Muscularity poor Fatness poor

Nervous System—*Motor* tremor of the lips.

Sensory normal

Reflex Action present Special Senses normal.

Retina

Lungs no pulmonary disease.

Heart weak action.

Tongue flabby Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite poor.

Urine deposit of urates - yellow - 1020.

Menstruation

Pulse weak Temp. -

Height 5ft 8in Weight 8st 12lb.

Disease General Paralysis *Skae's Classification*

General Bodily Health and Condition weak

PREDOMINANT FEATURES.

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

435

NAME. James Mc Arthur Harley

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20 February March 1891						He is exalted mentally & is restless silly facile & Emotional.
21 February						Same state.
22 February						He is Tremi & his pupils are contracted & unequal.
24 February						He has a muscular twitching about the lips & face when he speaks. Pupils in same state.
26 February						no change.
2 2 March						He has the characteristic signs of Seneral paralysis
8 March						Same state. Got 2 pills today.
15 March						This man is facile, silly, excited, nervous excitable & unstable. He is weakminded & his pupils are always unequal.
30 March						Getting Stouter.
19th June						No improvement - Transferred to Woodilee

AME.

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

437

NAME, John Kelly No.

Admitted, 19 February 1891 Pr. Ad. none

Sex, Male Age, Marriage, Single Occupation, Burgla

Education, - Religion, Rom R.C.

Private or Pauper, Pauper. Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits Has been in prison.

Previous Attacks—No. — Kind -

Duration - *Where treated* -

Hered. History—*Insanity*

Other Diseases

Predisposing Phthisis.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ??

Dangerous ??

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME John Kelly

STATE ON ADMISSION.

Mental.

Exaltation none

Depression dull & depressed

Excitement none.

Enfeeblement none.

Memory good.

Coherence coherent Can answer questions? yes.

Delusions that poison was put in to his food.

Other Abnormalities

Bodily.

Appearance a pale small dark haired man -

Skin warm Hair dark

Eyes grey Pupils equal dilated react.

Muscularity fair Fatness fair

Nervous System—*Motor* normal

Sensory normal

Reflex Action present Special Senses normal

Retina

Lungs phthisis.

Heart reduplicated & accentuated 2nd sound.

Tongue furred Bowels regular

Other Organs, Abnormalities, Bruises, etc.

on blistered chest (medication)

Syphilis present - Tertiary stage -

Appetite poor.

Urine phosphates & urates.

Menstruation

Pulse weak Temp.

Height 5ft 2½ in Weight 8st -

Disease melancholia *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

439

NAME, John Kelly.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20 February 1891						He is dull & silent & depressed & thinks his food poisoned –
21 February						Same state.
22 February						This man does not sleep well & is silent & dull & has lost his sense of wellbeing.
24 February						He has phthisis & is pale & thin & anaemic & coughs a little.
26 February						Eating & sleeping well but is silent still.
1 March						No change.
4 March						He is rather better but is still dull. Eats & sleeps well. Has got rid of his delusions of poison.
11 March						He sweats badly at night & coughs.
26 March						Gets Cod Liver oil & extra diet. Coughs still.
13-5-91						Has improved very much in health. His cough troubles him less, and he has gained weight. He is more cheerful talks sensibly, and has no delusions –
20-5-91						Discharged recovered.

AME.

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

NAME, Hugh Callander. No.

Admitted, 19 Mar. February 1891. Pr. Ad. None

Sex, male Age, 61 Marriage, married Occupation, none

Education, – Religion, Protestant

Private or Pauper, Pauper-Govan Where from? Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. – Kind –

Duration – *Where treated* –

Hered. History—*Insanity*

Other Diseases

Predisposing Age.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal –

Dangerous –

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Hugh Callander

STATE ON ADMISSION.

Mental.

Exaltation none

Depression some.

Excitement restless.

Enfeeblement weak mindedness of senility.

Memory bad.

Coherence Coherent Can answer questions? yes

Delusions

Other Abnormalities Does not know where he is & it does not occur to him to enquire.

Bodily

Appearance A decrepid Thin Tall old man

Skin warm Hair grey

Eyes dark Pupils contracted equally

Muscularity poor Fatness poor

Nervous System—*Motor* weak.

Sensory normal

Reflex Action present Special Senses normal. (safe).

Retina

Lungs bronchi & bronchovesicular breathing at apices.

Heart irregular & intermittent - thumping.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite poor.

Urine albuminuria.

Menstruation

Pulse feeble beat Temp. -

Height 5ft 8in Weight 75-2lb

Disease melancholia *Skae's Classification* senile insanity

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME. Hugh Callander

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20	February 189					He is incoherent & does not know where he is or anything about time or place.
21	February					He sleeps a little, is restless silly & has no idea of time or place.
22	February					No change.
24	February					This old man eats & sleeps well & is looking a little fresher & healthier.
26	February					Same state.
1	March					He is still incoherent & weak in mind.
4	March					This patient is becoming more coherent, not so restless & in every way better.
7	March					Improving slightly.
14	March					He is much better & eats & sleeps well -
20	March					Moved into the 3rd Division
15-5-91						Discharged recovered.

NAME.

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

445

NAME, George Smellie No.

Admitted, 20 February 1891 Pr. Ad. none

Sex, male Age, Marriage, single Occupation,

Education, – Religion, Protestant

Private or Pauper, Pauper Where from? Glasgow

HISTORY.

Causation.

Disposition Quiet

Habits

Previous Attacks—No. no Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing Ill health.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal –

Dangerous no.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME George Smellie

STATE ON ADMISSION.

Exaltation none.

Depression great

Excitement none.

Enfeeblement none

Memory Good

Coherence coherent Can answer questions? yes

Delusions That he is lost body & Soul -

Other Abnormalities

Appearance a rather short stout medium sized man

Skin warm dry Hair dark.

Eyes grey Pupils Eq. react - contracted.

Muscularity fair Fatness fair

Nervous System—*Motor* normal

Sensory normal

Reflex Action present Special Senses normal

Retina

Lungs no disease

Heart no murmurs.

Tongue slight fur Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

none - excoriation of scrotum.

Appetite Good

Urine 1032. no albumen - some sugar.

Menstruation

Pulse 80 - 80. Temp.

Height 5ft 3½ in Weight 105

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition weak

PREDOMINANT FEATURES.

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

447

NAME, George Sweller.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21 February 1891						This man is in a state of the deepest gloom & is acutely miserable & depressed.
22 February						He is acutely miserable & thinks he is the greatest sinner in the world & is "lost".
23 February						no change.
25 February						He has a bad attack of piles a semi internal pile is giving him much trouble
27 February						Confined to bed & in pain.
1 March						Still in great pain with this pile.
4 March						Rather better & able to sit up sideways - There is no pain - the pile was treated with astringent sedatives -
7 March						He is now up & pain & able to go about he is not so melancholic.
14 March						He is cheerful & works out of doors.
21 March						Same state.
30 March						He still works as before & is bright except at times
19:9:91.						Discharged recovered.

NAME,

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

449

NAME, Andrew Mc Keand No.

Admitted, 20 February 1891 Pr. Ad. Nil

Sex, male Age, Marriage, Single Occupation, Shop.

Education, fair Religion, Protestant

Private or Pauper, Private Where from? Newcastle.

HISTORY.

Causation.

Disposition Excitable

Habits Temperate.

Previous Attacks—No. Nil Kind Similar

Duration - Where treated C. R. I.

Hered. History—*Insanity*

Other Diseases

Predisposing Previous attack
Adolescence.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Andrew Mc Keand

STATE ON ADMISSION.

MENTAL.

Exaltation great

Depression none.

Excitement great

Enfeeblement none

Memory confused on some points.

Coherence coherent generally Can answer questions? yes

Delusions of grandeur.

Other Abnormalities hyperacusis. vain. boastful.

BODILY.

Appearance A very tall very thin lad with round face.

Skin warm Hair dark.

Eyes grey Pupils equal react contracted

Muscularity poor Fatness poor

Nervous System—*Motor* normal

Sensory normal.

Reflex Action normal Special Senses normal.

Retina

Lungs no pulmonary disease.

Heart no murmur.

Tongue clean Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

bruises on hip & sternum.

Appetite good.

Urine acid 1027. a deposit of urates.

Menstruation

Pulse 78 soft Temp.

Height 6ft 1in Weight 10st.

Disease Acute Mania *Skae's Classification*

General Bodily Health and Condition Weak.

PREDOMINANT FEATURES.

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

451

NAME, Andrew Mc Kean.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21 February 1891						He is noisy, jumps about, pulls people about, talks incessantly & is constantly on the move.
22 February						Noisy, extremely restless & can't keep still for an instant.
23 February						He is vain, silly, boastful noisy excitable & quarrelsome.
25 February						Same state.
27 February						He eats well & sleeps well but is still in a state of acute mania.
2 March						Same state.
5 March						He eats well but his excitement has made him thinner.
12 March						He is restless & in a state of noisy exaltation — a typical adolescent.
19 March						He gets extra diet.
26 March						Worked out of doors for a week but is not at work now.
18-4-91						Is suffering from mastoid inflammation, with purulent discharge from the left ear. Treatment - painting with iodine, and syringing the ear daily.
1-6-91						His ear is better, and he is again working out of doors. He is much quieter and more sensible, but still somewhat excited.
1-7-91						Is now quiet, sensible, and industrious.
30-7-91						Discharged recovered.

NAME.

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

453

NAME, John Mc Lachlan — No.

Admitted, 20 February 1891 — Pr. Ad. none

Sex, male — Age, 17 — Marriage, single — Occupation, Signalman

Education, – — Religion, Protestant

Private or Pauper, Pauper — Where from? Lanarkshire.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing: Adolescence.

Exciting

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal: no

Dangerous: yes.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME John Mc Lachlan.

STATE ON ADMISSION.

Mental.

Exaltation great

Depression none

Excitement some.

Enfeeblement none

Memory good for the most part

Coherence coherent at times Can answer questions? yes.

Delusions None fixed - talks incoherent nonsense.

Other Abnormalities .

Bodily

Appearance A pale beardless restless lad

Skin warm moist Hair brown

Eyes grey blue Pupils equal react - contracted

Muscularity poor Fatness poor

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal Special Senses good.

Retina

Lungs slight dulness at both apices - bronchovesicular breathing

Heart no murmur.

Tongue furred on dorsum Bowels costive

Other Organs, Abnormalities, Bruises, etc.

left elbow shews effusion.

Appetite fair.

Urine 1022. acid - no albumen &c.

Menstruation

Pulse weak Temp.

Height 5ft 7in Weight 8st 2lb.

Disease Acute Mania. *Skae's Classification*

General Bodily Health and Condition average.

PREDOMINANT FEATURES.

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

NAME, John McLachlan

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21 February 1891						He is in a state of acute mania.
22 February						There is no change - he jumps about & talks, sings, makes a noise & is restless. Sleepless also.
23 February						Still noisy & excited.
25 February						This boy is acutely excited & is incoherent, talks the most outrageous nonsense & is very restless.
27 February						Same state.
29 March						He is a little quieter but still noisy & often incoherent.
4 March						He is now doing a little work out of doors.
7 March						Rather quieter.
14 March						Still takes fits.
21 March						Has erysipelas of the face.
25 March						Much better.
29 March						Erysipelas quite gone.
						*These entries refer to A. McLachlan on page 379.
10-5-91						He still restless and excitable, very talkative, and aimless in his conduct. He is not noisy, and is harmless.
2-6-91						Transferred to Lunatic Ward of Hamilton Poorhouse.

AME.

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

457

NAME, Robert Inglis No.

Admitted, 2 March 1891. Pr. Ad. none

Sex, male Age, 61 Marriage, yes Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Private. Where from? Lockerbie.

HISTORY.

Causation.

Disposition quiet

Habits

Previous Attacks—No. — Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing Age.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Depression.

Bodily Dyspepsia.

Insane Habits and Propensities

Suicidal —

Dangerous —

Duration of Existing Attack —

Other Facts or Remarks

Facts of Medical Certificates

NAME Robert Inglis

STATE ON ADMISSION.

Exaltation none.

Depression Great.

Excitement none.

Enfeeblement none

Memory fairly good

Coherence coherent Can answer questions? yes.

Delusions That he is dying, is incurable & is lost body & soul

Other Abnormalities

Appearance A short stout elderly florid man.

Skin warm. Hair greyish

Eyes dark grey Pupils equal react contracted.

Muscularity good Fatness good

Nervous System—*Motor* normal.

Sensory normal

Reflex Action present Special Senses good.

Retina

Lungs old bronchitis

Heart mass systolic mitral no cardiac murmur.

Tongue brown fur Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

bruise on left arm.

Appetite poor.

Urine some albumen - a deposit of urates. 1016.

Menstruation

Pulse strong 88. Temp. —

Height Weight

Disease Melancholia *Skae's Classification* Senile Insanity.

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

459

NAME, Robert Inglis

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3 March 1891						He is dull & melancholic & nothing will brighten him up. He takes his food but does not sleep.
4 March						Same state.
5 March						This man sleeps badly & is melancholic - very miserable & cannot believe otherwise than that he is lost body & soul.
7 March						no change.
8 March						He has very bad diarrhoea & is passing blood also -
9 March						Still passing blood & has tenesmus but is rather better.
11 March						His man passes no blood now.
13 March						He has slight diarrhoea but passes no blood.
16 March						Diarrhoea stopped.
20 March						Is now out of bed.
24 March						He is as depressed as ever, & complains of frequent micturition.
30 March						Very dull & miserable.
10-4-91						Still much depressed and hypochondriacal. Says he never sleeps, &c.
1-5-91						Is now improving, admits that he sleeps a little, and makes few complaints about his health.
16-5-91						Is now cheerful, and says he never was in better health.
19-5-91						Discharged recovered —

NAME,

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

461

NAME, John Glencross. No.

Admitted, 4 March 1891 Pr. Ad. none.

Sex, male Age, Marriage, yes Occupation, -

Education, - Religion, Protestant.

Private or Pauper, Pauper. Sanquhar Where from? Sanquhar.

HISTORY.

Causation.

Disposition Quiet.

Habits

Previous Attacks—No. none Kind -

Duration - *Where treated* -

Hered. History—*Insanity* His aunt is in the C. R. I.

Other Diseases

Predisposing Age. ✓ H. P.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Depression
Sleeplessness.

Bodily

Insane Habits and Propensities

Suicidal -

Dangerous no.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME John Glencross.

STATE ON ADMISSION.

Exaltation none.

Depression Great

Excitement none

Enfeeblement none

Memory Good.

Coherence Coherent Can answer questions? yes.

Delusions That he is lost- body & soul & is in curable.

Other Abnormalities

Appearance A thin spare greyhaired man.

Skin warm. Hair greyish.

Eyes dark. Pupils equal contracted - react.

Muscularity poor Fatness poor

Nervous System—*Motor* weak.

Sensory normal

Reflex Action normal. Special Senses normal.

Retina

Lungs no pulmonary disease.

Heart weak action.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

none

Appetite poor.

Urine a deposit of urates.

Menstruation

Pulse weak Temp.

Height 5ft 9½ in Weight ~~9st~~ 7st 6lb

Disease Melancholia *State's Classification* Senile Insanity

General Bodily Health and Condition weak

PREDOMINANT FEATURES.

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

463

NAME. John Glencross

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5 March 1891						This man is very dull & depressed & sleeps badly. eats indifferently.
6 March						No improvement - He thinks he is lost, body & soul, & that he is he to die very soon.
7 March						Much depressed, sleepless & miserable.
9 March						Same state.
11 March						He is now taking Pil Hydarg. when needed.
14 March						Is rather better & his tongue a little cleaner.
17 March						Sleeps rather better & eats his food better.
24 March						He took another pill today.
30 March						Tongue cleaner & appetite better but he is still rather dull.
18-4-91						Improved steadily since last entry - Discharged today recovered.

NAME,

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

465

NAME, Philip O'Neil — No.

Admitted, 6 march 1891 — Pr. Ad. two

Sex, male — Age, — Marriage, single — Occupation, Pig Dealer

Education, 1 — Religion, Roman Catholic.

Private or Pauper, Pauper. — Where from? Castle Douglas.

HISTORY.

Causation.

Disposition

Habits — Intemperate in every way.

Previous Attacks—No. two — Kind similar

Duration - — *Where treated* C. R. I.

Hered. History—*Insanity*

Other Diseases

Predisposing — Previous attacks.

Exciting — Alcohol & excesses.

Symptoms. *First.*

Mental

Bodily

Recent.

Mental — Violent excitement

Bodily

Insane Habits and Propensities

Suicidal -

Dangerous yes.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Philip O'Neill.

STATE ON ADMISSION.

Exaltation — none.

Depression none. none.

Excitement none. none.

Enfeeblement none.

Memory confused for recent events

Coherence coherent Can answer questions? yes

Delusions none expressed

Other Abnormalities - Restless.

Appearance A stout strongly made broken nosed man.

Skin warm. Hair dark.

Eyes blue. Pupils dilated equal react

Muscularity good Fatness good

Nervous System—*Motor* normal except that he cant move his arms freely

Sensory pain in elbows &c.

Reflex Action present Special Senses normal.

Retina

Lungs no disease.

Heart no murmur

Tongue foul. Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

bruises in many places. He has a syphilitic rash.

Appetite bad. he vomits his food.

Urine he has gonorrhoea

Menstruation

Pulse fair 92 Temp.

Height 5ft 7 ¼ Weight 12 st 7 lb.

isease Insane *Skae's Classification*

neral Bodily Health and Condition

PREDOMINANT FEATURES.

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

467

NAME, Philip O' Neil

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7 March 1891						Did not sleep well. Is vomiting his food. His sonorrhoea is troublesome.
8 March						No better. Gets Bismuth & $KHCO_3$. He is very thirsty -
9 March.						Same state - wanders about restlessly owing to the sonorrhoea.
11 March						He is perfectly sensible & has no delusions.
13 March						Gets alkalies & Eucalyptol for his sonorrhoea.
14 March						Discharged Today.

NAME,

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

469

NAME, Hugh Bankhead Robertson No.
Admitted, 10 March 1891 Pr. Ad. none
Sex, male Age, 25 Marriage, Single Occupation, Draper.
Education, fair Religion, Protestant.
Private or Pauper, Pauper. Govan Where from? Glasgow.

HISTORY.

Causation.
- Disposition -
- Habits -
- Previous Attacks—No. one — Kind —
- Duration — Where treated at home.
- Hered. History—Insanity
- Other Diseases
- Predisposing
- Exciting Unknown.

Symptoms. First.
- Mental
- Bodily Anæmia

Recent.
- Mental Confused
- Bodily Anæmia

Insane Habits and Propensities —
Suicidal yes
Dangerous no.
Duration of Existing Attack
Other Facts or Remarks

Facts of Medical Certificates

NAME Hugh Bankhead Robertson.

STATE ON ADMISSION.

Exaltation none.

Depression rather dull & miserable.

Excitement none.

Enfeeblement none.

Memory good for some events a little confused for others

Coherence present Can answer questions? yes

Delusions none expressed.

Other Abnormalities stares fixedly & stares himself out of countenance at intervals.

Appearance A pale flabby young man of medium size.

Skin warm pale Hair dark

Eyes blue. Pupils unequal react. dil.

Muscularity fair Fatness fair.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action present Special Senses good.

Retina

Lungs no dulness of percussion.

Heart mitral systolic murmur.

Tongue flabby Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite bad

Urine phosphates present. 1022.

Menstruation

Pulse weak & irregular Temp. –

Height 5ft 1 5¾ in Weight 85 lbs 4 oz.

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.

471

NAME. Hugh Bankhead Robertson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11 March 1891						He stares in a vacant & idiotic way in front of him, refuses his food and at times will not speak. He has a wild expression of face & spends much time in praying.
12 March						No change - Got Castor oil.
13 March						He eats a little better but is still silly & answers questions irrelevantly though he can speak sensibly enough at times.
14 March						Same state.
16 March						He is weakminded & silly.
19 March						Same state.
24 March						This young man is full of religious ideas & restlessness.
28th March 1891						Transferred to Asylum

NAME,

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

NAME. Hugh Bankhead Robertson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11 March 1891						He stares in a vacant & idiotic way in front of him, refuses his food and at times will not speak. He has a wild expression of face & spends much time in praying.
12 March						No change - Got Castor oil.
13 March						He eats a little better but is still silly & answers questions irrelevantly though he can speak sensibly enough at times.
14 March						Same state.
16 March						He is weakminded & silly.
19 March						Same state.
24 March						This young man is full of religious ideas & restlessness.
28th March 1891						Transferred to Argyle Asylum

NAME.

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

473

NAME, John Coyles. No.

Admitted, 16 March 1891 Pr. Ad. none

Sex, male Age, - Marriage, Single Occupation, Shoemaker

Education, — Religion, Roman.

Private or Pauper, Pauper. N.H. Where from? Airdrie.

HISTORY.

Causation.

Disposition

Habits Intemperate

Previous Attacks—No. — Kind —

Duration — Where treated —

Hered. History—*Insanity*

Other Diseases

Predisposing Alcohol.

Exciting Alcohol.

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness - hallucinations.

Bodily

Insane Habits and Propensities

Suicidal yes

Dangerous yes

Duration of Existing Attack —

Other Facts or Remarks

Facts of Medical Certificates

NAME John Coyles.

STATE ON ADMISSION.

Mental

Exaltation none.

Depression some.

Excitement restless - excitable -

Enfeeblement none.

Memory Good

Coherence Coherent Can answer questions? Yes

Delusions That he is persecuted by a magic book.

Other Abnormalities -

Bodily

Appearance A tall bloated stout- dark man

Skin warm - Hair dark & brown

Eyes dark. Pupils unequal dilated react.

Muscularity fair Fatness very fat-

Nervous System—*Motor* normal.

Sensory normal

Reflex Action present Special Senses normal.

Retina

Lungs no disease.

Heart impure first- sound.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

right leg cut off in middle of thigh - scars on forehead.

Appetite bad

Urine albuminous.

Menstruation

Pulse Strong ~ 100 - Temp. —

Height 5 ft 10½ in Weight 135t 4 lb.

Disease Excited melancholia *Skae's Classification* Alcoholic Insanity

General Bodily Health and Condition bad.

PREDOMINANT FEATURES.

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

475

NAME. John Coyles.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17 March 1891						He is restless & depressed & thinks a magic book is "working" on him & that a magic lantern also affects him & that these are the cause of all his woes.
18 March						He thinks that people are staring at & sniggering at him & that everyone has glass eyes - He has hallucinations hearing.
19 March						Nearly choked himself last night - was quite livid for 12 hours.
21 March						Full of hallucinations & delusions of persecution.
23 March						Threw a chair & hurt the head attendant's hand badly.
26 March						Still restless & suicidal & dangerous.
30 March						No improvement.
1-5-91						Has improved considerably; is less restless, and rarely complains of persecution. Says he has not heard voices at night for some time.
1-6-91						Is much better. He expresses no delusions of suspicion or hallucinations of hearing, and is free from excitement.
12-6-91						Discharged recovered.

NAME.

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

477

NAME, Charles Green. No.

Admitted, 16 march 1891 Pr. Ad. none

Sex, male Age, — Marriage, married Occupation, Stone Dyke

Education, — Religion, Protestant.

Private or Pauper, Pauper. Lochmaben Where from? Lochmaben.

HISTORY.

Causation.

Disposition Quiet

Habits Temperate.

Previous Attacks—No. none Kind —

Duration — *Where treated* —

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes.

Duration of Existing Attack —

Other Facts or Remarks —

Facts of Medical Certificates

NAME Charles Green.

STATE ON ADMISSION.

Exaltation some -

Depression none -

Excitement none -

Enfeeblement none -

Memory Good.
Coherence coherent Can answer questions? yes.
Delusions none expressed.

Other Abnormalities - Has a peculiar appearance.

Appearance A thin brown faced dark man -
Skin Warm - Hair dark.
Eyes dark Pupils unequal, dilated, react.
Muscularity fair Fatness poor
Nervous System—*Motor* normal

Sensory normal

Reflex Action normal Special Senses Good
Retina
Lungs no disease.

Heart no murmur - impure 1st sound.
Tongue Clean Bowels regular
Other Organs, Abnormalities, Bruises, etc.
none.

Appetite fair.
Urine no abnormality.
Menstruation -
Pulse fair, irregular. Temp. -
Height 5ft 6½in Weight 95[illegible]

Disease Mania *Skae's Classification*
General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

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

479

NAME, Charles Green.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17 March 1891.						He is a quiet reserved man with a peculiar appearance & will not give expression to any delusion. Status.
18 March						
19 March						Today he says he may as well speak candidly & tells me that he has seen the most wonderful miracles performed by God in front of him.
21 March						He has hallucinations of hearing.
23 March						He says that people prophesy about him - he is only a "simple working man" he says but he evidently mistakes himself for some great personage.
26 March						no change.
29 March						He is now working regularly out of doors.
1-5-91						He does not express delusions to officials, to whom he says he sleeps well and suffers no annoyance. ~~of~~ his wife who visited him lately he said he never slept, and was constantly annoyed at night by unknown people of both sexes - He asked her not to tell this, as it might hinder his discharge -
10-5-91						Is sleeping badly, and complaining of voices -
1-6-91						Is better again, and expressing no delusions. He is very reserved. Works well out of doors.
1-7-91						Discharged recovered -

NAME,

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

481

NAME, Andrew Mc Lusky No.
Admitted, 23 March 1891 Pr. Ad. none.
Sex, male Age, – Marriage, Single Occupation, Soldier
Education, – Religion, Protestant
Private or Pauper, Pauper. Govan Where from? Glasgow.

HISTORY.

Disposition Quiet
Habits Irregular.
Previous Attacks—No. – Kind –
Duration – Where treated –
Hered. History—Insanity .
Other Diseases .
Predisposing unknown.
Exciting

Causation.

Symptoms. First. Mental
Bodily

Recent. Mental Restless & irritable.
Bodily

Insane Habits and Propensities –
Suicidal no
Dangerous yes.
Duration of Existing Attack –
Other Facts or Remarks

Deserted from The Militia
Deserted also from The Army (84th)
Has been in America for
3 years.
Is a coal miner underground.

Facts of Medical Certificates

NAME Andrew McCluskey.

STATE ON ADMISSION.

Exaltation none.

Depression some.

Excitement restless.

Enfeeblement none.

Memory good

Coherence coherent Can answer questions? Yes

Delusions none expressed.

Other Abnormalities

Appearance A small thin dark sallow man.

Skin dark sallow Hair short-black.

Eyes dark Pupils unequal react-

Muscularity poor Fatness poor

Nervous System—*Motor* normal

Sensory normal.

Reflex Action present Special Senses good.

Retina

Lungs bronchial breathing at the right apex.

Heart no murmur-

Tongue furred Bowels regular

Other Organs, Abnormalities, Bruises, etc.

none.

Appetite fair.

Urine phosphates-

Menstruation

Pulse 76 weak Temp.

Height 5ft 6in. Weight 85lbs 4 lb.

Disease M *Shaw's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

483

NAME. Andrew McLusky.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24 March 1891						He is a quiet dull & excitable man. Restless in manner & conversation
25 March						He thinks he is being persecuted and is the butt of everyone -
26 March						was a little excited & violent tonight.
28 March						He is suspicious & restless & very irritable. He has many delusions of persecution.
30-4-91						Has been free from active excitement since last entry and is less irritable. He is depressed & listless.
20-5-91						He is working out of doors. Complains that he does not sleep well, and is suspicious.
2-6-91						Complains of pain in the chest, which he says keeps him awake at night. Breathing is harsh on the right side. He is kept indoors at present.
1-7-91						Is now stronger, and able for regular outdoor work. Looks rather depressed, but expresses no delusions.
25-7-91						Discharged Recovered.

AME,

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

485

NAME, John Quin No.

Admitted, 24 march 1891 Pr. Ad. none

Sex, male Age, - Marriage, Single Occupation, miner

Education, - Religion, Roman.

Private or Pauper, Pauper Where from? Hamilton

HISTORY.

Causation.
- Disposition: Quiet
- Habits: -
- Previous Attacks—No. one Kind similar -
- Duration Where treated Bothwell
- Hered. History—Insanity
- Other Diseases
- Predisposing: Previous attack
- Exciting: -

Symptoms. First.
- Mental
- Bodily

Symptoms. Recent.
- Mental: Lethargy.
- Bodily

Insane Habits and Propensities

Suicidal no

Dangerous no.

Duration of Existing Attack -

Other Facts or Remarks

Facts of Medical Certificates

NAME John Muir.

STATE ON ADMISSION.

Exaltation none.

Depression none

Excitement none

Enfeeblement —

Memory will not say much but seems good & well.
Coherence coherent Can answer questions? yes unwillingly.
Delusions none expressed.

Other Abnormalities —

Appearance A small dark stout high complexioned man.
Skin warm Hair black
Eyes dark - Pupils dilated Qual read.
Muscularity good Fatness good
Nervous System—*Motor* normal

Sensory normal.

Reflex Action present Special Senses normal
Retina
Lungs Rhonchi in larger tubes.

Heart Rough first cardiac sound.
Tongue furred flabby. Bowels regular
Other Organs, Abnormalities, Bruises, etc.
none.

Appetite fair
Urine no albumen - 1026 - acid.
Menstruation —
Pulse fair - 82 - Temp. —
Height 5ft 1 inch Weight 95 lbs.

Disease (*Skae's Classification*

General Bodily Health and Condition average.

PREDOMINANT FEATURES.

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

487

NAME, John Quin.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25 March 1891						He is silent & cannot be got to speak or to say much about himself.
26 march						He is quite stupid & lethargic but can be roused to a smile & to speak a little.
27 march						Same state.
29 march						He is still very stupid & will not speak unless stirred up & then he speaks in short sentences & has no ideas.
1-6-91						He is brighter, and more inclined to speak, and asks when he will be able to go home. He works regularly out of doors.
20-8-91						Is duller, shows little interest in anything, and has hallucinations of hearing. Is quite contented to be where he is —
13-10-92						Does not remember when he came. Memory is bad. Bodily health is good. He works outside

Deaths

NAME.

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

NAME, Thomas Robson. No.
Admitted, 24 March 1891. Pr. Ad. none
Sex, male Age, 69. Marriage, widower Occupation, Sealer.
Education, — Religion, Protestant.
Private or Pauper, Pauper. Loch maben. Where from? Loch maben.

HISTORY.

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

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental Cut his throat.
- Bodily

Insane Habits and Propensities
Suicidal yes.
Dangerous no.
Duration of Existing Attack
Other Facts or Remarks

He cut his throat but says he did not know what he was doing at the time.

Facts of Medical Certificates

NAME Thomas Robson

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression some.

Excitement none -

Enfeeblement senility.

Memory good except for recent events.

Coherence coherent Can answer questions? yes

Delusions none expressed.

Other Abnormalities —

Bodily.

Appearance A small sallow thin dirty old man

Skin dark dirty Hair grey.

Eyes dark grey. Pupils —

Muscularity very poor Fatness very poor -

Nervous System—*Motor* weak

Sensory —

Reflex Action present Special Senses nearly blind - a little deaf.

Retina

Lungs harsh breathing over both apices. Rhonchi in the tubes.

Heart mitral systolic murmur.

Tongue furred Bowels regular

Other Organs, Abnormalities, Bruises, etc.

cut throat. Right inguinal hernia (reducible)

Appetite fair

Urine albumen & phosphates.

Menstruation

Pulse weak. Temp. normal.

Height — Weight —

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition weak. very.

PREDOMINANT FEATURES.

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

491

NAME, Thomas Robson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25 March 1891						He is irritable excitable & restless. The wound is doing well.
26 March						The wound is healthy. No change mentally. He eats & sleeps well.
27 March						He says the wound is a little painful today but it is not red.
29 March						Doing well –
10th April						The stitches gave way, and for a time the wound looked very inflamed and unhealthy. Now it is granulating well. He is quiet and sensible –
1-5-91						The wound has now healed, and he is able to be out of bed most of the day. No symptoms of insanity remain.
6-5-91						Discharged recovered.

...AME.

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

493

NAME, Patrick Matthews. No.

Admitted, 19 March 1891 Pr. Ad. none

Sex, male Age, Marriage, widower Occupation, "Dealer"

Education, – Religion, Roman

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

HISTORY.

Causation.

Disposition Excitable

Habits ?

Previous Attacks—No. none Kind –

Duration – *Where treated* –

Hered. History—*Insanity*

Other Diseases

Predisposing Age.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes –

Duration of Existing Attack –

Other Facts or Remarks

Facts of Medical Certificates

NAME Patrick Matthews

STATE ON ADMISSION.

Mental.

Exaltation some -

Depression none -

Excitement restless & excitable.

Enfeeblement ?

Memory Good.

Coherence Coherent Can answer questions? yes

Delusions of persecution -

Other Abnormalities Lozenges.

Bodily

Appearance A sallow thin old weather beaten man.

Skin warm Hair grey.

Eyes grey Pupils unequal contracted

Muscularity poor Fatness poor

Nervous System—*Motor* normal

Sensory -

Reflex Action present Special Senses normal.

Retina

Lungs Emphysema

Heart mitral systolic murmur -

Tongue foul Bowels fair costive.

Other Organs, Abnormalities, Bruises, etc,

none.

Appetite fair

Urine albuminuria.

Menstruation

Pulse weak - 84. Temp.

Height 5ft 7½ in Weight 105 -.

Disease mania. *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME. Patrick Matthews

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20 March 1891						He is very loquacious & restless & excitable —
21 March						Same state.
22 March						This man is restless & very loquacious still & mentally exalted
24 March						Same state.
26 March						He now works out of doors.
29 March						This patient is much the same & has delusions of persecution & that women wish to get hold of him.
1-5-91						Continues excited, restless, & talkative, and imagines that some women are influencing him. Is not inclined to work, and is not sent out at present as he has somewhat. Is constantly demanding his liberty.
20-8-91						Talks noisily and incoherently, and has delusions of an exalted nature. Says he is a "Holy missionary", and demands to be sent out to convert the heathen.
7:1:92.						The "Holy Commissioner" is at Plimmouth & seems contented with 'boxing' the Stock-cutting gang. Has still his commission to fulfil & the nine hundred million heathen.

Dodd

NAME,

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

497.

NAME, James Robertson No.
Admitted, 21 March 1891 Pr. Ad. none
Sex, male Age, Marriage, Single. Occupation, Rigger
Education, — Religion, Protestant.
Private or Pauper, Pauper Govan Where from? Govan.

HISTORY.

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

Symptoms. First.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities
Suicidal yes -
Dangerous no
Duration of Existing Attack -
Other Facts or Remarks

Facts of Medical Certificates

NAME James Robertson.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression great.

Excitement restless

Enfeeblement none -

Memory good

Coherence Coherent Can answer questions? yes -

Delusions that he is dirty & is lost body & soul -

Other Abnormalities a silent determined look in his face.

Bodily.

Appearance a pale oldish thin freckled man.

Skin warm - Hair grey.

Eyes grey Pupils unequal contracted

Muscularity poor Fatness poor

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action normal. Special Senses good.

Retina

Lungs breath sounds normal.

Heart mitral systolic murmur -

Tongue furred. Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.,

none.

Appetite poor.

Urine a deposit of urates - 1018. acid.

Menstruation —

Pulse weak Temp.

Height — Weight —

Disease Melancholia. *Skae's Classification*

General Bodily Health and Condition weak.

PREDOMINANT FEATURES.

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

NAME. James Robertson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22 March 1891						He is quiet & depressed & suicidal – is under special supervision. The attendant has been warned about him.
23 March						Same state.
24 March						He is much depressed & needs watching. His pupils are unequal & always contracted.
26 March						He says he is lost & should die at once – does not need food – & is lost body & soul – is a disgrace to the race.
28 March						Same state.
30 March						He is forced to take his food.
1-5-91						Is most depressed. Believes he is destroyed; that his case is unique and hopeless, &c. Says he never sleeps and has various visceral delusions. Suffers from constipation, for which he gets cascara. Pupils are much contracted, and sometimes unequal.
31-5-91						Was noisy last night.
7-6-91						Is more restless, and occasionally noisy at night. His delusions continue.
12.10.92						His pupils are very much contracted. He is quiet & not nearly so much depressed as when he came in. He is still slightly depressed but has given up bawling. Bodily Health is good.

Discharged

NAME,

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

501

NAME, John Friel — No.

Admitted, 1st April 1891 — Pr. Ad. Weaver

Sex, Male — Age, 65 — Marriage, married — Occupation,

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Lanark

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none — *Kind*

Duration — *Where treated*

Hered. History—*Insanity* none

Other Diseases

Predisposing

unknown

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes

Dangerous yes

Duration of Existing Attack Five weeks.

Other Facts or Remarks

Facts of Medical Certificates

1. Excited appearance - Incoherent.
   Has attempted to commit suicide -

2. General restlessness - Incoherent.
   Has attempted to commit suicide -

NAME John Nicol

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression none.

Excitement yes.

Enfeeblement yes.

Memory impaired.

Coherence Quite incoherent Can answer questions? No

Delusions Expresses none.

Other Abnormalities

Bodily.

Appearance A sallow old man.

Skin moist Hair grey

Eyes much brown pigment in iris Pupils Equal and react

Muscularity Poor Fatness Poor

Nervous System—*Motor*

much restlessness

Sensory

Normal

Reflex Action Normal Special Senses normal.

Retina

Lungs Apparently healthy

Heart First sound muffled. Rhythm slightly irregular

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, etc.

No bruises

Appetite Good.

Urine Sp. gr. 1018. Reaction neutral. Mucopurulent deposit. No albumen. Phosphates.

Menstruation

Pulse 80 Temp. Normal

Height 5 ft 1½ in. Weight 7 st. 2 lb.

Disease Senile Insanity *Skae's Classification*

General Bodily Health and Condition Poor

PREDOMINANT FEATURES.

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

503

NAME, John Reid

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2nd April						Patient is very restless and excited. He talks quite incoherently, and cannot answer questions intelligently.
4th -						Remains in the same state. He is restless, but easily managed, and not noisy. Quite incoherent.
6th -						Is more depressed today. Says he is "quite done", and seems to fear impending evil, but it is difficult to understand what he says, as he talks indistinctly & incoherently.
1-5-91						Remains in much the same state. Is restless and depressed, and much confused in mind.
20-8-91						His right arm is weak, and his speech much impaired. His mental state is unchanged.
5:1:92.						He is ~~lately~~ weaker, has bad circulation - & has occasionally to go to bed to prevent his feet breaking down.
18.2.92						Gradually became weaker and died to-day of heart disease and bronchitis.

NAME.

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

505

NAME, William Galbraith No.

Admitted, 1st April 1891 Pr. Ad.

Sex, Male Age, 52 Marriage, Single Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Pauper Where from? New Galloway

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind

Duration Where treated

Hered. History—Insanity Had a brother at one time insane

Other Disease

Predisposing Has been of weak mind all his life

Exciting unknown.

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

Facts of Medical Certificates

1. Rambling incoherent speech about angels, miracles, and heaven

2. Says he is an angel of light, and can work miracles.

NAME William Gallocher

STATE ON ADMISSION.

Exaltation yes. Believes he is an angel &c.

Depression no.

Excitement yes. Very restless & talkative

Enfeeblement yes.

Memory Impaired

Coherence Incoherent Can answer questions? Some

Delusions That he is an angel, &c.

Other Abnormalities

Appearance Elderly man of worn & restless look.

Skin moist Hair Scanty - grey

Eyes Blue-grey Pupils Equal and react.

Muscularity Poor Fatness Poor

Nervous System—*Motor* much restlessness

Sensory normal

Reflex Action Exaggerated Special Senses normal

Retina

Lungs Healthy

Heart No murmurs

Tongue Clean Bowels regular

Other Organs, Abnormalities, Bruises, etc. No bruises

Appetite good

Urine Sp. gr. 1030. Contains phosphates and sugar.

Menstruation

Pulse 92, rather weak Temp. normal

Height 5 ft. 3½ in. Weight 8 st.

Disease Acute Mania *Skae's Classification*

General Bodily Health and Condition Poor

PREDOMINANT FEATURES.

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

507

NAME, William Gallocher

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2nd April						Patient is restless, incoherent, talkative, & emotional. He answers some questions intelligently, but soon breaks into a rambling disquisition on the subject of angels, &c. Believes he is an angel, is the Son of God, &c.
4th April						No change. Is easily managed, and not noisy.
12th.						Goes out with the working party. He is less excited, but is very weak-minded, and has apparently always been so.
30th April.						Is working well, and giving no trouble. Is weak-minded and excitable, but expresses no delusions.
12-5-91						Sent to Skinmount today.
31-5-91						He is doing well at Skinmount. He works well, and is quite happy.
8-7-91						Eloped with another patient — who had induced him to go with him — to Carlisle yesterday. He was brought back at night to Skinmount.
14-7-91						Has given no trouble since his return to Skinmount. Is very penitent, and weeps when spoken to about his elope.
20-8-91						Is working steadily at Skinmount.
12 Dec 1899:-						Died today: He was working out up to 6 months ago when he had repeated attacks of haemoptysis affecting the lungs more especially latterly from small "apoplectiform" haemorrhages. Gradually ran down under them & oedema of the lungs supervened.

NAME,

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

509

NAME, John Devaney No.

Admitted, 2nd April 1891 Pr. Ad.

Sex, Male Age, 26 Marriage, Single Occupation, Pipe maker

Education, Religion, Roman Catholic

Private or Pauper, Pauper Where from? Airdrie

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind

Duration Where treated

Hered. History—Insanity none

Other Diseases

Predisposing unknown

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes

Duration of Existing Attack Two months

Other Facts or Remarks

Facts of Medical Certificates

1. Says he is 93 yrs. old. Has no feeling. Excited appearance. Will not work. Has offered violence to a neighbour.

2. Despondent. Has delusions, and at times talks incoherently. Hears voices, which keep him from sleeping. Has attempted violence.

NAME John Devaney.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression yes. Has a dull look, and depressed suspicious manner.

Excitement none.

Enfeeblement none.

Memory good.

Coherence Coherent Can answer questions? yes.

Delusions Appears to have delusions of suspicion, & hallucinations of hearing.

Other Abnormalities

Bodily.

Appearance Young man with flushed face, and depressed suspicious manner.

Skin Hair thick brown

Eyes grey Pupils rather widely dilated, & react.

Muscularity Fatness

Nervous System—*Motor* Sluggish

Sensory Has pain in the occipital region

Reflex Action normal Special Senses normal.

Retina

Lungs Somewhat harsh breathing at the apices. Slight cough.

Heart Sounds pure, rapid, and rather weak.

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, etc.

Appetite Good

Urine Pale straw colour. Acid. Sp. gr. 1016. No albumen.

Menstruation

Pulse 100 Temp. normal

Height 5 ft. 9 in. Weight 9 st. 4 lb.

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Fair

PREDOMINANT FEATURES.

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

NAME, John Devaney

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2nd April						Patient has a dull look, and depressed suspicious manner. He complains in the occipital region, and a confused feeling in his head. Has not been sleeping well. Has had hallucinations of hearing, and apparently has delusions of suspicion.
6th.						Says he feels better, but looks depressed & suspicious. Is unwilling to enter into conversation.
10th.						Is now going out to work. Hallucinations of hearing continue.
1-5-91						No improvement. Keeps his head bent, and will not look anyone in the face. Does not incline to speak, and when asked how he is answers curtly, "better". Still has hallucinations of hearing.
30-5-91						Is becoming very stupid, and is very untidy in his dress and habits.
20-8-91						No improvement.
13.10.92						Has no memory Quiet demeanour.

Dutch

NAME.

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

513

NAME, Samuel Kirkpatrick No.

Admitted, 4th April 1891 Pr. Ad.

Sex, Male Age, Marriage, Widowed Occupation, Farm Labourer

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Irvinigaff

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one. Kind

Duration Where treated Dumfries.

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting wife's death, and other illness in family

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous no

Duration of Existing Attack three days.

Other Facts or Remarks

Facts of Medical Certificates

1. Violent demeanour, frothing at the mouth, evident hallucinations. Was seen to be addressing the stars, brandishing a stick &c.

2. Looks wild, and behaviour is extremely violent – jumping, shouting & dancing &c. Talk incoherent. Found lying across a fence, crying out 'God is merciful' &c

NAME Samuel Kirkpatrick

STATE ON ADMISSION.

Mental.

Exaltation yes

Depression none

Excitement great - noisy & sleepless -

Enfeeblement none

Memory

Coherence Incoherent Can answer questions? Some -

Delusions Has delusions of identity, locality &c -

Other Abnormalities

Bodily.

Appearance Somewhat sallow, flushed, much excited -

Skin Dry Hair Scanty, dark brown

Eyes Grey Pupils Equal & react -

Muscularity Good Fatness Fair

Nervous System—*Motor* Great restlessness

Sensory Normal

Reflex Action Patellar reflex exaggerated Special Senses normal

Retina

Lungs Healthy -

Heart Sounds regular and pure

Tongue Furred Bowels Costive

Other Organs, Abnormalities, Bruises, etc.

Acne eruption on back. No bruises or other injuries.

Appetite Good

Urine acid. Sp. gr. 1020. Contains nothing abnormal -

Menstruation

Pulse 100. Temp. 100.5° F -

Height 5 ft. 8 in. Weight 10 st. 6 lb.

Disease Acute mania *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

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

515

NAME, Samuel Kirkpatrick

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5/4/91						Patient is suffering from acute mania, and is noisy, restless and incoherent. He was very noisy last night. He is taking his food well. A purge has been given.
6/4/91						Was again very noisy last night, but is quieter and more sensible this morning.
12/4/91						Continues very noisy and incoherent, and sleeps little.
14/4/91						Slept well last night, and is quieter and more coherent this morning.
17/4/91						Continues to improve.
1/5/91						He is now silent and depressed. He answers questions, but does not incline to speak much.
11/5/91						Was noisy last night.
1-6-91						Is again silent and depressed.
7-6-91						Has been noisy for the last two nights.
20-8-91						Is silent and stupid.
5:1:92.						Insane Condition. hangs his head & looks depressed. Is silent
13.10.92						Is still depressed but not any thing like as bad as he was in 1891 Bodily health good.
9 Oct 1897:-						He is freeing has been anxious to try him out recently. He has been quiet & easily managed recently and has been working outside fairly well. He has been sent out on 6 months Probation He is mild demented & may do well.
16 April 1898:-						Today discharged recovered

NAME.

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

517

NAME, Thomas Bell — No.

Admitted, 10th April 1891 — Pr. Ad.

Sex, Male — Age, 29 — Marriage, Married — Occupation, Shepherd

Education, — Religion, Presbyterian

Private or Pauper, Private — Where from? Corrydon, Glenelg

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none — Kind

Duration — Where treated

Hered. History—Insanity none.

Other Diseases

Predisposing

Exciting unknown.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes

Dangerous no

Duration of Existing Attack not definitely known —

Other Facts or Remarks

Facts of Medical Certificates

1. Says people despise and laugh at him; that he is so unfit to work that he had better commit suicide; says he attempted suicide
Thinks his soul is lost, &c.

2. Insane melancholic appearance & statements. Says he attempted suicide, and is afraid he would try it again.
He attempted to hang himself.

806 20

NAME Thomas Bell.

STATE ON ADMISSION.

Excitation none.

Depression very depressed in look, manner, and speech.

Excitement none.

Enfeeblement none.

Memory good

Coherence coherent Can answer questions? yes.

Delusions That he is suffering from various diseases, caused by self-abuse.
That he is very wicked, soul is lost, &c.

Other Abnormalities

Appearance Tall man, with reddish-brown beard, and sun-burnt complexion.

Skin Hair rather thin, dark brown.

Eyes brown Pupils Equal.

Muscularity good Fatness poor.

Nervous System—*Motor* normal.

Sensory Has frontal headache, and indefinite itching sensations in the throat, &c.

Reflex Action normal. Special Senses

Brain

Lungs Healthy.

Heart Apex displaced slightly downwards & outwards. First sound muffled.

Tongue Slight white fur. Bowels Regular.

Other Organs, Abnormalities, Bruises, etc.

The left testicle and epididymis are enlarged and hard, and there is a small sinus with slight discharge of pus.

Appetite good.

Urine Sp. gr. 1020. Phosphates deposited on boiling.

Menstruation

Pulse 104, good volume and tension Temp. Normal.

Height 5 ft. 11 3/4 in. Weight 10 st. 2 lb.

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Fair.

PREDOMINANT FEATURES.

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

51

807

NAME, Thomas Bell.

Cessation. Recent. Symptoms. First.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
11-4-91						Patient is much depressed. Complains of frontal headache and sleeplessness. Believes that he had destroyed his health by practising self-abuse in youth. He attempted to hang himself before admission.
12-4-91						Rather more cheerful today. Says the immediate cause of his depression was anxiety about possible loss of his situation. Still complains of headache.
1-5-91						Has improved somewhat since last entry. He works outside. He is very hypochondriacal but less acutely depressed.
26-5-91						He varies from day to day. At times he is comparatively cheerful, but he has generally some bodily trouble, e.g. itching sensations or a lump in his throat to complain of.
1-6-91						Thinks he is in a very bad state at present. Believes that his throat is closing up, that his saliva is in a state of acute inflammation, &c. Is very anxious to be sent home, and thinks he will not live if kept here.
1-7-91						No improvement mentally. He is very self-absorbed, and can talk of nothing but his state of health. He is under special supervision. He takes his food well, and is gaining weight.
13-8-91						He attempted suicide today by throwing himself from one of the second-storey windows of the new farm buildings. His left shoulder and hip are bruised, but he has escaped without serious injuries.
14-8-91						He believes he is fatally injured, and makes the most of his pains. At the same time he is anxious to recover. Says today that his troubles date back to his childhood: imagines he defied God in some way or other when he was five years old, and that he has suffered punishment ever since.
22:9:91						Is still perhaps suicidal, is watched. Says he is very anxious to get well. Is continually asking when he will be able to get home. Always anxious about his bodily health.
18.7.92.						Died from Cerebral Meningitis.

NAME.

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

521

NAME, Hugh O'Hare — No.

Admitted, 12th April 1891 — Pr. Ad.

Sex, Male — Age, 30 — Marriage, Single — Occupation, Labourer

Education, — Religion, Roman-Catholic

Private or Pauper, Pauper — Where from? Irish

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One — Kind

Duration — Where treated Southern Counties Asylum.

Hered. History—Insanity

Other Diseases

Predisposing previous attack

Exciting unknown

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Not known whether he is Epileptic or not.

Suicidal no

Dangerous yes

Duration of Existing Attack about two months.

Other Facts or Remarks

Facts of Medical Certificates

1. Has delusions regarding his money and other property and effects. Cannot be induced to work steadily, his mind being always engaged upon the recovery of imaginary sums, which he says his father had.

2. Believes large sums of money are due to him. Refuses to work till his father gives him money. Is constantly talking about this.

NAME Hugh O'Hare

STATE ON ADMISSION.

Exaltation yes – indicated by his delusions –

Depression None.

Excitement is restless and talkative –

Enfeeblement None apparent.

Memory Seems good –

Coherence Somewhat incoherent Can answer questions? yes –

Delusions That he possesses large sums of money, &c, which are kept from him unjustly –

Other Abnormalities

Appearance Flushed face, restless manner –

Skin moist Hair dark brown

Eyes blue-grey Pupils Contracted

Muscularity Fair Fatness Fair.

Nervous System—*Motor* somewhat restless

Sensory normal

Reflex Action Patellar refl. Exaggerated Special Senses normal

Retina

Lungs Chest expansion defective at left apex, where also respiration is harsh –

Heart Sounds regular and pure –

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, etc. Extensive scars of an old burn, involving the left ear, cheek, arm, and thigh, and part of the abdomen near the middle line. Slight Eczema capitis.

Appetite Good.

Urine urine acid. Sp. gr. 1023. Contains nothing abnormal –

Menstruation

Pulse 78 Temp. Normal

Height 5 ft. 7 in. Weight 10 st –

Disease Mania *Skae's Classification*

General Bodily Health and Condition Fair

PREDOMINANT FEATURES.

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

523

NAME. Hugh O'Hare

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13/4/91						Patient has a restless look, and seemed excited in conversation. He believes he possesses various sums of money which are unjustly kept from him, and says he came here to recover them. He can talk of nothing else, and soon becomes incoherent on the subject. He answers questions on other subjects coherently. He believes his previous detention in an asylum was connected with the same money business.
14/4/91						He is sleeping and eating well, and has been sent out with the working party today.
17/4/91						Complains that he is not sufficiently fed, that injustice is being done to him, demands his money, &c. But he is easily managed, and works well.
1/5/91						No change. Is excitable, and rambling in speech, and asserts that injustice is being done to him. He is working well.
20-8-91						Has the same delusions. He works well, if he gets tobacco
7-3-92						Escaped to-day.
4-4-92						Discharged

NAME,

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

525

NAME, James Siddons No.

Admitted, 13th April 1891 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Dumfries (chargeable to Govan)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None Kind

Duration Where treated

Hered. History—Insanity None given.

Other Diseases

Predisposing "Softening of the brain"

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous Yes.

Duration of Existing Attack about a year.

Other Facts or Remarks

Facts of Medical Certificates

1. Heard voices. Heard sounds at night, which keep him from sleeping. Has a silly expression, and talks somewhat incoherently.
Has threatened to kill his wife &c.

2. Has an insane appearance. Talks incoherently.
At first with strangers, but would take his wife's life (So his wife says).

NAME James Liddons

STATE ON ADMISSION.

Mental.

Exaltation yes. Has deluded ideas of his strength, &c.

Depression none.

Excitement Is restless.

Enfeeblement He is very facile

Memory Good

Coherence Coherent Can answer questions? yes.

Delusions

Other Abnormalities

Bodily

Appearance Man of somewhat sallow complexion — restless look.

Skin moist Hair brown — reddish-brown beard.

Eyes grey Pupils right smaller than left.

Muscularity fair Fatness fair

Nervous System—*Motor* There is twitching of the facial muscles. Tongue is tremulous. Gait is somewhat ataxic.

Sensory Normal.

Reflex Action Right patellar tendon ~~Special Senses~~ reflex is more active than the left.

Retina

Lungs Healthy.

Heart First sound reduplicated.

Tongue Furred Bowels costive

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises

Appetite good

Urine pale. No deposit. Acid. Sp. gr. 1012. No albumen.

Menstruation

Pulse 88. Temp. Normal.

Height 5 ft. 8 in. Weight 9st. 6 lb.

Disease General Paralysis *Stae's Classification*

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

527

NAME. James Siddons.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14-4-91						Patient is restless in look and manner. There is twitching of the facial muscles, the tongue is tremulous, and the gait ataxic. Pupils are unequal. He is very feeble, and quite satisfied with himself & his surroundings.
17-4-91						Continues in the same condition.
1-5-91						Seems to be failing quickly. All the symptoms of G.P. have become more marked. He is correspondingly better satisfied with the state of his health.
20-8-91						Has become weaker, and very stupid.
17:2:92						Varies considerably. Sometimes has very unsteady & walking most day perhaps will be much obtain. pupils unequal. speech thetoy G.P.
14-3-92						Died to-day

NAME.

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

529

NAME, John Watt Connell — No.

Admitted, 15th April 1891 — Pr. Ad.

Sex, Male — Age, 23 — Marriage, Single — Occupation, Engineer

Education, Fair — Religion, Protestant

Private or Pauper, Private — Where from? Pollokshaws.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none — Kind

Duration — *Where treated*

Hered. History—*Insanity* none

Other Diseases

Predisposing

self-abuse.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous yes

Duration of Existing Attack about 10 months.

Other Facts or Remarks

Facts of Medical Certificates

1. Runs to conceal himself, refuses to speak &c. Was lying below the table, and refused to come from below it. Violent to his mother; declared all in the house were mad, & that the English had told him so.

   Joined the army, and deserted twice in three weeks; was discharged as insane. Will not work for his support. Will not clean himself, and will not take food except by stealth. Attacked his mother.

2. Rambling and incoherent. Says he is oppressed with heavy work —

NAME John Watt Connell

STATE ON ADMISSION.

Mental.

Exaltation —

Depression none

Excitement is very restless.

Enfeeblement He is a very confused state of mind.

Memory Good.

Coherence Rambles in conversation Can answer questions? yes.

Delusions That he is persecuted, and has been so for a long time.

Other Abnormalities

Bodily.

Appearance Rather dark complexioned young man; confused look & manner.

Skin moist Hair short, dark

Eyes brown Pupils left rather smaller than right

Muscularity Fair Fatness Fair

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal Special Senses normal

Retina

Lungs Healthy. No cough.

Heart Sounds regular and pure.

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, etc.

Small round scar on right cheek. No bruises.

Appetite good.

Urine Acid. Sp. gr. 1030. Contains much urates. No albumen or sugar.

Menstruation

Pulse 88 Temp. normal

Height 5 ft. 7 in Weight 10 st. 2 lb.

Disease Insanity of Adolescence. *Skae's Classification*

General Bodily Health and Condition Fair.

PREDOMINANT FEATURES.

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

531

NAME. John Watt Connell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16/4/91						Patient has a restless, suspicious, and confused look. He is under the delusion that all his friends have been conspiring to treat him badly, and says his head has been made stupid by the way he has been driven about. He gives a very rambling account of his former life, and seems to think that he has been always more harshly used than his neighbours. Says he has felt as if all the blood had been taken from his body of late, and has been unfit for work. He was an Engineer.
18/4/91						He is eating well, and sleeping fairly well. He is talking of writing home for clothes, &c. and it is difficult to determine how far he realises his position.
19/4/91						Escaped today, but was followed to Maxwelltown and brought back. Says he was trying to get home.
20/4/91						Sent out to the barrows today.
21/4/91						Again attempted escape today.
1-6-91						Has given no trouble since last entry. He works fairly well. No change mentally.
8-5-91						Is dull and stupid at present. Looks confused when spoken to, and answers in a hesitating way.
1-7-91						Is becoming demented.
5-8-91						Discharged not improved.

NAME,

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

533

NAME, Alexander Mc Intyre — No.

Admitted, 22nd April 1891 — Pr. Ad.

Sex, Male — Age, 61 — Marriage, Widower — Occupation, Miner

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Poorhouse, Motherwell

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. yes. Nº not given. — Kind

Duration — Where treated Larbert Asylum.

Hered. History—Insanity none.

Other Diseases -

Predisposing

Epilepsy.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous no

Duration of Existing Attack Three days.

Other Facts or Remarks

Is an epileptic

Facts of Medical Certificates

1. Talks romance. Says his mother from America sat at the foot of his bed all night. Is incoherent.

All night he sat looking about the fire and gas for frost.

2. Muttered and stared vacantly before him; cannot grasp the meaning of questions. Raves incessantly, and barks like a dog.

NAME Alexander Mc Intyre

STATE ON ADMISSION.

Exaltation none

Depression none -

Excitement great - restless, noisy, and resistive -

Enfeeblement Cannot be tested -

Memory —

Coherence Incoherent Can answer questions? no -

Delusions None Expressed -

Other Abnormalities

Appearance Thin, sallow old man, blind of right eye -

Skin Hair turning grey -

Eyes grey Pupils

Muscularity poor Fatness poor -

Nervous System—*Motor*

Has frequent epileptic fits -

Sensory

Reflex Action Special Senses Blind of right eye - Is deaf -

Retina

Lungs Has a cough. Some flattening at apices - Resists examination -

Heart No murmurs detected - Pulse 80.

Tongue Will not show it - Bowels Costive

Other Organs, Abnormalities, Bruises, etc.

Bruises on right side of face - Right lower limb shortened by old injury to hip. Left ankle injured -

Appetite Fair -

Urine Acid. Sp. gr. 1022. Contains nothing abnormal -

Menstruation

Pulse 80. Temp. Normal

Height 5 ft. 5½ in. Weight 8 st -

Disease Epileptic Mania *Skae's Classification*

General Bodily Health and Condition Poor.

PREDOMINANT FEATURES.

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

535

NAME, Alexander Mc Intyre –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
23-4-91						Patient is restless, incoherent, and resistive. He has had a series of epileptic fits since admission.
25-4-91						Is free from fits today, and much less restless. He can answer some questions.
1-5-91						Is out of bed, and has had no more fits. He answers questions sensibly, eats well, and sleeps well – His bodily health is frail –
17-6-91						Is in much better bodily condition. He has had no return of fits.
20-8-91						Is in good bodily health. Is quiet and sensible, and does some work in the ward.
8-10-91						Discharged relieved by minute of Parochial Board

AME,

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

537

NAME, Alexander Mc Learie — No.

Admitted, 2d May 1891 — Pr. Ad.

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

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none — Kind

Duration — Where treated

Hered. History—Insanity none given

Other Diseases

Predisposing

unknown

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Masturbation

Suicidal doubtful

Dangerous yes

Duration of Existing Attack a few weeks –

Other Facts or Remarks

Facts of Medical Certificates

1. Thinks he is lost, and has committed the unpardonable sin, and that a man is following him to catch him – Is dangerous to himself –

2. Hears voices at night, tempting him to commit self-abuse. Thinks the devil is endeavouring to obtain him &c –

NAME Alexander Mc Learie

STATE ON ADMISSION.

Exaltation none.

Depression yes — in look and manner & nature of delusions.

Excitement none.

Enfeeblement Confusion of mind — no enfeeblement.

Memory good

Coherence coherent Can answer questions? yes

Delusions That he has committed the unpardonable sin.

Other Abnormalities

Appearance pale, thin, sharp-featured youth.

Skin clammy Hair fair.

Eyes blue-grey. Pupils Equal and react.

Muscularity very poor Fatness very poor.

Nervous System—*Motor* Movements sluggish

Sensory normal

Reflex Action normal Special Senses normal.

Retina

Lungs High pitched percussion note at apices. Breathing harsh vesicular.

Heart No murmurs. Sounds regular and pure. Venous murmur in neck

Tongue dry & slightly furred. Bowels regular.

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

Appetite poor

Urine Dark amber-coloured. Sp. gr. 1034. Contains phosphates and a trace of sugar.

Menstruation

Pulse 74 Temp. normal.

Height 5 4 ft. 10½ Weight 6 st. 4 lb.

Disease Insanity of Adolescence *Skae's Classification*

General Bodily Health and Condition Poor.

PREDOMINANT FEATURES.

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

539

NAME. Alexander Mc Learie -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
3-5-91						Patient is much depressed, & confused in mind. Says he has given way to masturbation, is a great sinner, and can never be forgiven. He is pale and thin, and has a poor appetite. Easton's syrup prescribed. Did not sleep much last night.
4-5-91						Slept well last night, and looks less depressed and confused this morning.
8-5-91						Continues in much the same state. Is dull and listless and shews little interest in anything. His delusions continue the same. Takes his food fairly well, and sleeps well.
20-8-91						No improvement mentally. He is dull and stupid, and at times expresses delusions of fear. He works out of doors.
12-10-92						Does not now work outside. He will not take his food. He has to be fed with a spoon. He has a demented expression
18th	June 1897					Transferred to Carlbrae Asylum.

NAME.

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

541

NAME, William Anderson Prentice — No.

Admitted, 2nd May 1891 — Pr. Ad.

Sex, Male — Age, 35 — Marriage, Married — Occupation, Watchmaker

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Midlothian & Rebles Asylum

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one previously — Kind —

Duration — Where treated Kirklands Asylum, and Midlothian & Rebles Asylum

Hered. History—Insanity none given

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes

Duration of Existing Attack 3 years and 2 months —

Other Facts or Remarks

Facts of Medical Certificates

1. Is most violent & abusive, and has delusions of being conspired against — Threatens to fight. Is obscene in conduct —
Is abusive and threatening, and has very insane ideas of his own importance.

2. Is excitable, violent, and threatening —

NAME William Anderson Prentice

STATE ON ADMISSION.

Mental.

Exaltation Yes. Had a high opinion of his own powers.

Depression None

Excitement Very restless and talkative — at times noisy and threatening.

Enfeeblement —

Memory fair

Coherence very rambling in speech Can answer questions? yes

Delusions Of grandeur, and of persecution.

Other Abnormalities

Bodily

Appearance Man of fresh complexion: excited look and restless manner.

Skin moist Hair fair, with fair beard.

Eyes brown Pupils Equal and react.

Muscularity Fair Fatness fair

Nervous System—*Motor*

much restlessness

Sensory

normal

Reflex Action normal Special Senses normal.

Retina

Lungs Healthy. No cough.

Heart Sounds rather weak: rhythm at times irregular.

Tongue furred posteriorly Bowels regular

Other Organs, Abnormalities, Bruises, etc.

no bruises

Appetite good.

Urine pale. Sp. gr. 1028. Phosphates precipitated on boiling. No albumen or sugar.

Menstruation

Pulse 104, full; tension low. Temp. normal.

Height 5 ft. 6 in. Weight 10 st.

Disease Mania *Skae's Classification*

General Bodily Health and Condition Fair.

PREDOMINANT FEATURES.

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

543

NAME, William Anderson Prentice

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3-5-91						Patient is restless, talkative, and threatening on admission. Today he is quieter. Shows marked mental exultation, and boasts of his powers. Talks in a very rambling fashion, but can give a fairly coherent account of himself. Did not sleep last night. Eats well.
4-5-91						Slept well last night, and is quiet today.
5-5-91						Was noisy till 2 a.m. Is quiet this morning. Complains of his detention here, and boasts of his powers, but has not been violent since admission.
8-5-91						Has slept well since last entry; is restless and talkative by day, but not noisy or troublesome.
17-6-91						He is now sullen.
20-8-91						Is idle, sullen, and at times abusive and threatening.
3.10.92						Is still changeable now depressed now excited Will work for a few days & then stop.

Discd

NAME.

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

545

NAME, William Brown No.

Admitted, 6th May 1891 Pr. Ad.

Sex, Male Age, 39 Marriage, Married Occupation, Weaver

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Queen St. Storehouse—

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind

Duration Where treated

Hered. History—Insanity Brother is in Lunatic wards of Hamilton Poorhouse.

Other Diseases

Predisposing

unknown

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no.

Dangerous yes.

Duration of Existing Attack Twelve weeks.

Other Facts or Remarks

Facts of Medical Certificates

1. Talking nonsense. Lying in bed at all times with clothes on. Refusing to work. Ill treated his wife, and assaulted the Inspector with a poker.

2. Says he sees a Supreme being in the room, and that the world is not large enough to contain them both. Says he can live without food, and refuses it. Has a wasted look.

Refuses food, saying he has spiritual food.

NAME William Brown -

STATE ON ADMISSION.

Mental

Exaltation yes - talks of wonderful spiritual experiences -

Depression none -

Excitement Is somewhat restless -

Enfeeblement —

Memory fair.

Coherence Coherent - Can answer questions? yes

Delusions Hallucinations of sight (sees visions) -
Delusions of grandeur -

Other Abnormalities

Bodily

Appearance man of sallow complexion, and somewhat vacant self-absorbed look -

Skin moist Hair dark, slightly streaked with grey.

Eyes grey Pupils Equal and react -

Muscularity poor Fatness poor -

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal Special Senses normal

Retina

Lungs No cough. Percussion note good. No moist sounds -

Heart Apex beat visible and forcible. First sound muffled -

Tongue Dry and slightly furred Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

No bruises - Scar of old incision over the neck of left humerus anteriorly -

Appetite fair. Has been refusing food before admission

Urine acid. Sp.gr. 1028 - No albumen -

Menstruation

Pulse 100 Temp. normal

Height 5 ft. 10½ in Weight 10 st -

Disease Mania *Skae's Classification*

General Bodily Health and Condition Fair -

PREDOMINANT FEATURES.

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

547

NAME, William Brown

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7-5-91						Patient is in a state of exaltation. Says he was translated to Heaven lately, and has visions of God, who gives him directions regarding all his actions. He takes his food fairly well, but says it is unnecessary as he can live on spiritual food. He slept fairly last night; is somewhat restless today, but not excited or noisy.
8-5-91						Slept well last night. Is in the same exalted state but has not refused food, or given any trouble. His look is vacant, and his manner self-absorbed.
26-5-91						Continues in the same state mentally. Suffers from neuralgia, for which he gets quinine.
30-6-91						Is much better. His appearance and manner are peculiar, but he expresses no delusions, works well out of doors, and gives no trouble. Is anxious to get home to his work.
4-7-91						Continues well.
20-7-91						Discharged Recovered.

AME.

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

549

NAME, William John Palmer No.

Admitted, 6th May 1891 Pr. Ad.

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

Education, Religion, Roman Catholic

Private or Pauper, Pauper Where from? Greetown

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. none Kind

Duration Where treated

Hered. History—Insanity An uncle, Hugh Marron, is in the S.C.A.

Other Diseases

Predisposing Epilepsy

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal At times

Dangerous Has struck his mother

Duration of Existing Attack Ten days

Other Facts or Remarks

He is an Epileptic

Facts of Medical Certificates

1. Refuses food. Will not answer questions or speak. Will do nothing he is told. Will not respond to the calls of nature. Tried to jump out of the window.

2. Laughs and talks in an inane manner; cannot answer correctly the most simple questions. Struck his mother yesterday, and became otherwise violent.

NAME William John Palmer.

STATE ON ADMISSION.

Mental.

Exaltation None.

Depression Looks somewhat dull & depressed. Speaks very little.

Excitement None shewn.

Enfeeblement —

Memory Fair.

Coherence Cannot converse. Can answer questions? Some.

Delusions None expressed.

Other Abnormalities

Bodily

Appearance Youth with flushed face, & confused look & manner.

Skin Hair Fair.

Eyes Blue-grey Pupils Equal and react.

Muscularity Poor Fatness Poor.

Nervous System—*Motor* Is an Epileptic

Sensory Normal

Reflex Action Normal Special Senses Normal

Retina

Lungs Healthy.

Heart First sound reduplicated.

Tongue Furred Bowels regular

Other Organs, Abnormalities, Bruises, etc. Has bruises. Acne eruption on chest and back.

Appetite good. Refused food before admission.

Urine acid. Sp. gr. 1025. Contains nothing abnormal.

Menstruation

Pulse 70, regular. Temp. Normal.

Height 5 ft. 3 in. Weight 8 st. 10 lb.

Disease Insanity & Epilepsy *Skae's Classification*

General Bodily Health and Condition Fair.

PREDOMINANT FEATURES.

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

551

NAME, William John Palmer -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7-5-91						Is dull and stupid. Can answer simple questions, but cannot converse - He slept well last night, and shews no excitement today. Is taking his food.
8-5-91						Has had no fits since admission. He looks puzzled when asked a question, and takes a long time to answer. Is free from excitement.
11-5-91						Has had several Epileptic fits - No change mentally.
14-5-91						Is brighter than he was. Goes out with the working party.
17-6-91						Fits recur at intervals: when they occur he is dull & stupid; at other times he is sensible.
9:12:91						This lad is fairly well just now - & has not taken fits for some weeks - He works on Tobt
April 16th		1892				Died in an Epileptic fit.

NAME,

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

553

NAME, Thomas Noble — No.

Admitted, 7th May 1891 — Pr. Ad.

Sex, Male — Age, 43 — Marriage, Married — Occupation, Clothlapper

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none — Kind

Duration — Where treated

Hered. History—Insanity none given

Other Diseases

Predisposing

unknown

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

1. Thinks he is heir to a large sum of money, and has to do the penance of exposing himself in certain streets to get the money: is sleepless, forgetful, and quite unable to take care of himself.

Has been strange for about 2 years, and can't now be managed at home.

2. Indecently exposed himself with the object of getting a large sum of money; has pain in the head, is sleepless, and forgetful.

Exposed himself at the window of his house. Is difficult to manage.

NAME Thomas Noble.

STATE ON ADMISSION.

MENTAL

Exaltation None.

Depression None.

Excitement Is nervous and emotional.

Enfeeblement —

Memory Impaired

Coherence Coherent. Can answer questions? yes.

Delusions That he is about to receive a large sum of money: that people are watching him and influencing his conduct by signs he can interpret.

Other Abnormalities /

PHYSICAL

Appearance Badly-nourished man. Restless look & emotional manner.

Skin Moist Hair Brown, slightly streaked with grey.

Eyes Brown Pupils Equal and react.

Muscularity Poor Fatness Poor

Nervous System—*Motor* Twitching of the facial muscles.

Sensory Complains of a feeling of weight on the top of the head.

Reflex Action Patellar reflexes exaggerated Special Senses Normal.

Retina

Lungs No dulness on percussion. No moist sounds. Is subject to bronchitis.

Heart Sounds weak.

Tongue Slightly furred Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

no bruises.

Appetite Fair

Urine acid. Sp. gr. 1028. Phosphates deposited on boiling. No albumen.

Menstruation

Pulse 80. Temp. Normal.

Height 5 ft. 3½ in. Weight 8 st.

Disease Mania *Skae's Classification*

General Bodily Health and Condition Poor.

PREDOMINANT FEATURES.

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

555

NAME, Thomas Noble.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8-5-91						Patient is restless and emotional. He gives a coherent account of himself. He has been out of work, and in very poor circumstances for some months. He believes that people in the streets made signs to him, and concluded from them that he was about to receive a large sum of money. To get this money he believed it was necessary to expose himself in public. Complains of a feeling of oppression on the top of the head. There is a good deal of twitching of the facial muscles, and he is excitable and emotional – Slept well last night –
11-5-91						He is sleeping well, and complains less of headache. No change otherwise –
26-5-91						Is now working out of doors.
7-6-91						Is depressed and somewhat irritable, and disinclined to speak.
22:9:91.						Has had an asthmatic attack for th. he was treated with this bed for a few days. Still in the same condition mentally.
13.10.92						Has change in mental state. Works at odd jobs about & goes messages. He is still depressed.
18 June 1897 :–						Transferred to Carlbeck Asylum

NAME.

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

557

NAME, John Lilley No.

Admitted, 8th May 1891 Pr. Ad.

Sex, Male Age, 46 Marriage, Married Occupation, Brush maker

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind

Duration *Where treated*

Hered. History—*Insanity* none known

Other Diseases

Predisposing Religion

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

1. Moody and terrified aspect, declares he is to be put to death: kneels down and prays to be forgiven; hides under the bed from his enemies.
Is sleepless, and will not eat; says his wife is to have her head cut off by the Government.

2. Hears voices, thinks he is lost, but also has the delusion that he is sent into the world to change all the religions & make everything right.

NAME John Lilley

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression much. Looks depressed and says he is unhappy.

Excitement none.

Enfeeblement —

Memory good

Coherence coherent Can answer questions? yes

Delusions That he is lost. Has delusions of impending evil.

Other Abnormalities

Bodily.

Appearance Man of dark sallow complexion, with depressed look & self-absorbed manner.

Skin Hair grey

Eyes grey Pupils Equal and react.

Muscularity poor Fatness poor

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal

Retina

Lungs No dulness. An occasional rhonchus heard over the upper part of the right lung.

Heart First sound reduplicated.

Tongue dry and fissured. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

No bruises.

Appetite fair

Urine alkaline. Sp. gr. 1022. Deposit of phosphates.

Menstruation

Pulse 100, of low tension Temp. Normal

Height 5 ft. 5½ in. Weight 8 st. 8 lb.

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

559

NAME, John Silley

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9-5-91						Patient has a depressed look and self-absorbed manner. Says he has been thinking a great deal lately. Believes he is lost, is to be put to death, &c. Slept fairly last night. Takes his food fairly well. Does not incline to enter into conversation.
11-5-91						No change in his condition.
13-5-91						Kept talking to himself through the night, and slept little. Continues depressed and self-absorbed. Takes his food well.
26-5-91						Has delusions of poisoning; says he has peculiar sensations after meals due to poison put into his food.
7-6-91						Is sleeping badly, and is full of delusions of suspicion. He believes there is a plot to kill him, that poison is put into his food, &c.
22-7-91						Is refusing his food, and has to be fed occasionally with the tube.
20-8-91						Continues full of delusions of suspicion. Imagines that everything that goes on has some reference to himself, that he is to be put to death, &c. Frequently requires to be spoon-fed.
9:12:91						Still very suspicious & very dirty. Kept in bed. has an ulcer on Rt shin. Wh. has taken along time to heal but is nearly all cicatrised now.
5.4.92.						Cavity in right lung revealed: ejects a large quantity of blood: strength very far reduced: has to be fed with tube: the end evidently not far off.
8.4.92.						Died this morning.

AME.

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

561

NAME, Charles Williams No.

Admitted, 11th May 1891 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases unknown

Predisposing

unknown

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal doubtful

Dangerous yes

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates

1. Talks incoherently, and thinks Satan wants to shoot him - Laughs in an idiotic manner - &c -

2. Is incoherent, laughs in an idiotic way, and makes stupid grimaces - Imagines he is being pursued by Satan, who wants to shoot him -

NAME Charles Williams

STATE ON ADMISSION.

Exaltation none -

Depression none -

Excitement much - Is restless & resistive - talks & laughs noisily at times -

Enfeeblement —

Memory cannot be tested -

Coherence incoherent Can answer questions? very few -

Delusions none suspected -

Other Abnormalities

Appearance short, thickset man of fair complexion -

Skin Hair short brown.

Eyes brown Pupils Equal and react -

Muscularity fair Fatness fair

Nervous System—*Motor* restlessness -

Sensory no pain.

Reflex Action normal Special Senses normal -

Retina

Lungs Healthy - Voice is husky -

Heart faint mitral systolic murmur -

Tongue slightly furred - Bowels constipated -

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises

Appetite poor -

Urine acid - Sp. gr. 1028 - Large deposit of urates -

Menstruation

Pulse 76 - Temp. normal -

Height 4 ft. 10 in - Weight 7 st. 6 lb -

Disease Mania *Stott's Classification*

General Bodily Health and Condition Fair -

PREDOMINANT FEATURES.

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

563

NAME, Charles Williams

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12-5-91						Patient is incoherent, and answers very few questions. When spoken to, he usually bursts out into idiotic laughter, or throws himself into contortions and makes foolish grimaces - Mutters some incoherent nonsense about Satan, &c, but expresses no definite delusions -
14-5-91						He is sleeping fairly well, and is not noisy, but he continues incoherent. He refuses food at times, and cannot be made to take opening medicine which he needs. An Enema has been ordered.
26-5-91						Has got some painting to do, and is working well. His manner is still foolish; he speaks little and incoherently
20-8-91						No improvement -
14-10-92						Will not speak. He will only nod his head in answer to questions. He works outside.
18 Feb 1897						Transferred today to Carlton.

AME.

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

565

NAME, John Bell — No.

Admitted, 12th May 1891 Pr. Ad.

Sex, Male Age, 35 Marriage, Married Occupation, Labourer

Education, Religion, Roman Catholic

Private or Pauper, Pauper Where from? Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. yes. one, 8yrs. ago. Kind

Duration Where treated Smithston Asylum 15/10/83 till 29/10/83.

Hered. History—Insanity

Other Diseases unknown

Predisposing unknown. Appears to have been drinking heavily.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal doubtful

Dangerous yes.

Duration of Existing Attack a few weeks

Other Facts or Remarks

Facts of Medical Certificates

1. Believes his wife intends to poison him, and that his neighbours have formed a plot against his life. Hears voices under the floor threatening him with death.
Has been much excited for two weeks. Does not sleep, and is sometimes violent.

2. Sees imaginary people, and hears imaginary voices accusing him of many bad things.
Has been several times in an Asylum.

NAME John Bell

STATE ON ADMISSION.

Exaltation none -

Depression yes. Looks depressed, and has delusions of suspicion -

Excitement none at present -

Enfeeblement —

Memory good in general = becomes confused at times -

Coherence Coherent Can answer questions? yes -

Delusions Delusions of persecution, and hallucinations of hearing -

Other Abnormalities

Appearance A man of sallow complexion, with malar flush -

Skin Hair dark, curly. Short dark beard -

Eyes grey Pupils Equal and react.

Muscularity poor Fatness poor -

Nervous System—*Motor* ~~feebleness~~ normal

Sensory Complains of headache -

Reflex Action normal Special Senses normal -

Retina

Lungs No dulness - No moist sounds -

Heart Sounds rapid and somewhat feeble - No murmurs -

Tongue Furred. Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises -

Appetite poor -

Urine acid. Sp. gr. 1020. Phosphates deposited on boiling -

Menstruation

Pulse 100, weak - Temp. 98.8° F.

Height 5 ft. 3 in - Weight 7 st. 8 lb.

isease *Skae's Classification*

neral Bodily Health and Condition Impaired -

PREDOMINANT FEATURES.

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

567

NAME, John Bell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13-5-91						Patient has hallucinations of hearing, and delusions of suspicion. His look and manner are depressed. He was drinking heavily before the attack came on. He is somewhat confused in manner, but can give a coherent account of himself. Has had two similar attacks before this one. He voices accuse and threaten him, and he has a sense of impending evil.
15-5-91						Has slept fairly well since admission, and has a less depressed look. Says his head feels better, and he does not now hear voices.
27-5-91						The improvement continues. He works out of doors.
1-6-91						Is sleeping and eating well, and putting on flesh. He works steadily out of doors. He talks sensibly, is quite free from excitement, and has no delusions.
13-6-91						Discharged recovered.

AME.

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

569

NAME, James Hamilton No.

Admitted, 14th May 1891 Pr. Ad.

Sex, Male Age, 31 Marriage, Single Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Glasgow - (City Parish Poorhouse)

HISTORY.

Causation.

Disposition

Habits Bad. Has been several times in gaol. Last sentence was 5 yrs.

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases unknown

Predisposing

unknown.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal doubtful

Dangerous yes.

Duration of Existing Attack a few days. (?)

Other Facts or Remarks

Facts of Medical Certificates

1. Thinks people are conspiring against him, for days will not speak, and at times gets most violent and attacks anyone.

2. Quiet at times refusing to speak, but suddenly breaks out, becoming violent and attacking people without provocation -

Became violent in the ward of poorhouse this morning, attempting to injure others.

NAME James Hamilton

STATE ON ADMISSION.

Exaltation none -

Depression none -

Excitement none at present -

Enfeeblement —

Memory good -

Coherence coherent Can answer questions? yes -

Delusions none expressed -

Other Abnormalities

Appearance man of fair complexion: External squint of right eye -

Skin Hair short brown: fair beard.

Eyes grey. Pupils Equal and react

Muscularity poor Fatness poor.

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal Special Senses normal

Retina

Lungs no cough. Lungs healthy -

Heart Sounds pure -

Tongue Clean Bowels Costive.

Other Organs, Abnormalities, Bruises, etc.

no bruises. Enlarged glands in left side of neck -
External strabismus of right eye -

Appetite good.

Urine Alkaline. Sp. gr. 1024. Deposit of phosphates.

Menstruation

Pulse 64. Temp. normal

Height 5 ft. 4½ in. Weight 8 st. 4 lb -

Disease *Skae's Classification*

General Bodily Health and Condition Fair -

PREDOMINANT FEATURES.

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

571

NAME, James Hamilton

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15-5-91						Patient is quiet and sensible at present, but admits that he loses control of himself at times & has shewn violence without sufficient cause.
26-5-91						Has a somewhat vacant look, and is self-absorbed in manner. Does not incline to occupy himself much.
17-6-91						He is silent and sullen at present, at times refusing to speak at all. Says he is very weak, and will not occupy himself in any way.
20-8-91						Continues silent, sullen, and thoroughly idle.
13-10-92						Is still impulsive & dangerous. He won't work because he thinks he is very weak. Good bodily health.
18th February 1893						Transferred to Carstairs Asylum.

AME.

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

573

NAME, William Turner Kirkpatrick No.

Admitted, 15th May 1891 Pr. Ad.

Sex, Male Age, 23 Marriage, Single Occupation, Farm worker

Education, Religion, Protestant

Private or Pauper, Private (£25) Where from? Torthorwald

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 From infancy.

Other Facts or Remarks

He worked on his father's farm till the latter's death recently.

Facts of Medical Certificates

1. Has an imbecile appearance. Talks incoherently, and it is difficult to make out his meaning.
Is quite harmless.

2. Vacant imbecile appearance. Conversation almost unintelligible.
Is quiet, if not interfered with.

NAME William Turner Kirkpatrick

STATE ON ADMISSION.

Mental.

Exaltation None

Depression None

Excitement None

Enfeeblement Is a congenital Imbecile

Memory Poor.

Coherence Incoherent. Can answer questions? only the simplest.

Delusions —

Other Abnormalities

Bodily

Appearance Man of dimbrunt complexion. Vacant in look & manner.

Skin Hair fair.

Eyes blue Pupils Equal.

Muscularity fair Fatness poor.

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal

Retina

Lungs Healthy. No cough.

Heart Sounds pure and regular.

Tongue Slightly furred. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises. Has conjunctivitis of right eye. Internal strabismus.

Appetite Good

Urine Neutral. Sp. gr. 1018. Phosphates deposited on boiling.

Menstruation

Pulse 80 Temp. Normal.

Height 5 ft. 9 in. Weight 8 st. 4 lb.

Disease Imbecility *Slade's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

575

NAME, William Turner Kirkpatrick

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16-5-91						Patient is a harmless imbecile. Speaks very indistinctly and can answer only the simplest questions. Is quiet, easily managed, and contented.
18-5-91						Sent out to work on the farm.
14.10.92						Is in good bodily health. Works on the farm. Hears behind other people when a remark is addressed to him
February 9th 1900:-						In good bodily health: Imbecile. Observant and able to answer simple questions correctly: Cleanly and hard worked in the harrow squad. To a certain extent guiding the other Rubs next well: He and his brother (next case) are stated to be epileptic. The fits are very infrequent and I cannot speak of them from personal observation. On the day of their return from their recent homes, it is reported that both took fits at once, the one evidently setting the other off.
July 28th 1900:-						No change: Has recently had an acute abscess on back of neck which has healed: Talks a little. A hard worker at the harrows. Has got a little thinner.
January 7th 1901						In good health. No change recalled.
June 30th 1902						No change
1903 July 10th						Continues to work with squad. No change mentally. Has been growing thinner of late.
~~1901 March 1st~~						1903: Oct: 20: Has been confined to hospital for past month with rapid phthisis. Gradually grew weaker & died today.

Died

20th October 1903.

NAME.

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

577

NAME, Andrew Kirkpatrick No.

Admitted, 15th May 1891 Pr. Ad.

Sex, Male Age, 20 Marriage, Single Occupation, Farm worker

Education, Religion, Protestant

Private or Pauper, Private (£25) Where from? Torthorwald

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 From infancy.

Other Facts or Remarks

Worked on his father's farm, till the latter died recently.

Facts of Medical Certificates

1. Conversation rambling and unintelligible; is confused, and does not know the days of the week.

Is quiet if left alone, but will not be interfered with.

2. Imbecile appearance. Talks incoherently, and it is difficult to make out what he means.

Is harmless.

NAME Andrew Kirkpatrick

STATE ON ADMISSION.

Exaltation none.

Depression none.

Excitement none.

Enfeeblement Is a congenital imbecile.

Memory Poor

Coherence incoherent Can answer questions? only the simplest.

Delusions —

Other Abnormalities

Appearance man of sunburnt complexion: Parent in look and manner.

Skin Hair fair.

Eyes blue Pupils Equal and react.

Muscularity fair Fatness poor.

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal Special Senses normal.

Retina

Lungs No cough. Lungs healthy.

Heart Sounds regular and pure.

Tongue Clean Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

No bruises. There is an old scar on the scalp over the left ear.

Appetite good

Urine acid. Sp. gr. 1018. Contains nothing abnormal.

Menstruation

Pulse 68 Temp. Normal

Height 5 ft. 9 in Weight 8 st. 4 lb.

Disease Imbecility *Skae's Classification*

General Bodily Health and Condition good.

PREDOMINANT FEATURES.

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

579

NAME, Andrew Kirkpatrick

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16-5-91						Patient is a harmless imbecile. Jabbers in an almost unintelligible way, and can understand only the simplest questions. Is quiet and easily managed.
18-5-91						Sent out to work on the farm.
14-10-92						Still works on the farm. Can answer the simplest question. His internal strabismus appears to increase when he is spoken to.
February 9th 1900:-						No change: in good physical health he is very like & consistently with his brother first case (q.v.) and he works actively & well, occasionally talks in a very incoherent way.
July 28th 1900:-						No change: He is more active alert & talkative than his brother: He is very incoherent in conversation & has a very limited vocabulary.
January 26th 1901:-						In good health: No change in any way.
Jany 30th 1902						No change
1903 July 10th						No change. Constantly being confused with his brother whom he very like him. Chattering & incoherent. In fair health.
1904 March 1st						Life in fair health. was in house for a few days some time ago with acute bronchitis of flu. Now better & working as usual.

SEE CHRONIC CASE BOOK II

AME.

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

581

NAME, Patrick Glen No.

Admitted, 15th May 1891 Pr. Ad.

Sex, Male Age, 35 Marriage, Married Occupation, Barber

Education, Religion, Roman Catholic

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Several Kind

Duration Where treated Smithston Asylum

Hered. History—Insanity unknown (from 8/11/88 till 22/7/90)

Other Diseases

Predisposing

unknown

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal doubtful

Dangerous yes -

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates

1. Talks incoherently and thinks people are going after his wife. Hears imaginary voices. Is unable to take care of himself, and is dangerous.
Has been several times in an asylum -

2. Is depressed, melancholic, and sleepless. Hears voices talking to him when walking along the street. Thinks that men are having immoral intercourse with his wife. Is dangerous to himself.

NAME Patrick Glen.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression some — Has a depressed look.

Excitement none at present.

Enfeeblement —

Memory good.

Coherence Coherent. Can answer questions? Yes.

Delusions Hallucinations of hearing and delusions of suspicion.

Other Abnormalities

Bodily.

Appearance Pale, depressed looking man.

Skin Hair Brown, with reddish whiskers. Becoming bald.

Eyes grey. Pupils Equal and react.

Muscularity Poor Fatness Poor.

Nervous System—*Motor* normal

Sensory peculiar sensations in head.

Reflex Action normal Special Senses normal.

Retina

Lungs Percussion note somewhat dull at the apices. No moist sounds.

Heart No murmurs.

Tongue Clean. Bowels regular

Other Organs, Abnormalities, Bruises, etc.

no bruises. Acne eruption on back.

Appetite Poor.

Urine feebly acid. Sp. gr. 1020. Phosphates deposited on boiling.

Menstruation

Pulse 70, weak. Temp. Normal

Height 5ft. 3½ Weight 8st.

Disease *Skae's Classification*

General Bodily Health and Condition Poor.

PREDOMINANT FEATURES.

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

583.

NAME, Patrick Glen -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16-5-91						Patient is depressed and anxious looking. Has hallucinations of hearing and delusions of suspicion especially about his wife. Has not been sleeping well.
18-5-91						He is sleeping better, and says he is not being disturbed so much by voices. Looks depressed.
26-5-91						Is in better health and spirits, but is irritable and suspicious. Becomes somewhat incoherent in conversation.
7-6-91						Is more depressed, answers questions curtly, and will not enter into conversation. Is suspicious.
22-7-91						Became excited a few days ago, and broke some glass. He is now dull and stupid.
20-8-91						Is depressed, confused, and very suspicious.
9:12:91						Still depressed & anxious all the time confused - Anxious to get home & does not understand why he is kept here. But allows that he is often depressed without cause.
13.10.92						Can tell the length of time he has been here to a day Works well but frequently takes turns of depression when he becomes both excited & homicidal.
27.10.92						Attempted to escape last night - By unscrewing the window sash & jumping to the ground In the jump he fractured his tibia in the lower third on his left leg Set in Bot splint
18 Feb: 1897						Transferred today to Carlock.

NAME.

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

585

NAME, William Gorman No.

Admitted, 16th May 1891 Pr. Ad.

Sex, Male Age, 32 Marriage, Married Occupation, Window Cleaner

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Govan.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none *Kind*

Duration *Where treated*

Hered. History—*Insanity* none

Other Diseases

Predisposing

unknown

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal unknown.

Dangerous yes

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

1. Patient appearance: does not answer questions correctly, and has no idea where he is. Refused a glass of milk, thinking it would poison him.
   Refuses all food, and says his wife was trying to poison him.
2. Moans and constantly mutters to himself. Pays no attention to any question, but goes on with his own meaningless soliloquy.
   Is quite stupid & refuses food.

NAME William Gorman

STATE ON ADMISSION.

Mental.

Exaltation none

Depression great - Looks miserable, and groans constantly -

Excitement very restless, resistive, and sleepless -

Enfeeblement —

Memory bad -

Coherence Incoherent Can answer questions? no

Delusions That his body is not his own &c. That he is to be killed -
That he is all swollen -

Other Abnormalities

Bodily

Appearance Small, pale, emaciated, and very feeble man: very restless & depressed -

Skin Hair dark -

Eyes grey Pupils Equal & react -

Muscularity very poor Fatness very poor -

Nervous System—*Motor* great restlessness

Sensory — can't be tested -

Reflex Action — Special Senses normal -

Retina

Lungs Hard breathing with moist sounds, esp. at the left apex -

Heart Sounds are feeble -

Tongue furred. Breath foul - Bowels constipated -

Other Organs, Abnormalities, Bruises, etc.
Small scar on the left temple -

Appetite refuses all food -

Urine pale and clear - Sp. gr. acid - 1014 - No albumen -

Menstruation

Pulse 100, very weak - Temp. 99°F -

Height Weight

Disease Melancholia - *Skae's Classification*

General Bodily Health and Condition Very poor -

PREDOMINANT FEATURES.

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

NAME, William Gorman

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16-5-91						Patient is in a state of acute restless melancholia. Is very weak and emaciated. He groans constantly, saying he is going to die, is going to be killed, &c. He believes his body is not his own, that he is all swelled, that food will kill him, &c. Pays no attention to questions, and goes on repeating his mournful tale in a sing-song voice. Put to bed in the Infirmary.
17-5-91						Was very restless all night. Today he has refused all food, and has been fed with the tube. He is very resistive. Is as miserable as ever.
19-5-91						Continues to be fed three times a day. No change mentally.
20-5-91						Not so resistive today. The tube was used once only.
27-5-91						Will not take his food himself, but does not resist spoon-feeding. Much extra diet, with malt & cod liver oil, is given. Continues very restless and miserable, and full of delusions. Imagines there are children in his bed, and often nurses an imaginary one. Is in constant dread that they will be killed.
10-6-91						No improvement. Still very restless, miserable, and full of delusions. Gets much extra diet without benefit.
16-6-91						A bed sore has formed on the sacrum and another on the left heel.
10-8-91						He is now taking his food well, the bed sores are healing, and he is putting on flesh, though still very thin. He is much less restless. Since last entry he has been fed with the tube three times a day till a few days ago. He talks incoherent nonsense, and has no idea where he is.
21:9:91.						At times this patient eats ravenously - bolting his food. & then he will have an attack of pectoric catarrh. Mentally he is much the same - not so restless - is always found up in bed.
28:9:91.						Died this morning at 2 1/2 a.m.

NAME.

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

589

NAME, George Johnstone No.

Admitted, 18th May 1891 Pr. Ad. 19th Jan. 1891.

Sex, Male Age, 32 Marriage, Single Occupation, Farmers assistant

Education, Religion, Protestant

Private or Pauper, Private (£25) Where from? Swaugh Park, Leslefechan.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. yes— one. Kind Mania.

Duration Where treated S.C.A. See page 393.

Hered. History—Insanity none.

Other Diseases

Predisposing unknown

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Refused food. Is resistive.

Suicidal no

Dangerous ~~no~~ yes, if interfered with.

Duration of Existing Attack Since his last discharge— on 6th May— was discharged relieved

Other Facts or Remarks

Facts of Medical Certificates

1. Will not answer questions. Sits and looks fixedly at apparently nothing, then suddenly rises and walks rapidly round the room.
   Tried to strangle his brother. Has not spoken to anyone for a week.
   Cannot be managed at home.

2. Stares in a fixed vacant manner at nothing. Refused to speak, and gives no indication that he hears when spoken to.

NAME George Johnstone

STATE ON ADMISSION.

Exaltation none -

Depression none -

Excitement Is restless and resistive -

Enfeeblement Looks vacant -

Memory Cannot be tested -

Coherence will not speak Can answer questions? Will not -

Delusions None Expressed -

Other Abnormalities

Appearance Man with flushed face, staring eyes, and startled look.

Skin moist Hair dark, slightly streaked with grey.

Eyes blue-grey. Pupils Equal and react.

Muscularity Fatness

Nervous System—*Motor* normal

Sensory normal

Reflex Action present. Special Senses normal

Retina

Lungs No cough. Lungs healthy -

Heart Sounds rapid and irregular - No murmurs -

Tongue furred - Bowels

Other Organs, Abnormalities, Bruises, etc.

~~No mark~~ Back of left hand is slightly cut and bruised -

Appetite refuses food -

Urine acid - Sp. gr. 1016 - Phosphates deposited on boiling -

Menstruation

Pulse 112 - Temp. normal -

Height 5 ft. 9½ in. Weight 10 st. 10 lb.

Disease *Shaw's Classification*

General Bodily Health and Condition Fair -

PREDOMINANT FEATURES.

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

NAME, George Johnstone

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19-5-91						Patient is restless and reclusive. His eyes are staring, and his expression startled and vacant. Will not speak, but understands what is said to him. Refuses food, and requires to be fed. Was discharged 'relieved' on the 6th, but could not be managed at home. See page 396.
26-5-91						Remains in the same state.
1-8-91						Continues silent, vacant in manner, and reclusive. Requires to be fed.
10:1:92.						George Johnstone died this morning - having had double pneumonia beginning at the roots of the lungs. Length of illness 1 day. Died at 3 AM.

AME,

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

593

NAME, Daniel Mc Mcenemy, alias Stewart — No.

Admitted, 19th May 1897 — Pr. Ad.

Sex, Male — Age, 28 — Marriage, Single — Occupation, Umbrella Maker

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Govan -

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none — *Kind*

Duration — *Where treated*

Hered. History—*Insanity* none known

Other Diseases

Predisposing

unknown

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal unknown

Dangerous yes

Duration of Existing Attack about one month -

Other Facts or Remarks

Facts of Medical Certificates

1. Morose and very obstinate - Says he is quite well, but intends to do no more work. Heard voices at night, issuing commands -
Left work some months ago. Is dangerous to himself & others -

2. Delusive in the extreme - Says people speak about him when he is out -
Heard sounds at night - Has not worked for 16 months - Can't be managed at home -

NAME Daniel Mc Menemy, alias Stewart.

STATE ON ADMISSION.

Exaltation none.

Depression Slight.

Excitement none at present.

Enfeeblement —

Memory good

Coherence Coherent Can answer questions? yes.

Delusions Has hallucinations of hearing, and delusions of suspicion.

Other Abnormalities

Appearance Pale, anaemic man — Short and knock kneed.

Skin moist Hair dark brown

Eyes blue Pupils Equal and react.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action normal. Special Senses

Retina

Lungs No cough. Percussion and auscultation shew nothing abnormal.

Heart First sound reduplicated. Bruit hum in the neck.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

No bruises. Knock knee on right side. Some acne spots on face and chest.

Appetite fair.

Urine acid. Sp. gr. 1028. Phosphates deposited on boiling.

Menstruation

Pulse 88. Temp. normal.

Height 4 ft. 10 in. Weight 7 st. 4 lb.

Disease *Shaw's Classification*

General Bodily Health and Condition Fair health. Poor condition.

PREDOMINANT FEATURES.

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

595

NAME, Daniel Mc Menemy, alias Stewart

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20-5-91						Patient has hallucinations of hearing & delusions of suspicion. He thought he heard people talking about him on the streets, and at times heard voices over his bed at night. He has a somewhat depressed look.
						He slept well last night.
24-5-91						Looks dull and self-absorbed, but expresses no delusions.
27-5-91						Goes out with the working party.
10-6-91						He has brightened up a little. He works steadily, answers questions sensibly, and expresses no delusions.
						He requires to be discharged.
1-7-91						Continues well.
14-7-91						Discharged Recovered.

NAME.

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

597.

NAME, James Addie — No.

Admitted, 23d May 1891 — Pr. Ad.

Sex, Male — Age, 62 — Marriage, Single — Occupation, Engine Keeper

Education, — Religion, Protestant

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none — Kind

Duration — *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Intemperance

Symptoms. Fixed.

Mental

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes — attempted to poison himself with Laudanum.

Dangerous yes

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

1. Is forgetful and has the feeling of doing away with himself. Is incapable of taking care of himself.

2. Is dull and melancholic. Has a tendency to self-destruction through want of employment. Is incapable of taking proper care of himself.
Attempted suicide about a week ago, when he was attended at the Royal Infirmary, from which he had just been dismissed.

NAME James Addie

STATE ON ADMISSION.

Exaltation none.

Depression Some.

Excitement none.

Enfeeblement —

Memory fair

Coherence coherent Can answer questions? yes

Delusions none expressed.

Other Abnormalities

Appearance an elderly man, of sallow complexion: appearance depressed.

Skin Hair scanty, grey: grey beard.

Eyes Grey Pupils left smaller, due to injury.

Muscularity fair Fatness fair

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action normal. Special Senses Sight of left eye impaired by an old injury.

Retina

Lungs nothing abnormal.

Heart Sounds are pure.

Tongue furred posteriorly. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Bruises over the left eye. Left leg has been amputated below the knee.
Left eye injured. Scar on upper lip.

Appetite good.

Urine feebly acid. Sp. gr. 1020. Phosphates in boiling.

Menstruation

Pulse 64, regular. Temp. normal.

Height 5 ft. 6 in. Weight 10 st.

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Fair.

PREDOMINANT FEATURES.

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

599

NAME, James Addie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24-5-91						Patient is depressed and somewhat confused. Has been drinking heavily, and says he did not know what he was doing when he attempted to poison himself.
26-5-91						Realises his position, and gives no trouble. Eats well, and sleeps fairly. Ascribes all his trouble to drink.
						Is still somewhat depressed.
1-6-91						Is more cheerful, and speaks quite sensibly. He is sleeping well.
9-6-91						Discharged recovered.

NAME.

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

601

NAME, George Ferguson No.

Admitted, 28th May 1891 Pr. Ad.

Sex, Male Age, 22 Marriage, Single Occupation, none

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Jorthorwald

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. See page 425 Kind

Duration Where treated S.C.A.

Hered. History—*Insanity*

Other Diseases

Predisposing

unknown -

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous no

Duration of Existing Attack since he left the asylum -

Other Facts or Remarks

Has always been imbecile.

Facts of Medical Certificates

1. Has an imbecile appearance. Refuses to answer questions, &c.
Is at times very violent, threatening to kill his mother and sister.

2. Imbecile appearance. Refuses to answer questions —
Is at times violent. Has hit his sister.

NAME George Ferguson

STATE ON ADMISSION.

Exaltation None.

Depression None.

Excitement None.

Enfeeblement Is imbecile

Memory bad.

Coherence rarely speaks Can answer questions? some.

Delusions None expressed.

Other Abnormalities

Appearance a small imbecile youth.

Skin Hair short brown

Eyes dark grey Pupils equal and react

Muscularity poor Fatness poor

Nervous System—*Motor* normal

Sensory normal

Reflex Action present Special Senses normal.

Retina

Lungs Percussion note somewhat dull at the apices.

Heart No murmurs.

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises.

Appetite Fair

Urine Neutral reaction. Sp. gr. 1013. Phosphates on boiling.

Menstruation

Pulse 70. Temp. normal

Height 4 ft. 8½ in. Weight 5 st. 2 lb.

Disease Imbecility *Skae's Classification*

General Bodily Health and Condition Weak.

PREDOMINANT FEATURES.

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

603

NAME, George Ferguson –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29-5-91						Patient is a quiet, apparently harmless, imbecile – Does not speak except to answer simple questions, and sits doing nothing for any length of time – He does anything he is told, and gives no trouble –
31-5-91						Continues in the same state. Has shewn no trace of excitement. Eats and sleeps well –
6-6-91						Goes out with the working party.
20-8-91						Works well, is tidy in his habits, and is never excited or troublesome – Is quite contented, and never speaks of home –
14-10-92						Won't speak in answer to questions No change in mental state Bodily health is good.
27th Oct 1899						Sent to Farm Annexe
July 20th 1900: –						Returned to second House
July 28th 1900: –						In fair health but rapidly becoming old & wizened looking – Bi-parietal and microcephalic – ugly and undersized – Is constantly masturbating – He requires attention to keep him clean.
January 28th 1901						In fair health: No change mentally He is able to do a little rough house work but he soon becomes idle again: always lying half asleep & masturbating if permitted to do so.
Jany 30th 1902						In fair health: a wretched undersized little man who rarely speaks distinctly in many of his habits.
1903 July 10th						No change in this imbecile. In 3rd Div & Kept in fair health.
1904 March 1st						Continues in 3rd Div. idle, listless, imbecile In fair health.
						Male Hospital.
1905 Dec 11th						Nothing special to note about this patient. Last week was sent to the Sanatorium.

SEE CHRONIC CASE BOOK

NAME.

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

605

NAME, David Mc Donald No.

Admitted, 29th May 1891 Pr. Ad.

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

Education, Religion, Protestant

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none (?) *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases unknown

Predisposing

unknown

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal doubtful

Dangerous yes.

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

1. Is sullen and morose, wont answer questions; at times gets excited & dangerous looking. Is unable to take care of himself and is dangerous to others.

2. Is somewhat incoherent in his remarks, and unable to answer questions intelligently. Is elusive in his manner of talking, and often excited & dangerous appearance.

NAME David Mc Donald -

STATE ON ADMISSION.

Exaltation none -

Depression None -

Excitement yes -

Enfeeblement —

Memory Cant be tested -

Coherence Incoherent Can answer questions? some -

Delusions none expressed -

Other Abnormalities

Appearance man of sallow weather-beaten complexion -

Skin Hair short dark -

Eyes brown Pupils Equal - somewhat contracted - react -

Muscularity fair Fatness poor.

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal Special Senses normal -

Retina

Lungs Nothing abnormal detected -

Heart Sounds pure -

Tongue clean Bowels regular

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises

Appetite fair.

Urine Sp. gr. 1020. Contains a trace of albumen -

Menstruation

Pulse 78 Temp. normal -

Height 5ft. 4 3/4 in. Weight 8 st. 4 lb.

Disease Mania *Skae's Classification*

General Bodily Health and Condition Fair -

PREDOMINANT FEATURES.

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

607

NAME, David Mc Donald.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30-5-91						Patient is at times sullen, at times excited in appearance. He refuses to answer most questions; some he answers incoherently. He cannot give a coherent account of himself. His manner is suspicious & confused. He slept well last night.
31-5-91						Is in the same state today.
7-6-91						No change. Has a very confused look, and cannot answer questions intelligently. He is restless, but free from active excitement. Is eating and sleeping well.
10-8-91						Works well out of doors. He is confused, cannot carry on a Conversation, and looks puzzled when asked questions. He is free from excitement, and gives no trouble.
~~9-10-92~~						
14-10-92						Transferred to Hospital

NAME.

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

609

NAME, John Connar No.

Admitted, 8th June 1891 Pr. Ad.

Sex, Male Age, 36 Marriage, Married Occupation, Steel Worker

Education, Religion, Roman Catholic

Private or Pauper, Pauper Where from? Motherwell – Dalziel Parish. (transferred from Woodilee)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind

Duration Where treated Transferred from Woodilee.

Hered. History—*Insanity* unknown

Other Diseases

Predisposing unknown.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes.

Duration of Existing Attack Has been in Woodilee since 23rd March 1891

Other Facts or Remarks

Facts of Medical Certificate

He is insane. He is incoherent in his language, and has delusions such as that he has millions of money, &c.

Bodily health and condition are indifferent. He suffers from General Paralysis.

NAME John Connar.

STATE ON ADMISSION.

Exaltation Had a very exalted sense of well-being.

Depression None.

Excitement Is restless.

Enfeeblement —

Memory impaired.

Coherence ~~Often~~ incoherent Can answer questions? yes.

Delusions Of grandeur. Believes he has great wealth, that his wife is living in one of the Royal Palaces &c.

Other Abnormalities

Appearance Excited. Face flushed.

Skin Hair dark brown, turning grey.

Eyes grey Pupils somewhat contracted, especially the left.

Muscularity fair Fatness fair

Nervous System—*Motor* Tongue is tremulous, facial muscles twitch, and speech is indistinct.

Sensory normal.

Reflex Action Patellar reflexes present. Special Senses normal.

Retina

Lungs Percussion note rather dull at apices. No rough or moist sounds.

Heart Mitral systolic murmur.

Tongue furred Bowels regular.

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

Appetite good.

Urine acid. Sp. gr. 1020. Contains nothing abnormal.

Menstruation

Pulse 88. Temp. normal

Height 5 ft. 4 in. Weight 9 st. 2 lb.

Disease General Paralysis *Skae's Classification*

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

611

NAME, John Connar

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9-6-91						He is restless and talkative. His tongue is tremulous, his facial muscles twitch, his pupils are contracted and slightly unequal, and his speech is impaired. He has delusions of great wealth and power, says his wife is living with the Queen, promises large sums to those about him, &c. He slept well last night.
11-6-91						Is full of delusions of grandeur – boasts of his strength & wealth. He is excitable and talkative, but facile and easily managed. His gait is affected.
17-6-91						Is at times violent, and generally abusive.
20-8-91						Has all the physical & mental symptoms of a G.P. He works outside.
6:11:91						Had a severe convulsion attack this morning – & died in a quarter of an hour – breathing stopped before heart & artificial respiration was kept up for a considerable time – but was fruitless. Died.

NAME.

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

613

NAME, John Dunlop No.

Admitted, 10th June 1891 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind

Duration Where treated Has been 3 days in Bothwell Asylum

Hered. History—Insanity not known

Other Diseases

Predisposing

Exciting drink

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes.

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

1. Heard imaginary voices plotting against his life, and sees imaginary people following him. Is quite incapable of taking care of himself, and is dangerous to himself & others.

2. Is of opinion that people have been following and chasing him with the object of assaulting and robbing him. Sees imaginary figures at night. Is unable to exercise proper control over himself.

NAME John Dunlop

STATE ON ADMISSION.

Exaltation none

Depression Slight.

Excitement He is restless and excitable.

Enfeeblement —

Memory good

Coherence Coherent. Can answer questions? yes.

Delusions none expressed.

Other Abnormalities

Appearance Strongly-built man.

Skin Hair dark, slightly streaked with grey.

Eyes brown Pupils Equal and react.

Muscularity good Fatness good

Nervous System—*Motor* Is restless. Tongue is tremulous.

Sensory Normal.

Reflex Action Normal Special Senses Normal.

Retina

Lungs Expansion of chest somewhat limited. Has had pleurisy and asthma. Breathing good at present.

Heart first sound is impure.

Tongue furred & tremulous. Bowels ~~Habitually~~ regular.

Other Organs, Abnormalities, Bruises, etc.

Old scars on forehead. No bruises.

Appetite good.

Urine Sp. gr. 1028. Phosphates on boiling. No albumen or sugar.

Menstruation

Pulse 100 — good volume & tension. Temp. Normal.

Height 5 ft. 5½ in. Weight 11 st. 12 lb.

Disease *Skae's Classification*

General Bodily Health and Condition Fair health. Good condition.

PREDOMINANT FEATURES.

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

613

NAME, John Dunlop No.

Admitted, 10th June 1891 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind

Duration Where treated Has been 3 days in Bothwell Asylum

Hered. History—Insanity not known

Other Diseases

Predisposing

Exciting drink

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes.

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

1. Heard imaginary voices plotting against his life, and sees imaginary people following him. Is quite incapable of taking care of himself, and is dangerous to himself & others.

2. Is of opinion that people have been following and chasing him with the object of assaulting and robbing him. Sees imaginary figures at night. Is unable to exercise proper control over himself.

NAME John Dunlop

STATE ON ADMISSION.

Exaltation none

Depression Slight.

Excitement He is restless and excitable.

Enfeeblement —

Memory good

Coherence Coherent. Can answer questions? yes.

Delusions None expressed.

Other Abnormalities

Appearance Strongly built man.

Skin Hair dark, slightly streaked with grey.

Eyes brown Pupils equal and react.

Muscularity good Fatness good

Nervous System—*Motor* Is restless. Tongue is tremulous.

Sensory Normal.

Reflex Action Normal Special Senses Normal.

Retina

Lungs Expansion of chest somewhat limited. Has had pleurisy and asthma. Breathing good at present.

Heart first sound is impure.

Tongue furred & tremulous. Bowels ~~Habitually~~ regular.

Other Organs, Abnormalities, Bruises, etc.

Old scars on forehead. No bruises.

Appetite good.

Urine Sp. gr. 1028. Phosphates on boiling. No albumen or sugar.

Menstruation

Pulse 100 — good volume & tension. Temp. Normal.

Height 5 ft. 5½ in. Weight 11 st. 12 lb.

Disease *Shaw's Classification*

General Bodily Health and Condition Fair health. Good condition.

PREDOMINANT FEATURES.

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

615

NAME, John Dunlop.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11-6-91						Patient is restless and excitable. Says he heard voices and saw people following him, and was afraid some harm would be done to him. But he has no hallucinations at present. Admits he has been drinking too freely. He slept well last night, and is eating well.
16-6-91						He is working well out of doors, and sleeping well. Still has a restless excitable look. Does not express any delusions.
10-7-91						Is again expressing delusions of persecution, and says he thinks his punishment has been sufficient. Wrote a rambling letter to a friend, giving an incoherent account of his supposed wrongs.
13.10.92						Works work. He raves. He has ideas of being persecuted by his relatives to whom he writes threatening letters.
1893 to 1895:-						Transferred today to Gartloch.

NAME.

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

617

NAME, Robert Wells No.

Admitted, 11th June 1891 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Lochmaben -

HISTORY.

Causation.

Disposition Restless.

Habits

Previous Attacks—No. One Kind

Duration Where treated S.C.A. (See page 133)

Hered. History—Insanity Brother and two sisters insane-

Other Diseases Sister had phthisis

Predisposing Heredity

Exciting unknown

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness, suspiciousness, and impulsiveness-

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes.

Duration of Existing Attack 14 days

Other Facts or Remarks

Facts of Medical Certificates

1. Rushed at me and was quite maniacal - Was trembling and excited, and could not speak rationally. Had a delusion that some one wanted to hurt him.
Is unmanageable. Has struck his sister several times. Imagines people are speaking about him.

2. He is restless and excitable in manner - Complains of people annoying him by speaking about him, which is a delusion -

NAME Robert Wells.

STATE ON ADMISSION.

Exaltation none.

Depression none.

Excitement Is very restless, and excitable, and seems to have difficulty in controlling himself.

Enfeeblement —

Memory good.

Coherence Coherent. Can answer questions? yes.

Delusions That people annoy him, and treat him badly.
Probably hallucinations of hearing.

Other Abnormalities

Appearance Man of dark complexion, of restless look & excited manner.

Skin Hair short dark brown.

Eyes brown Pupils Equal and react.

Muscularity good Fatness good

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action normal. Special Senses normal.

Retina

Lungs Healthy. No cough.

Heart First sound impure. Rhythm irregular.

Tongue furred Bowels regular.

Other Organs, Abnormalities, Bruises, etc.
Some acne spots on the back.
No bruises.

Appetite good.

Urine acid. Sp. gr. 1020. Deposit of urates. No albumen or sugar.

Menstruation

Pulse 84 Temp. normal.

Height 5 ft. 9 in. Weight 10 st. 10 lb.

Disease *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

619

NAME, Robert Wells

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12-6-91						Patient is restless in look, and excitable in manner. He trembles when speaking, and appears to control himself with difficulty. He gives a somewhat rambling account of himself. Says that people seem to have been treating him differently of late, and have been saying things to annoy him. Admits having lost control of himself and struck his sister. Had been doing no work since he left the asylum, allowing his sister to keep him.
16-6-91						Continues in the same state.
20-8-91						He works outside. He is still restless, excitable, suspicious and in need of careful supervision.
4-9-92						A varicose vein having ruptured in his left leg formed a hard swelling at wh was cut out & the clot cleared out.
10-9-92						Septic process has set in
13-9-92	101	103				Abscess have formed at various points of his leg Sputum is pneumonic.
16-9-92						Multiple abscesses have formed throughout the leg. Phthisis has developed markedly
1-10-92						More abscess opened in thigh
13-10-92						Abscess opened & drainage tubes put in & free incisions.
						Died

NAME.

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

621

NAME, John Hayton — No.

Admitted, 11th June 1891 — Pr. Ad.

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

Education, — Religion, Roman Catholic

Private or Pauper, Pauper — Where from? Dumfries – Transferred from Glenyall.

HISTORY.

Causation.

Disposition

Habits Bad –

Previous Attacks—No. one — Kind

Duration — Where treated S. C. A. (See page 161)

Hered. History—Insanity none given.

Other Diseases

Predisposing unknown

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous no

Duration of Existing Attack Had been in Ayr Asylum since 27th May –

Other Facts or Remarks

Facts of Medical Certificate

He is a lunatic and incapable of managing himself. His replies to questions are vague and irrelevant, and he cannot give a connected account of himself.

NAME John Hayton –

STATE ON ADMISSION.

Exaltation Some – Shews no appreciation of his position, & is quite self-satisfied.

Depression none –

Excitement restless, and at times noisy – and quarrelsome –

Enfeeblement Expression is vacant, his manner foolish. Power of attention and concentration poor.

Memory good

Coherence Rambling – Can answer questions? Yes.

Delusions none –

Other Abnormalities

Appearance Young man of ruddy complexion, and vacant restless look.

Skin Hair short dark brown –

Eyes brown Pupils Equal and react.

Muscularity fair. Fatness fair –

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal Special Senses normal –

Retina

Lungs Healthy –

Heart First sound reduplicated, & thumping in character –

Tongue furred Bowels regular –

Other Organs, Abnormalities, Bruises, etc.

There is a recent cut, one inch in length, below the left eye –
No bruises –

Appetite good.

Urine acid. Sp. gr. 1020 – No albumen –

Menstruation

Pulse 74, regular Temp. normal

Height 5 ft. 8½ in. Weight 10 st –

Disease Mania *Skae's Classification*

General Bodily Health and Condition Good –

PREDOMINANT FEATURES.

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

623

NAME, John Hayton-

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12-6-91						Patient has a restless, somewhat vacant look, and is foolish in manner, laughing without cause- At times he is noisy and quarrelsome. He is lacking in power of attention and concentration, talks in a rambling way, and is entirely self-satisfied. Bears a bad character and is proud of it-
16-6-91						Escaped when out with the working party this morning. The attendant had strict injunctions to keep him at his side. He was found at his brother's at Preston, and brought back-
10-7-91						He has given little trouble since his return, and is working well- Mental symptoms are unchanged-
1:10:91.						Last night at 7 o'clock when in the dressing hall - this patient climbed up the window near to him - & the top sash being down, - jumped out. landing on his feet in the soft earth below. Nothing has since been heard of him.
3:10:91						Brought back with a broken foot - heart & hip joints - no bones broken. foot bandaged tightly - Foot is all right now. Says will not try to escape again.
6th. 10:91						
9: 12:91						This patient is at work again today & would be very useful in the house at night & in the evening in looking after the patients" Does not seem to appreciate his position.
16-3-92						Died of double pneumonia of 9 days duration.

AME.

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

625

NAME, Robert Reid No.

Admitted, 15th June 1891 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Eastfield, parish of Shotts.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity None

Other Diseases

Predisposing

Exciting drink

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes

Dangerous no

Duration of Existing Attack Six weeks, but especially the last ten days.

Other Facts or Remarks

Facts of Medical Certificates

1. Raves and wanders in conversation; says that his liberty of person is interfered with - Has at various times attempted to commit suicide during the past 10 days, threatening to jump down an old coal pit.
2. Is restless, depressed, morose, & irritable. Says the whole community of Eastfield have been following him about whenever he went out of doors. Says the men were always trying to quarrel with him -

NAME Robert Reid

STATE ON ADMISSION.

Exaltation none.

Depression some. Is depressed and morose.

Excitement Is restless, and tremulous.

Enfeeblement none.

Memory good

Coherence coherent Can answer questions? yes

Delusions none expressed.

Other Abnormalities

Appearance tall, strongly-built man.

Skin Hair Curly-brown

Eyes blue Pupils Equal: react sluggishly.

Muscularity good Fatness good.

Nervous System—*Motor* tongue and facial muscles are tremulous. Is restless.

Sensory normal.

Reflex Action ~~normal~~ Patellar, left staggered Special Senses

Retina

Lungs Healthy.

Heart's action is rapid and irregular.

Tongue furred & tremulous. Bowels loose.

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises.

Appetite poor.

Urine acid. Sp. gr. 1026. No albumen or sugar.

Menstruation

Pulse 110. Temp. normal.

Height 5 ft. 10 in. Weight 11 st. 6 lb.

Disease *Shae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

627

NAME, Robert Reid

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16-6-91						Patient is restless and sleepless. Tongue and facial muscles and hands are tremulous. He is depressed and moody, and disinclined to talk. He is irritable. Admits that he has been drinking heavily, and has lost control of himself.
20-6-91						Is sleeping better, and has a brighter look.
1-7-91						Is much better. Is bright, cheerful, and sensible, and works well out of doors.
11-7-91						Discharged recovered —

NAME.

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

629

NAME, John Neil No.

Admitted, 16th June 1891 Pr. Ad.

Sex, Male Age, 34 Marriage, Supposed to be married Occupation, Shanker (fit)

Education, Religion, Roman Catholic.

Private or Pauper, Pauper Where from? Stotts parish

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one at least Kind

Duration Where treated not known — says he was in an asylum in Ayrshire.

Hered. History—Insanity unknown

Other Diseases

Predisposing unknown

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous no

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

1. Does not take his food: at other times eats ravenously. Sleeps little at night, is noisy, disturbs the House, and wanders from home, and talks incoherently.
Keeps people in House awake at night.

2. Is incoherent in speech. Refuses to take his food. Is restless, and wanders about at night.

NAME John Neil

STATE ON ADMISSION.

Exaltation none -

Depression Looks depressed -

Excitement no active excitement - Has a restless look & manner -

Enfeeblement Is confused -

Memory fair -

Coherence Coherent generally - Can answer questions? yes -

Delusions none expressed -

Other Abnormalities

Appearance Man of rather dark complexion - Manner vacant & confused -

Skin Hair Short dark brown

Eyes dark blue - Pupils Equal and react -

Muscularity fair Fatness fair -

Nervous System—*Motor* normal -

Sensory normal -

Reflex Action normal - Special Senses normal -

Retina

Lungs Percussion note somewhat dull at the apices, esp. the left. No moist sounds -

Heart First sound impure -

Tongue Pale and flabby - Bowels regular -

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises

Appetite poor.

Urine acid. Sp. gr. 1030 - Contains much urates. No albumen or sugar -

Menstruation

Pulse 92, regular - Temp. normal -

Height 5 ft. 6½ in. Weight 94-6 lb -

Disease *Skae's Classification*

General Bodily Health and Condition Fair -

PREDOMINANT FEATURES.

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

631

NAME, John Neil

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17-6-91						Patient has a dull, confused, somewhat depressed look, and his manner is restless and sullen. He cannot give a coherent account of himself, though he can answer questions. He expresses no delusions —
21-6-91						He looks brighter, and says he feels better. He answers questions more readily and more intelligently. He is Eating and sleeping well —
1-7-91						Has improved very much. He works well outside, is cheerful, and speaks intelligently —
24-7-91						Discharged recovered —

NAME.

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

633

NAME, Peter Aitken — No.

Admitted, 17th June 1891 — Pr. Ad.

Sex, — Age, 44 — Marriage, Married — Occupation, Glazier.

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Govan.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. — *Kind*

Duration — *Where treated*

Hered. History—*Insanity* a cousin was insane

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack About a year.

Other Facts or Remarks

Facts of Medical Certificates

1. Silly in conversation - Delusive, fancies he heard his neighbour talking about him, and that cocks and hens annoy him in the morning by saying his wife takes drink.
   Is very silly in manner. Has been strange for months.
2. Delusive, fancies he heard cocks and hens speaking about his wife, and that his neighbours speak about her and insult her.
   Has been delusive for 12 months. Is talkative and silly.

NAME Peter Aitken -

STATE ON ADMISSION.

Exaltation none -

Depression Slight.

Excitement none of an active nature. He is restless -

Enfeeblement yes -

Memory Impaired

Coherence Incoherent Can answer questions? yes -

Delusions Has hallucinations of hearing -

Other Abnormalities

Appearance Nervous-looking, middle-aged man -

Skin Hair very short irongrey.

Eyes brown Pupils much contracted, & of irregular outline -

Muscularity poor Fatness poor.

Nervous System—*Motor* Facial muscles are tremulous -

Sensory Pain in the top of the head.

Reflex Action Right patellar reflex more Special Senses

Retina (marked than the left.

Lungs no cough. Nothing abnormal detected -

Heart First sound impure -

Tongue Furred Bowels irregular

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises -

Appetite fair -

Urine acid - Sp. gr. 1020 - Small quantity of albumen -

Menstruation

Pulse 84 Temp. normal -

Height 5 ft. 2½ in - Weight 8 st -

Disease *Skae's Classification*

General Bodily Health and Condition Impaired -

PREDOMINANT FEATURES.

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

635

NAME, Peter Aitken –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18-6-91						Patient is restless and incoherent. He cannot give an intelligent account of himself. He was quiet all night, but did not sleep much. He has hallucinations of hearing.
22-6-91						He is very stupid, and weak-minded.
9:12:91						Very silly - quite contented always asking to be 'Shaved'!
18:1:92.						Very weak-minded & silly - has got demented.
18.5.92						Died

NAME.

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

637

NAME, William Paterson No.

Admitted, 19th June 1891 Pr. Ad.

Sex, Male Age, 31 Marriage, Single Occupation, Bricklayer.

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? Hamilton.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity not known.

Other Diseases

Predisposing

Exciting unknown? Evidently drink.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes

Dangerous yes

Duration of Existing Attack one night

Other Facts or Remarks

Facts of Medical Certificates

1. Says people threaten to take his life. He hears them outside his window. Was drinking some time ago.
Was very violent thro. the night, and tried to hang himself.

2. Subject to delusions, e.g. that he is pursued by enemies and about to be poisoned.
Was found naked on the street, was violent, and tried to hang himself.

NAME William Paterson

STATE ON ADMISSION.

Exaltation none.

Depression yes.

Excitement great.

Enfeeblement none.

Memory good.

Coherence Coherent. Can answer questions? yes.

Delusions Of suspicion and persecution. He has marked hallucinations of hearing.

Other Abnormalities

Appearance Tall, well-built man, of fair complexion.

Skin Hair fair, curly.

Eyes blue Pupils Equal and react.

Muscularity good Fatness fair.

Nervous System—*Motor* great restlessness.

Sensory normal.

Reflex Action normal. Special Senses normal.

Retina

Lungs Healthy.

Heart's action is rapid and irregular.

Tongue pale, furred, tremulous. Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

Right ankle is sprained. He jumped out of a window before his arrest.

Appetite poor.

Urine acid. Sp. gr. 1024. Phosphates on boiling.

Menstruation

Pulse 108. Temp. normal.

Height 5 ft. 10 in. Weight 10 st. 6 lb.

Disease *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

639

NAME, William Paterson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20-6-91						Patient is acutely excited, and in great dread of his life. He has hallucinations of hearing, the voices constantly threatening his life. He constantly starts up in terror. He can give a coherent account of himself. He was very restless all night.
21-6-91						He is still troubled by voices, and is suspicious of everyone. He is not eating well. A purge has been given.
24-6-91						Is still sleeping badly. The voices do not annoy him so much by day as by night, but he frequently hears them, asking what is the meaning of what is going on outside, &c. At times he seems to realise that he suffers from hallucinations.
4-7-91						Is much better. He sleeps fairly, and the voices trouble him much less. He reads a good deal: is unable to go out on account of his sprained ankle.
20-7-91						Is working well out of doors. He sleeps well, shows no excitement, and has no delusions.
31-7-91						Discharged recovered.

NAME.

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

641

NAME, Daniel Buchanan. No.

Admitted, 22nd June 1891 Pr. Ad.

Sex, Age, 31 Marriage, Single Occupation, Spirit Salesman

Education, Religion, Protestant.

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity not known.

Other Diseases

Predisposing overwork — long hours.

Exciting unknown.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes.

Dangerous yes.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

1. Thinks people are conspiring against him: during examination got into a wildly maniacal state.

Has twice attempted suicide.

2. Is quiet and rational in conversation, but is inclined to break into a wild & excited state when annoyed. Is of suicidal tendency.

NAME Daniel Buchanan-

STATE ON ADMISSION.

Exaltation none -

Depression slight.

Excitement none -

Enfeeblement —

Memory good.

Coherence Coherent Can answer questions? yes -

Delusions none expressed -

Other Abnormalities

Appearance Man of somewhat sallow complexion and depressed look.

Skin Hair brown

Eyes blue Pupils left smaller than right & irregular in outline

Muscularity fair. Fatness fair. (Both somewhat contracted -

Nervous System—*Motor* normal

Sensory normal.

Reflex Action normal Special Senses normal -

Retina

Lungs Healthy -

Heart First sound impure -

Tongue furred posteriorly - Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises -

Appetite poor -

Urine feebly acid. Sp. gr. 1006. No albumen -

Menstruation

Pulse 80, regular - Temp. normal -

Height 5ft. 9½ in. Weight 9st. 10lb -

Disease *Skae's Classification*

General Bodily Health and Condition ~~good~~ - Fair -

PREDOMINANT FEATURES.

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

643

NAME, Daniel Buchanan –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29-6-91						Patient is somewhat depressed, and has a self-absorbed manner. He is coherent, and expresses no delusions. Has shewn no excitement since admission – Slept little last night, but was not restless – His manner is suspicious –
27-6-91						He is more restless, and requires to be carefully watched. He is subject to attacks of impulsive excitement. Is sleeping little –
10-7-91						Is self-absorbed, and has a shifty suspicious look. Has been free from active excitement for some time –
20-8-91						Has delusions of unseen agency. Imagines that everything he says can be conveyed through the house by electricity. He answers questions shortly, & is unwilling to enter into conversation – Always asks when he is to be sent home – He works out of doors –
14·10·92						Is still dangerous & impulsive. Complains of having been quite strangled eight different times. He is going to have all connected with the Asylum up before the Sheriff if Ct ok.

Dodd.

NAME.

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

645

1910. Pauper chargeable to Inverleithen Parish.

NAME, John Alston - No.

Admitted, 24th June 1891 Pr. Ad.

Sex, Male Age, 22 Marriage, Single Occupation, Joiner -

Education, Religion, Protestant

Private or Pauper, ~~(Private (£25))~~ Where from? Maxwelltown -

HISTORY.

Disposition

Habits

Previous Attacks—No. One Kind

Duration Where treated C.R.I. (23/6/90 – 27/9/90)

Hered. History—Insanity None

Other Diseases

Predisposing

Exciting Unknown -

Causation.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous If interfered with.

Duration of Existing Attack Three weeks -

Other Facts or Remarks

Facts of Medical Certificates

1. Is sullen and accuses his friends of adding poison to his food. He refuses food. Thinks everyone is watching his movements -

2. Rambling incoherent conversation. Says his father and others put medicine into his food to prove the word of God.

NAME John Alston -

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression some -

Excitement none shewn at time of admission -

Enfeeblement —

Memory fair.

Coherence Becomes incoherent - Can answer questions? yes -

Delusions of suspicion and poisoning -

Other Abnormalities

Bodily

Appearance A well- built young man of clear complexion -

Skin Clear. Hair brown -

Eyes blue Pupils equal and react -

Muscularity fair Fatness fair.

Nervous System—*Motor* normal -

Sensory normal

Reflex Action normal - Special Senses

Retina

Lungs healthy -

Heart's action rapid and somewhat irregular. First sound impure - slightly -

Tongue furred. Bowels constipated -

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises.

Appetite good.

Urine acid. Sp. gr. 1030. No albumen or sugar -

Menstruation

Pulse 104 Temp. normal -

Height 5 ft. 8 in - Weight 9 st -

Disease *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

647

NAME, John Alston

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25-6-91						Patient is sullen and suspicious, and disinclined to speak. Says his friends have been putting medicine into his food.
28-6-91						Has become restless, and difficult to manage. Would not keep his bed last night. Becomes violent when interfered with. He is taking his food well.
14-7-91						Is now free from excitement, and working well outside.
20-8-91						Is somewhat depressed.
29:1:92						Is more active, less self-absorbed, and speaks sensibly. He expresses no delusions.
14.10.92						He is now free from excitement works contentedly & to particulars in his enquiries & broods he will get home
8 Dec 1899.						Is very changeable about once a fortnight. he "takes turns" when he may be either depressed or melancholic
						Sent to day to Farm Annexe

Farm Annexe.

Transferred to 2nd House with other private patients

See T. Annexe. Case B4. p. 69.

NAME.

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

649

NAME, Bernard Neary — No.

Admitted, 25th June 1891 — Pr. Ad.

Sex, — Age, 25 — Marriage, Single — Occupation, Labourer & (Hawker

Education, — Religion, Roman Catholic.

Private or Pauper, Pauper — Where from? Aman -

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none - — Kind

Duration — Where treated

Hered. History—Insanity none -

Other Diseases

Predisposing

unknown.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal not known.

Dangerous no -

Duration of Existing Attack about 9 weeks.

Other Facts or Remarks

Facts of Medical Certificates

1. Manner feeble. Gives no clear account of himself. Hears voices and sees "fire" at times. Is afraid of he knows not what.
Will not stay in the house. Takes frequent fits of laughing and crying.

2. Imbecile look and manner. Can't give sensible answers to questions.
Won't stay in the house, or conduct himself like others at his time of life.

NAME Bernard Geary.

STATE ON ADMISSION.

Exaltation none.

Depression looks dull and depressed.

Excitement none shewn.

Enfeeblement has a vacant look & manner.

Memory impaired.

Coherence Can answer questions? Some.

Delusions None expressed.

Other Abnormalities

Appearance Young man of dim. tanned complexion. Vacant look & manner.

Skin Hair brown

Eyes blue Pupils equal and react.

Muscularity fair Fatness fair.

Nervous System—*Motor* normal

Sensory normal

Reflex Action present. Special Senses

Retina

Lungs healthy.

Heart First sound is reduplicated.

Tongue furred posteriorly. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises.

Appetite good.

Urine acid. Sp. gr. 1020. No albumen.

Menstruation

Pulse 80 Temp. normal.

Height 5 ft. 6 in. Weight 9 st.

Disease *Skae's Classification*

General Bodily Health and Condition good.

PREDOMINANT FEATURES.

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

651

NAME. Bernard Neary.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26-6-91						Patient has a vacant look and manner. He cannot give a coherent account of himself, or answer many questions intelligently. He shows no excitement. Slept well last night, and is taking his food.
4-7-91						No improvement. He is restless, depressed, and suspicious. He has made several attempts to escape.
10-8-91						Is restless and idle, and always on the outlook for a means of escape. Is confused, self-absorbed, & suspicious.
28.9.91						Attempted suicide. At 6 A.M. he was found suspended by his handkerchief to the bracket of the W.C. cistern. When cut his face was pale, pulse fair, breathing stertorous. 10 min: 30 administered hypodermically.
29:9:91						Seemingly the patient has no knowledge that he attempted suicide. This morning he is quite conscious but recollects nothing of what happened yesterday. Says he feels all sore, & must have been busy about the throat.
2:10:91.						He recovers completely now. Is quite sensible has been making remarks which clearly show that he knows he attempted suicide.
9:12:91						Is very well both. Of late much confused. Says his head is not right & thinks others can read his thoughts.
18:1:92			100·5			Has had a slight attack of acute Rheumatism which is rapidly disappearing. Temperature has come with appropriate treatment & the temperature is normal now.
14·10·92						Apparently quite sensible & not in the least depressed. He is said to talk freely of committing suicide & to complain about his former failures.
February 5th 1899:-						Sent a few days ago to Farm Annexe.

Farm Annexe.

NAME.

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

653

NAME, John Mc Inally. No.

Admitted, 25th June 1891 Pr. Ad.

Sex, Age, 25 Marriage, Single Occupation, Carpenter

Education, Religion, Roman Catholic

Private or Pauper, Pauper. Where from? Govan

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind

Duration *Where treated*

Hered. History—*Insanity* none

Other Diseases

Predisposing

unknown.

Exciting

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no.

Dangerous yes.

Duration of Existing Attack about six months.

Other Facts or Remarks

Facts of Medical Certificates

1. Delusive and restless. Fancies he is a great man, that he dispatched a Chinaman with a sabre, &c.

Is at times violent. Keeps starring at imaginary things.

2. Fancies the whole world belongs to him, and that he is entitled to do whatever he likes.

Has been delusive for some months, and is now violent.

NAME John Mc Scally.

STATE ON ADMISSION.

Exaltation some -

Depression none -

Excitement much. Is restless and impulsively violent -

Enfeeblement —

Memory unbaired -

Coherence Incoherent Can answer questions? very few.

Delusions Of grandeur -

Other Abnormalities

Appearance a man of fair complexion. Very restless look & manner -

Skin Hair curly, fair -

Eyes Hazel. Pupils Equal and react.

Muscularity fair - Fatness poor -

Nervous System—*Motor* Is restless -

Sensory normal -

Reflex Action present - Special Senses

Retina

Lungs Percussion is somewhat dull at the apices. No rough. No moist sounds -

Heart Faint mitral systolic murmur -

Tongue furred Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises -

Appetite poor.

Urine acid. Sp. gr. 1026. No albumen -

Menstruation

Pulse 92. Temp. normal -

Height 5 ft. 8 in - Weight 9 st -

Disease *Skae's Classification*

General Bodily Health and Condition Fair -

PREDOMINANT FEATURES.

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

655

NAME, John Mc Inally -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26-6-91						Patient is restless and excited, and at times violent. He talks incoherently, and has delusions of grandeur.
28-6-91						Slept well last night, and is less excited today.
14-7-91						Has quieted down very much, and is now working out of doors. He is still restless and incoherent, but gives little trouble.
20-8-91						No change mentally.
22:9:92						This patient has shown some improvement lately - he is not so restless or excited & is in better health
14-10-92						Bodily health is better Mentally there is no change. He works outside

Discharged

NAME.

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

657

NAME, Daniel Mc Lachlan (Mc Laughlan) No.

Admitted, 25th June 1891 Pr. Ad.

Sex, Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Where from? Lanark.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes.

Dangerous yes.

Duration of Existing Attack —unknown—

Other Facts or Remarks

No further information could be obtained.
He says he has taken fits—

Facts of Medical Certificates

1. Obstinate and reticent. Now and again shouting murder and becoming furious, immediately lapsing into apathy and silence.
   Turned up at Militia Camp, asking for "Bounty" to which he had no claim, and became so violent that he had to be forcibly removed—
2. Insane and excited appearance. Refuses to speak—

NAME Daniel McLachlan-

STATE ON ADMISSION.

Exaltation None -

Depression None -

Excitement Very excited and violent -

Enfeeblement

Memory None for recent events -

Coherence incoherent Can answer questions? no -

Delusions no delusions expressed -

Other Abnormalities

Appearance A small & pale sallow complexion.

Skin Hair brown -

Eyes grey Pupils Equal and react -

Muscularity fair Fatness poor.

Nervous System—*Motor* great restlessness -

Sensory —

Reflex Action — Special Senses

Retina

Lungs Percussion note is somewhat dull at the apices, esp. the left.
no moist sounds -

Heart 1st sound impure -

Tongue furred - Bowels much constipated -

Other Organs, Abnormalities, Bruises, etc.
Several bruises on chest and arms -
Old scar across the back of the right hand.

Appetite poor -

Urine acid. Sp. gr. 1026 - Small quantity of albumen -

Menstruation

Pulse 100 - Temp. 99.8° F -

Height Weight

Disease Acute Mania *Shaw's Classification*

General Bodily Health and Condition Poor -

PREDOMINANT FEATURES.

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

659

NAME, Daniel Mc Lachlan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25-6-91						On admission patient was in a state of acute mania, – very violent and quite incoherent. He could not answer questions, or give any account of himself. An Enema was given at night; the bowel was loaded with hard faeces.
26-6-91	99.8° F					This morning he is dull and stupid, and takes little notice of anything. He answers some questions.
28-6-91	98.4° F.					He now answers questions sensibly. His memory is a blank so far as the attack of excitement is concerned. He does not remember being brought here. He looks dull & confused. Says he had not been drinking.
30-6-91						Continues free from excitement, but continues dull and confused. Apparently he is an Epileptic: he says he had taken fits.
29-7-91						He now active, sensible, and a good worker. Has had two slight Epileptic attacks lately, but showed no excitement.
31-7-91						Discharged recovered.

NAME.

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

661

NAME, William Rankin - No.

Admitted, 26th June 1891 Pr. Ad. yes -

Sex, Male Age, 53 Marriage, Married Occupation, Labourer -

Education, Religion, Protestant

Private or Pauper, Pauper - Where from? Stavanger -

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Several - Kind

Duration Where treated S.C.A. - (last occasion Nov. 1889.

Hered. History—Insanity none given -

Other Diseases

Predisposing

unknown - probably drink -

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

1. Incoherent and nonsensical talk - Won't work, but loafs about the streets annoying passengers.

Followed women about the streets, causing them to take shelter -

2. Has an excited appearance and talks incoherently. Rambles a good deal in his statements.

Goes about the streets in a foolish manner -

NAME William Rankin.

STATE ON ADMISSION.

Exaltation none.

Depression none.

Excitement Is restless.

Enfeeblement —

Memory fair.

Coherence Coherent. Can answer questions? yes.

Delusions none Depressed.

Other Abnormalities

Appearance Bald. Feeble Elderly man.

Skin Hair grey. very scanty

Eyes blue Pupils Equal and react.

Muscularity poor. Fatness poor.

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal. Special Senses

Retina

Lungs Healthy.

Heart Sounds are pure.

Tongue furred. Bowels regular

Other Organs, Abnormalities, Bruises, etc.

Patches of psoriasis on the arms and legs.
No bruises.

Appetite good.

Urine acid. Sp. gr. 1028. No albumen or sugar.

Menstruation

Pulse 64. Temp. normal.

Height 5 ft. 8½ in. Weight 9st. 4 lb.

Disease *Shaw's Classification*

General Bodily Health and Condition Fair condition.

PREDOMINANT FEATURES.

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

663

NAME. William Rankin –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27-6-91						Patient is restless, and has a somewhat vacant look and foolish manner. He gives a rambling account of himself. Cannot settle to anything, and is lacking in self-control. Has been drinking a good deal.
14-7-91						Patient has improved very much. He is working steadily out of doors. He talks sensibly, and expresses no delusions.
19:9:91						Discharged to Straiton Poorhouse Board of Lunacy.

N.C.E.

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

665

NAME, John Young — No.

Admitted, 29th June 1891 — Pr. Ad.

Sex, Male — Age, 41 — Marriage, Married — Occupation, Railway Stoker

Education, — Religion, Protestant.

Private or Pauper, Pauper. — Where from? Eaglesfield.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. — Kind

Duration — Where treated

Hered. History—Insanity Has a brother in the S.C.A.

Other Diseases

Predisposing

Exciting Religious excitement.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Eight or nine months.

Other Facts or Remarks

Facts of Medical Certificates

1. Thinks his hopes for the future are very gloomy. Says he dare not face people at the Station. Imagines he hears people at windows for him at night &c. Refuses all work or exercise. Has delusions; is afraid of immediate judgment, &c.

2. Says the whole country side is going to rise against him, that he & his family are doomed to some terrible destruction for some sin he has committed, &c. Thinks he will be destroyed, &c.

NAME John Young.

STATE ON ADMISSION.

Exaltation none.

Depression great.

Excitement none.

Enfeeblement —

Memory good

Coherence Coherent. Can answer questions? yes.

Delusions Of impending evil.

Other Abnormalities

Appearance a man of fresh complexion — tall.

Skin Hair fair, and fair beard.

Eyes brown. Pupils Equal and react.

Muscularity fair Fatness fair.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action normal. Special Senses

Retina

Lungs Healthy.

Heart No murmurs.

Tongue pale and flabby. Bowels Regular.

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises.

Appetite fair.

Urine Sp. gr. 1025. Contains phosphates. No albumen.

Menstruation

Pulse 88 Temp. normal.

Height 5 ft. 10 in Weight 10 st. 12 lb.

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

667

NAME, John Young

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30-6-91						Patient is deeply depressed, and is full of delusions of impending evil. Believes he is lost, &c.
4-7-91						He looks less depressed, but speaks in the same despondent way about himself.
14-7-91						He is working out of doors.
20-8-91						The depression continues, but is rather less acute. His delusions of great wickedness, &c. continue. He does some work outside, but shews little interest in anything. He expresses no interest in his home, and no wish to get away.
14-10-92						Says it will be found out some day what he thinks about. At times quiet - at times depressed & suicidal. He has concealed razors about with to hang himself more than once

Discht

V.A.C.

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

669

NAME, Timothy Ward — No.

Admitted, 29th June 1891 — Pr. Ad.

Sex, Male — Age, 30 — Marriage, Married — Occupation, Bottler.

Education, — Religion, Roman Catholic

Private or Pauper, Pauper — Where from? City Parish, Glasgow. (from Poorhouse)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. — *Kind*

Duration — *Where treated*

Hered. History—*Insanity* none.

Other Diseases

Predisposing

unknown

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes.

Dangerous yes.

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

1. Has no idea where he is. Talks incoherently. Began to weep: is apparently in great dread of something.
For two days he has been greatly excited. Tried to jump over the window.

2. Is dull and of a nervous temperament. Has no idea where he is, and has refused food lately. Is sleepless, and breaks out into fits of crying for hours—
Is noisy: endeavoured to get out of the window.

NAME Timothy Ward.

STATE ON ADMISSION.

Exaltation None -

Depression Some -

Excitement is restless & nervous -

Enfeeblement —

Memory poor.

Coherence Incoherent Can answer questions? Some -

Delusions none expressed - Looks as if he had a sense of impending evil.

Other Abnormalities

Appearance A man of pale, somewhat sallow complexion -

Skin Hair brown -

Eyes blue Pupils Equal and react.

Muscularity poor Fatness poor.

Nervous System—*Motor* Is tremulous -

Sensory normal -

Reflex Action Knee-jerks very active - Special Senses

Retina

Lungs Healthy -

Heart Sounds are feeble. No murmurs -

Tongue furred posteriorly - Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

no bruises -

Appetite poor.

Urine Sp. gr. 1016. No albumen or phosphates -

Menstruation

Pulse 94, weak - Temp. normal -

Height 5'4. 3 in. Weight 8 st. 2 lb.

Disease *Shaw's Classification*

General Bodily Health and Condition Poor condition —

PREDOMINANT FEATURES.

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

671

NAME, Timothy Ward.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30-6-91						Has a confused frightened look, and begins to tremble when he is spoken to. Cannot give a coherent account of himself. Appears to have a sense of impending evil. Looks puzzled when asked questions, and puts his hands up to his head; answers hesitatingly or cannot answer at all.
14-7-91						Is less depressed and confused –
9:12:91						Not much depression remains now – but he is rather too contented. Still has a puzzled look about him.
14-10-92						Marked tremors of his lips when speaking His pupils are much contracted which gives him a puzzled appearance. Always suspects that the people who speak to him are "trying to have a rise out of" him

Dr Smith

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

673

NAME, Bernard Fitzpatrick No.

Admitted, 30th June 1891 Pr. Ad.

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

Education, Religion, Roman Catholic

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. *Kind*

Duration *Where treated*

Hered. History—*Insanity* none.

Other Diseases

Predisposing unknown.

Exciting

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes.

Dangerous yes.

Duration of Existing Attack A few days.

Other Facts or Remarks

Facts of Medical Certificates

1. Complains of a peculiar sensation in his head, and says he is afraid to stay in the house as his mother is trying to kill him.

Has threatened to kill his mother. Wanted to jump out of window saying he was tired of life.

2. Complains of pains, dizziness, &c. Is suspicious of his mother. Is sleepless & nervous at times.

Endeavoured to escape by window. Threatens to injure his mother.

NAME Bernard Fitzpatrick

STATE ON ADMISSION.

Exaltation None -

Depression Slight.

Excitement Is restless -

Enfeeblement —

Memory good

Coherence Coherent generally. Can answer questions? Yes -

Delusions Of suspicion - and impending evil -

Other Abnormalities

Appearance A pale badly nourished man -

Skin Hair Black, slightly streaked with grey -

Eyes grey. Pupils Equal and react.

Muscularity poor Fatness poor -

Nervous System—*Motor* normal -

Sensory Complains of dizziness and noises in the ears -

Reflex Action normal. Special Senses

Retina

Lungs No disease detected -

Heart No murmurs -

Tongue Clean Bowels regular -

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises -

Appetite fair -

Urine acid. Sp. gr. 1026 - Phosphates deposited on boiling.

Menstruation

Pulse 83. Temp. normal -

Height 5 ft. 6 in - Weight 8 st. 8 lb -

isease *Skae's Classification*

eneral Bodily Health and Condition

PREDOMINANT FEATURES.

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

675

NAME, Bernard Fitzpatrick -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1-7-91						Patient is restless and suspicious in manner - Says he was afraid his mother was going to kill him. He is much depressed at times and takes fits of Crying: At other times he looks cheerful.
14-7-91						Continues restless, excitable, and suspicious -
8.10.91						He has improved during the last months and was discharged to-day by minute of Parochial Board

NAME.

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

677

NAME, David Dunlop — No.

Admitted, 4th July 1891 — Pr. Ad.

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

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Lanark.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none — Kind

Duration — Where treated Was in Bothwell Asylum, and then boarded out.

Hered. History—Insanity none.

Other Diseases

Predisposing unknown.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no.

Dangerous yes.

Duration of Existing Attack Ten years.

Other Facts or Remarks

Facts of Medical Certificates

1. Has been a boarded-out lunatic for many years: has always been of peculiar habits, morose, and refuses to have himself cleaned.
Has been violent: attempted to assault his wife with a poker.

2. Is depressed. Answers in a low muttering voice, and takes some time before he replies to questions. Has lost all affection for his wife & family.

NAME David Dunlop -

STATE ON ADMISSION.

Exaltation none.

Depression looks depressed -

Excitement none -

Enfeeblement Is demented -

Memory bad

Coherence Cannot converse - Can answer questions? some -

Delusions none expressed -

Other Abnormalities

Appearance a short stout man -

Skin Hair iron grey, and beard -

Eyes brown Pupils equal & react -

Muscularity fair Fatness good

Nervous System—*Motor* sluggish -

Sensory normal -

Reflex Action normal - Special Senses

Retina

Lungs Healthy -

Heart Sounds are faint -

Tongue flabby & slightly furred - Bowels regular -

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises -

Appetite good

Urine acid. Sp. gr. 1013 - No albumen -

Menstruation

Pulse 100, small and weak - Temp. normal -

Height 5 ft. 4¼ in - Weight 11 st. 6 lb -

Disease Dementia - *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

679

NAME, David Dunlop.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5-7-91						Patient shows no interest in anything, cannot converse has little memory, and apparently no idea of time or place. He has a depressed look.
22-7-91						Continues in exactly the same state.
14-10-92						Slow & indistinct utterance. Does not want to go home. Does not know where he came here nor how old he is.

Dinelli

NAME.

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

681

NAME, Martin Dowds — No.

Admitted, 10th July 1891 — Pr. Ad.

Sex, — Age, 19 — Marriage, Single — Occupation, Coal Miner.

Education, — Religion, Roman Catholic

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. — Kind

Duration — Where treated Transfered from Woodilee.

Hered. History—Insanity unknown.

Other Diseases

Predisposing

Exciting uncertain.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes.

Dangerous yes.

Duration of Existing Attack about three months.

Other Facts or Remarks

Facts of Medical Certificate

He suffers from dementia with suicidal tendencies.
His bodily health and condition are average.

&c.

NAME Martin Dowds

STATE ON ADMISSION.

Mental.

Exaltation none

Depression none marked - looks dull -

Excitement none -

Enfeeblement Vacant in look & manner -

Memory fair -

Coherence coherent Can answer questions? yes.

Delusions none expressed -

Other Abnormalities

Bodily.

Appearance A short, pale-faced youth -

Skin Hair short brown -

Eyes blue Pupils equal and react.

Muscularity fair Fatness poor -

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal - Special Senses normal -

Retina

Lungs Healthy -

Heart Sounds are regular and pure -

Tongue pale and flabby - Bowels regular -

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises -

Appetite good -

Urine acid. Sp. gr. 1022 - Phosphates on boiling - No albumen -

Menstruation

Pulse 84 - Temp. normal -

Height 4 ft. 10 in - Weight 7 st. 4 lb.

Disease *Stone's Classification*

General Bodily Health and Condition good -

PREDOMINANT FEATURES.

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

683

NAME, Martin Dowds-

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11-7-91						Patient has a vacant look and confused manner- He looks puzzled when asked questions, and answers slowly- He looks depressed, but can give no reason for this-
14-7-91						Is in the same state- He has shewn no suicidal tendency since admission-
16-7-91						He is much brighter today, answers questions more readily and more intelligently, and says he feels better-
23-7-91						Continues to improve- He works well out of doors, and has a much healthier look- He has shewn no suicidal tendencies-
1-8-91						Is active, cheerful, sensible, and a good worker-
22-8-91						Discharged recovered-

NAME.

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

685

NAME, John Russell — No.

Admitted, 10th July 1891 — Pr. Ad.

Sex, — Age, 24 — Marriage, Single — Occupation, Engineer's fitter.

Education, — Religion, Protestant

Private or Pauper, Pauper - — Where from? Govan -

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. — Kind

Duration — Where treated

Hered. History—Insanity none.

Other Diseases

Predisposing Epilepsy

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous ~~No~~. yes -

Duration of Existing Attack about one year -

Other Facts or Remarks

He is an Epileptic -

Facts of Medical Certificates

1. Is an epileptic: suffers from aphonia. Is confused and has no idea of time, and rambles in conversation.
Is at times violent and dangerous -

2. Imbecile in appearance & manner; unable to tell the days of the week, month, or year. Rambles, and talks nonsense -
Has frequent epileptic fits - Is violent and unmanageable -

NAME John Russell -

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression none.

Excitement none at present -

Enfeeblement is very stupid -

Memory bad.

Coherence confused - Can answer questions? yes -

Delusions none expressed -

Other Abnormalities

Bodily.

Appearance a short, dark-complexioned, young man -

Skin Hair dark brown.

Eyes brown - Pupils Equal and react -

Muscularity fair - Fatness poor -

Nervous System—*Motor* He is an Epileptic

Sensory Normal -

Reflex Action normal - Special Senses

Retina

Lungs Comparative dulness at left apex -

Heart First sound slightly impure -

Tongue Slight white fur - Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Bruise under the left eye -

Appetite good -

Urine Neutral - Sp. gr. 1016 - Phosphates on boiling - No albumen -

Menstruation

Pulse 90 - Temp. Normal -

Height 4 ft. 11 in. - Weight 7 st. 4 lb -

Disease Insanity of Epilepsy - *State's Classification*

General Bodily Health and Condition Impaired -

PREDOMINANT FEATURES.

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

687

NAME. John Russell –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11-7-91						Patient has a vacant look, answers questions with little intelligence, and cannot give a coherent account of himself. He is an Epileptic. He is free from excitement at present.
13-7-91						Is dull and stupid. Had been taking fits shortly before admission.
16-7-91						Has had several fits since admission. They are severe.
6.10.91						His bodily condition is fair. He has numerous epileptic fits, some lasting for a long time.
14.10.92						To questions he answers only Aye in the most inappropriate places.

Died

NAME.

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

689

NAME, John Moffat — No.

Admitted, 13th July 1891 — Pr. Ad.

Sex, — Age, 47 — Marriage, Single — Occupation, Drover.

Education, — Religion, Protestant

Private or Pauper, Pauper. — Where from? City Parish, Glasgow (from Poorhouse)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none — *Kind*

Duration — *Where treated*

Hered. History—*Insanity* unknown.

Other Diseases

Predisposing unknown

Exciting

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal doubtful

Dangerous yes

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

1. He maintains that his life is in danger. Says there was a man in the ward with a knife who wanted to kill him. Talks incoherently; is dangerous.
Mind has been wrong for some weeks. He broke a window under delusion.

2. Incoherent; imagines a band of men came into the ward and attempted to rob and kill him, and defended himself with a knife. Is dangerous.
Sprang out of bed and smashed a window, thinking someone was coming in.

NAME John Moffat.

STATE ON ADMISSION.

Exaltation none.

Depression some.

Excitement Is restless and excitable.

Enfeeblement Is much confused.

Memory bad.

Coherence Incoherent. Can answer questions? some.

Delusions That his life is in danger.

Other Abnormalities

Appearance A pale, thin, sallow, weak man. Looks prematurely old.

Skin Hair Scanty, brown, turning grey.

Eyes grey Pupils Left slightly smaller than right: both react.

Muscularity very poor. Fatness very poor.

Nervous System—*Motor* Right arm is weak, and power of extension of the wrist is lost. Speech is somewhat indistinct.

Sensory Normal.

Reflex Action Knee-jerks present & equal. Special Senses

Retina

Lungs A few rhonchi are heard on the right side.

Heart's action is weak. Sounds are faint: no murmurs heard.

Tongue pale and furred. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

Three ulcers on the right leg.
No bruises.

Appetite fair.

Urine acid. Sp. gr. 1010. No albumen.

Menstruation

Pulse 80, weak. Temp. Normal.

Height 5 ft. 6 in. Weight 7 st.

Disease *Skae's Classification*

General Bodily Health and Condition Poor.

PREDOMINANT FEATURES.

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

691

NAME, John Moffat.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14-7-91						He is dull, depressed, and talks incoherently. Imagines that his life is in danger, and that he is in jail. He is much emaciated, and appears to have been in very poor circumstances. Extra diet & porter given.
15-7-91						He was very restless and would not keep his bed last night, imagining that people were after him to take his life. He is afraid of the other patients. His memory is bad, and he cannot give much account of himself.
16-7-91						Slept well last night.
23-7-91						He talks incoherently, and his memory is bad; but he is free from excitement, sleeps well, and is less suspicious.
31-7-91						Discharged by order of J.P. Court.

NAME.

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

693

NAME, John Mc Ivoy. No.

Admitted, 13th July 1891 Pr. Ad.

Sex, Age, 22 Marriage, Single Occupation, Labourer in (Ironworks

Education, Religion, Roman Catholic

Private or Pauper, Pauper. Where from? Dalziel Parish, Motherwell.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. Kind

Duration *Where treated*

Hered. History—*Insanity* unknown.

Other Diseases

Predisposing

Exciting Masturbation (?)

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous no

Duration of Existing Attack some weeks.

Other Facts or Remarks

Facts of Medical Certificates

1. A wandering and unsettled expression. Practises self-abuse, and has lost control over his will. Cannot sleep, or work, and wanders about thinking he is dying.
Wanders about the house at night, thinking he is dying. Will not work.

2. Troubled and excited. Practises self-abuse. Is afraid to breathe for fear his heart burst. Says he is afraid to die in this condition.
Restless & unsettled; can't sleep; won't work; says he is too weak.

NAME John McIvor.

STATE ON ADMISSION.

Exaltation None.

Depression Much.

Excitement Is restless.

Enfeeblement

Memory good.

Coherence coherent. Can answer questions? yes.

Delusions That he has various diseases, and is dying.

Other Abnormalities

Appearance A youth of dark, somewhat sallow complexion.

Skin Hair short, dark.

Eyes brown Pupils equal and react.

Muscularity fair. Fatness fair.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action normal. Special Senses

Retina

Lungs Nothing abnormal detected.

Heart's action is slightly irregular. Sounds are distinct & pure.

Tongue thick brown fur posteriorly. Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises.

Appetite fair.

Urine acid. Sp. gr. 1032. Phosphates on boiling. No albumen or sugar.

Menstruation

Pulse 88. Temp. normal.

Height 5ft. 5½ Weight 8 st. 8lb.

Disease Insanity of Adolescence. *Skae's Classification*

General Bodily Health and Condition Fair.

PREDOMINANT FEATURES.

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

695

NAME, John Mc Ivoy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14-7-91						Patient is in a state of restless melancholia. Imagines that is dying from various diseases. Says his heart is going to burst, that his head is all wrong, &c. He has practised masturbation freely.
16-7-91						He is sleeping fairly, and eating well. Is rather less restless and depressed, but expresses the same delusions.
23-7-91						Continues in much the same condition, and expresses the idea that his heart is going to burst. Asks to be sent home to see his mother before he dies. He does some outdoor work. Easton's syrup prescribed.
20-8-91						No improvement. Talks in a whining tone, and speaks of nothing but the state of his head, heart, &c. He is often noisy at night.
30-8-91						Is much worse. Is very restless, groans all day and the greater part of the night.
9:12:91						~~The patient varies a great deal~~ - fancies he has heart disease & that something is wrong with his head. He usually leaves on Monday night & attends the dances.
14.10.92						D N still at times miserable but is much improved, Works outside

Discd

NAME,

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

697

NAME, Mark Mc Donald — No.

Admitted, 14th July 1891 Pr. Ad.

Sex, Male Age, 31 Marriage, Single Occupation, Clerk

Education, Religion, Roman Catholic

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity unknown.

Other Diseases

Predisposing

Exciting Intemperance —

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes

Dangerous yes

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

1. Talks incoherently, and hears imaginary voices; he is also in dread of his life from people following him. Is dangerous to himself & others —

2. Memory is forgetful; he talks somewhat incoherently. Hears imaginary voices at night which threaten to do him bodily injury. Is in dread of his life, and thinks people follow him about the streets

NAME Mark Mc Donald -

STATE ON ADMISSION.

Exaltation none -

Depression great.

Excitement Is very restless, excitable, and emotional -

Enfeeblement —

Memory fair.

Coherence Coherent generally - Can answer questions? yes -

Delusions That he is to be put to death, &c. Hallucinations of hearing -

Other Abnormalities

Appearance a tall man, of muddy complexion, and very restless look -

Skin Hair short black -

Eyes blue Pupils equal and react -

Muscularity fair - Fatness fair

Nervous System—*Motor* Tongue is tremulous, facial muscles twitch, and the hands are unsteady -

Sensory Peculiar sensations in the back of the head -

Reflex Action Pat. reflexes Equal - Special Senses >

Retina

Lungs Bronchial breathing over the upper part of the right lung -

Heart's action is tumultuous and irregular - No murmurs -

Tongue furred - Bowels constipated -

Other Organs, Abnormalities, Bruises, etc.

Some acne spots on the back -
No bruises -

Appetite poor.

Urine Sp. gr. 1028. No albumen - Phosphates on boiling -

Menstruation

Pulse 100 - Temp.

Height 5ft. 10½ in - Weight 9st - 10lb.

Disease *Skae's Classification*

General Bodily Health and Condition Poor -

PREDOMINANT FEATURES.

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

699

NAME, Mark Mc Donald -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15-7-91						Patient is restless, tremulous, depressed, and sleepless - Has hallucinations of hearing, and believes he is to be put to death - He is very Emotional - Has been drinking
16-7-91						He slept better last night, and is rather less restless and depressed this morning.
22-7-91						Is still restless and excitable, but expresses no delusions Is eating and sleeping better -
20-8-91						Is now listless and idle - Says he is not strong enough for outside work, and inclines to lounge about indoors
24-8-91						Sent to work in the Steward's office -
19:5:91						Discharged - Recovered

NAME.

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

701

NAME, James Fordyce No.

Admitted, 20th July 1891 - Pr. Ad.

Sex, Age, 45 Marriage, Married Occupation, Engineer.

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Govan -

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none - Kind

Duration Where treated

Hered. History—Insanity none -

Other Diseases

Predisposing

Exciting Drink

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no -

Dangerous yes -

Duration of Existing Attack about 4 days -

Other Facts or Remarks

Facts of Medical Certificates

1. Excitable and delusive from drink. Is stupid, and can give no rational account of himself. Was found outside the sill of the window of his house, two storeys in height, talking forth to the passers by -

2. In a dazed stupid condition, unable to give any account of himself - Cannot tell where he is the day of the week, &c -
Was found standing outside a window in great danger -

NAME James Fordyce -

STATE ON ADMISSION.

Exaltation none -

Depression some -

Excitement is very restless -

Enfeeblement —

Memory impaired at present -

Coherence incoherent - Can answer questions? Some -

Delusions none expressed -

Other Abnormalities

Appearance a badly - nourished man, of dark sallow complexion -

Skin Hair scanty, dark -

Eyes blue Pupils Equal and react.

Muscularity poor Fatness poor.

Nervous System—*Motor* normal -

Sensory normal -

Reflex Action normal - Special Senses

Retina

Lungs Percussion somewhat dull at the apices - Is subject to bronchitic asthma -

Heart No murmurs -

Tongue pale, furred, flabby - Bowels Constipated.

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises -

Appetite poor -

Urine acid. Sp. gr. 1030. No albumen or sugar. Phosphates deposited on boiling.

Menstruation

Pulse 78 - Temp. normal -

Height 5 ft. 5 in - Weight 7 st. 12 lb -

Disease *Stac's Classification*

General Bodily Health and Condition Poor -

PREDOMINANT FEATURES.

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

703

NAME, James Fordyce –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21-7-91						Patient is restless and incoherent. He has a startled suspicious look, and is unable to give any account of himself. He is refusing food today. An enema was given tonight, as he will not take any medicine, and his bowels had not moved since admission. He slept little last night.
22-7-91						Was very restless last night, and would not keep his bed. Today he will not speak, is resistive and very restless, and refuses food.
23-7-91						Is quieter today and taking his food.
8-8-91						Is much better. He is free from excitement, and speaks sensibly. He is eating and sleeping well, and gaining weight. He suffers from bronchitic asthma.
20-8-91						Continues well.
26-8-91						Discharged recovered.

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

705

NAME, Thomas Gibson — No.

Admitted, 22nd July 1891 — Pr. Ad.

Sex, — Age, 30 — Marriage, Married. — Occupation, Hawker.

Education, — Religion, Protestant

Private or Pauper, Pauper. — Where from? New Monkland, Airdrie.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. — *Kind*

Duration — *Where treated*

Hered. History—*Insanity* none.

Other Diseases

Predisposing

Exciting drink.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes

Dangerous yes

Duration of Existing Attack a few weeks.

Other Facts or Remarks

Facts of Medical Certificates

1. Talks incoherently at times and has hallucinations. Hears voices which urge him to throw himself down a pit. Cannot trust himself and wishes to be sent to an Asylum.
   Has been drinking, and has slept little for four days. Has threatened and attempted violence to himself and others. Sang & whistled without intermission for hours last night.
2. Excited and suspicious. Mistakes in answering simple questions. Hears sounds and sees people going about the house at night.
   Sleepless and outrageous. Imagines his wife is going to poison him.

NAME Thomas Gibson -

STATE ON ADMISSION.

Exaltation none -

Depression Looks rather dull and depressed -

Excitement Is restless -

Enfeeblement none -

Mental.

Memory good -

Coherence coherent Can answer questions? yes -

Delusions Hallucinations of hearing -

Other Abnormalities

Appearance A tall, well-built, Embrunt man, of rather muddy complexion -

Skin Hair short dark -

Eyes brown Pupils equal and react.

Muscularity fair Fatness poor -

Nervous System—*Motor* is restless and tremulous -

Sensory normal -

Reflex Action normal - Special Senses

Retina

Bodily

Lungs No dulness. Expiration somewhat prolonged at apices -

Heart Sounds are pure -

Tongue much furred - Bowels loose -

Other Organs, Abnormalities, Bruises, etc.

no bruises -

Appetite fair.

Urine acid. Sp. gr. 1024 - No albumen - Phosphates -

Menstruation

Pulse 93 - Temp. normal -

Height 5 ft. 11 in. - Weight 10 st -

Disease *Sloan's Classification*

General Bodily Health and Condition Fair -

PREDOMINANT FEATURES.

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

707

NAME, Thomas Gibson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
23-7-91						Patient talks coherently, but is restless and somewhat tremulous. Has been drinking heavily, and has lost power of self-control. Hears voices which prompt him to commit suicide. Did not sleep much last night.
24-7-91						Slept fairly last night, and is less nervous today. The voices are not annoying him so much.
1-8-91						He is working out of doors. He does not now hear voices, and he expresses no delusions. He has a restless look and says he feels "nervous" at times.
11-8-91						He slept this forenoon when working at the Well.
14-8-91						Was brought back today. He had walked to Airdrie, where he was secured by the police. He says voices prompted him to make his escape, and urged him to go home and kill his wife. He came back quietly, and shews little excitement.
20-8-91						Has many delusions of impending evil. Fears he is to be put into a dungeon, &c. Says he believes his fears are groundless but cannot shake them off. He took some drinks "to strengthen his nerves" when he was away.
7th Oct 1891						He has steadily improved, and is discharged recovered to-day.

NAME.

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

709

NAME, Jacob Ulrich — No.

Admitted, 23rd July 1891 — Pr. Ad. none

Sex, — Age, 32. — Marriage, Married — Occupation, Bandmaker.

Education, — Religion, Protestant.

Private or Pauper, Pauper. — Where from? Balmaghie — (Is a German)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none — *Kind*

Duration — *Where treated*

Hered. History—*Insanity* unknown.

Other Diseases

Predisposing

Exciting unknown.

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous occasionally.

Duration of Existing Attack 30 hours.

Other Facts or Remarks

Had only been in this country since February.

Facts of Medical Certificates

1. Says he has today seen the Lord Jesus. At times refuses to answer questions, and appears to be thinking deeply or meditating doing something.

Fell down on his knees before a woman on the road and prayed, &c.

2. Has an unsettled look, and at times seems unconscious of his surroundings. Does not answer any questions.

Fancies a woman on the road was Christ; offered her his watch. Tried to drink water off the ground, calling it water of life.

NAME Jacob Ulrich

STATE ON ADMISSION.

Mental.

Exaltation none -

Depression looks dull and depressed -

Excitement none at present -

Enfeeblement —

Memory Can't be tested

Coherence will not speak Can answer questions? will not -

Delusions none expressed -

Other Abnormalities

Bodily.

Appearance a man of bronzed complexion -

Skin Hair brown

Eyes blue Pupils right is of irreg: outline, & larger than left -

Muscularity fair Fatness poor -

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal Special Senses

Retina

Lungs Healthy -

Heart sounds are regular and pure -

Tongue pale, flabby, and slightly furred Bowels regular -

Other Organs, Abnormalities, Bruises, etc.

no bruises -

Appetite fair -

Urine Sp. gr. 1025. Deposit of phosphates - No albumen -

Menstruation

Pulse 60, of good volume & tension Temp. normal -

Height 5 ft. 6 in - Weight 8 st. 2 lb -

Disease *Stone's Classification*

General Bodily Health and Condition Fair -

PREDOMINANT FEATURES.

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

711

NAME, Jacob Ulrich

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
23-7-91						Patient had a dull vacant look, He takes no notice of questions put to him, and does not speak at all.
24-7-91						Is much brighter this morning. He answers questions intelligently, and asks why he has been brought here. He gives a coherent account of himself, and remembers coming here yesterday. Denies that he behaved in an outrageous way, and deemed his associates of treating him badly in sending him here. He cannot explain his silence and depression of yesterday. He has shown no excitement since admission. Expresses no delusions.
25-7-91						Talks less sensibly today, and expresses vague delusions of a religious nature.
26-7-91						Is better again today, and speaks quite sensibly.
1-8-91						Discharged recovered.

NAME.

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

713

NAME, John Firkins No.

Admitted, 31st July 1891 Pr. Ad.

Sex, Male Age, 39 Marriage, Married. Occupation, Ironmoulder

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? City Parish, Glasgow. (transferred from Morningside)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one. Kind

Duration Where treated Morningside.

Hered. History—Insanity none known.

Other Diseases

Predisposing previous attack.

Exciting drink: loss of work.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous yes – to his wife.

Duration of Existing Attack since June 9th 1891.

Other Facts or Remarks

Facts of Medical Certificate

He labours under various insane delusions of suspicion, e.g. that his wife is unfaithful, and is guilty of incest.

Bodily health and condition are good.

NAME John Perkins

STATE ON ADMISSION.

Exaltation none.

Depression none — marked. Looks rather dull.

Excitement none.

Enfeeblement —

Memory good

Coherence Coherent Can answer questions? yes.

Delusions Of suspicion, esp. about his wife.

Other Abnormalities

Appearance a dark complexioned man.

Skin Hair dark.

Eyes dark brown Pupils Equal and react.

Muscularity fair Fatness fair.

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action normal. Special Senses

Retina

Lungs Rhonchi are heard at the left apex at the end of full inspiration. No dulness.

Heart sounds are pure.

Tongue clean. Bowels Costive.

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises.

Appetite fair.

Urine alkaline. Sp. gr. 1026. Cloudy. No albumen or sugar.

Menstruation

Pulse 56, of moderate tension & fulness. Temp. normal.

Height 5 ft. 6½ in. Weight 10 st. 8 lb.

Disease *Shaw's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

715

NAME, John Firkins

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1st Aug-						Patient talks coherently, and is free from excitement. He is suspicious, esp. of his wife, against whom he brings charges of immoral conduct-
4-8-91						He is working well in the ward and giving no trouble. He expresses the same delusions-
14-1-92						He works in the Workhouse. Except for this one delusion he is quite sensible

Discd.

NAME.

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

717

NAME, Hugh Dickson Mowbray. No.

Admitted, 3rd August 1891. Pr. Ad. yes.

Sex, Age, 41 Marriage, Married Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Gasstown, Dumfries.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Several Kind

Duration Where treated S.C.A. discharged 30/4/87.

Herod. History—Insanity none known.

Other Diseases

Predisposing

unknown.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes

Dangerous yes, might be.

Duration of Existing Attack about a week.

Other Facts or Remarks

Facts of Medical Certificates

1. Insane appearance: talked incoherently. Has delusion about killing a child, &c. Threatened to cut his throat.

2. Has very fixed delusions as to murdering a child: thinks he is to be hanged today. Is sleepless. Talks in a rambling way. Has attempted to commit suicide.

NAME Hugh Dickson Mowbray

STATE ON ADMISSION.

Mental.

Exitation none.

Depression much.

Excitement Is rather restless.

Enfeeblement —

Memory fair.

Coherence Somewhat incoherent. Can answer questions? yes.

Delusions Thinks he is accused of killing a child, and is awaiting his trial.

Other Abnormalities

Bodily.

Appearance Strong, well-built, fresh complexioned man.

Skin Hair dark brown, slightly flecked with grey.

Eyes grey. Pupils contracted, equal, react.

Muscularity good Fatness fair.

Nervous System—*Motor* Facial muscles and tongue are tremulous.

Sensory Frontal headache.

Reflex Action normal. Special Senses

Brain

Lungs Percussion note somewhat dull at apices. No moist sounds. No cough.

Heart First sound impure.

Tongue Coated with brown fur posteriorly. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

There is an abrasion in the lumbar region with some pain and weakness. He was knocked down by a cart.

Appetite fair.

Urine acid. Sp. gr. 1012. No albumen. Phosphates on boiling.

Menstruation

Pulse 80. Temp. normal

Height 5 ft. 5½ in. Weight 10 st. 6 lb.

Disease *Skae's Classification*

General Bodily Health and Condition Fair.

PREDOMINANT FEATURES.

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

719

NAME, Hugh Dickson Mowbray -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4-8-91						He is much depressed, thinks he has become too weak to be fit for work, says he is useless, and wishes he were dead. He attempted to poison himself with Laudanum a few weeks ago. He has the delusion that people accuse him of murdering a child, and thinks he is to be tried for his life - He is tremulous, and seems to have been drinking freely - He takes his food well, and sleeps fairly -
7-8-91						Continues in much the same state. Is now anxious to be sent out to work - Is still afraid that his life is in danger.
11-8-91						Is brighter, and his delusions are not so strong. He works in the ward -
20-8-91						Is now cheerful, and expresses no delusions -
Nov 4th 91						Transferred to Rosewell Asylum -

NAME.

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

721

NAME, Andrew Watt — No.

Admitted, 7th August 1891 — Pr. Ad.

Sex, — Age, 40 — Marriage, Married — Occupation, Miner

Education, — Religion, Protestant

Private or Pauper, Pauper. — Where from? New Monkland –

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none – — *Kind*

Duration — *Where treated*

Hered. History—*Insanity* none

Other Diseases

Predisposing

Exciting unknown –

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes –

Dangerous yes –

Duration of Existing Attack Three weeks –

Other Facts or Remarks

Facts of Medical Certificates

1. Much depressed, had delusions, and at times gets excited. Says he is the devil, and had the desire to kill himself or some one else.
   Has been very gloomy for two weeks, will not work, and does not sleep. Has many delusions and says he is determined to take away his life –
2. Has a wild excited appearance; is suspicious in manner; said his conscience troubles him; had delusions about killing or poisoning people –
   Is sleepless, talks nonsense, threatens suicide –

NAME Andrew Watt

STATE ON ADMISSION.

Mental

Exaltation none.

Depression great.

Excitement Is restless.

Enfeeblement —

Memory fair — rather confused.

Coherence coherent. Can answer questions? yes.

Illusions That he is very wicked: that he injures those about him.

Other Abnormalities

Bodily

Appearance a sallow, unhealthy-looking man.

Skin Hair dark.

Eyes brown Pupils Equal and sensitive.

Muscularity fair Fatness poor

Nervous System—*Motor* normal.

Sensory normal

Reflex Action normal Special Senses

Retina

Lungs Percussion somewhat dull at apices. No moist sounds.

Heart Sounds feeble, esp. the first. No murmurs.

Tongue dry and furred. Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises.

Appetite fair.

Urine alkaline, with muco-purulent deposit. Contains phosphates. No albumen.

Menstruation

Pulse 92 Temp. normal

Height 5'4 - 5'5½ in. Weight 8 st. 8 lb.

Disease Melancholia. *Skae's Classification*

General Bodily Health and Condition Poor.

PREDOMINANT FEATURES.

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

723

NAME, Andrew Watt.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8-8-91						He is much depressed and confused. He thinks he is accused of some crime, and imagines he is the cause of the sufferings of the other patients. He wanders about in a restless way, and begs to be sent home. He did not sleep much last night.
10-8-91						He is sleeping better. Otherwise there is no change in his condition.
12-8-91						Is very restless and miserable; constantly asks to be sent home, says he cannot understand his position here and believes that he has an injurious influence on those around him. He appears to have a strong sense of impending evil.
14-8-91						He attempted to strangle himself with a handkerchief in bed this morning, but did himself no harm.
20-8-91						No improvement. He is restless and deeply depressed, and full of delusions of suspicion & impending evil. He is under careful supervision.
9:12:91						Extremely depressed - always wishing to get at a fire - Tried to himself injury - Kept in bed.
18:1:92.						Is still kept in bed for safety sake - always anxious to be hanged or to commit Suicide in some other way - Is extremely melancholy.
14.10.92						Was sent sent to work out side but as he derived much satisfaction from stacking his grape risings with the ground feigning the earth to be a human being it was not thought advisable to trust him with a prize he imagines he eats human flesh at Dinner & that when in bed that he is in hell

Discha

NAME

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

725

NAME, Richard Mc Ghie — No.

Admitted, 7th August 1891 — Pr. Ad.

Sex, — Age, 39 — Marriage, Single — Occupation, Pit Brusher

Education, — Religion, Roman Catholic

Private or Pauper, Pauper – — Where from? Blantyre –

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one — Kind

Duration — Where treated Bothwell Asylum, 1884.

Hered. History—Insanity None –

Other Diseases

Predisposing

Exciting unknown

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no –

Dangerous no.

Duration of Existing Attack Six months –

Other Facts or Remarks

Facts of Medical Certificates

1. Says he has seen his father and brother since their death. Believes he hears people speaking under the floor, and wants to tear up the floor to get at them.

Restless and very excited at times – Does not sleep at night –

2. Had seen his father and brother since their death; had seen a man break his own leg; had seen a man break his own neck and put his own head on.

Thinks people are under the bed, that his body is being destroyed &c. Always restless, often refuses food

NAME Richard McGhie

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression none.

Excitement Is restless.

Enfeblement Is confused and stupid.

Memory bad.

Incoherence Incoherent Can answer questions? some.

Delusions Some depressed.

Other Abnormalities

Bodily.

Appearance A small, thin, sallow man.

Skin Hair short fair.

Eyes brown. Pupils equal and sensitive.

Muscularity poor. Fatness poor.

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal Special Senses Is deaf.

Retina

Lungs Percussion somewhat dull at apices, and breathing harsh at the left. Has a short dry cough.

Heart First sound impure. There is visible epigastric pulsation.

Tongue small and pale. Bowels regular.

Other Organs, Abnormalities, Bruises, etc.

He has a high-arched narrow palate, and speech is indistinct.
No marks or bruises.

Appetite fair.

Urine acid. Sp. gr. 1022. No albumen. Phosphates a trifling.

Menstruation

Pulse 90, weak. Temp. normal.

Height 5 ft. 1 in. Weight 7 st.

Disease *Skae's Classification*

General Bodily Health and Condition Poor.

PREDOMINANT FEATURES.

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

727

NAME, Richard Mc Ghie -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8-8-91						Patient is restless, confused, and stupid. Does not know where he is, the day of the week, &c. and cannot give any account of himself. His manner is foolish.
						He slept well last night.
10-8-91						He expresses no definite delusions, but is very stupid.
						Appears to be quite content with his surroundings.
6.10.91						There is a slight improvement both mentally and physically, he is on extra diet
14.10.92						In good bodily health he smiles appreciatively with much enjoyment & variety

Discd.

NAME

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

729

NAME, Matthew Waddell No.

Admitted, 10th August 1891 Pr. Ad. yes-

Sex, Age, 60 Marriage, Single Occupation, Miner

Education, Religion, Protestant-

Private or Pauper, Pauper- Where from? New Morkland-

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated Was in the S.C.A. from Feb. 11th till June 13th 1891-

Hered. History—Insanity none-

Other Diseases

Predisposing

Exciting unknown

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no-

Dangerous yes-

Duration of Existing Attack about 6 months

Other Facts or Remarks

He was discharged by minute of parochial board on 13th June, and has since been boarded with his brother-

Facts of Medical Certificates

1. Excited appearance. Cannot tell his age, nor is he able to say whether he has been married- Attacked a boy; smashed the windows with his fist; talks incessantly about killing people-

2. Incoherent, excited, and has delusions. Imagines the inmates of the house devils, and that they are conspiring to take his life-

Does not sleep, has many delusions, and has threatened and attempted violence-

NAME Matthew Waddell

STATE ON ADMISSION.

Mental.

Excitation none -

Depression none -

Excitement yes -

Enfeblement yes -

Memory bad

Coherence incoherent Can answer questions? yes -

Delusions Hallucinations of hearing, and delusions of persecution -

Other Abnormalities

Bodily.

Appearance A frail old man of dark sallow complexion -

Skin Hair very scanty, grey -

Eyes blue Pupils contracted, equal, react -

Muscularity poor - Fatness poor -

Nervous System—*Motor* He is very restless -

Sensory normal -

Reflex Action normal - Special Senses

Brain

Lungs Expiration prolonged at the apices -

Heart Sounds are pure — the first of thumping character, the second rather faint -

Tongue furred. Bowels Constipated.

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises. The walls of the vessels are thickened -

Appetite fair -

Urine acid - Sp. gr. 1026 - No albumen, &c -

Menstruation

Pulse 80: Wall of vessel is thickened - Temp. normal -

Height 5 ft. 5½ in. Weight 9 st -

Disease Mania *Shaw's Classification*

General Bodily Health and Condition Poor -

PREDOMINANT FEATURES.

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

731

NAME. Matthew Waddell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11-8-91						Patient has hallucinations of hearing and delusions of persecution. He hears voices threatening him, and imagines that his neighbours annoy him and interfere with him. He is always restless, and at times becomes suddenly excited. His memory is very bad.
13-8-91						He is very restless by day and night, and requires to be constantly watched. He has sudden attacks of excitement & violence; apparently he acts in obedience to voices he hears.
14-10-92						Does not know when he came in here & thinks he is only 40 years of age.

Discd

NAME

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

733

NAME, John Gallocher. No.

Admitted, 11th August 1891 Pr. Ad.

Sex, Male Age, 56 Marriage, Married Occupation, Labourer.

Education, Religion, Roman Catholic.

Private or Pauper, Pauper Where from? Dumfries.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity none.

Other Diseases

Predisposing

Exciting unknown.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes.

Dangerous yes.

Duration of Existing Attack about three months.

Other Facts or Remarks

Facts of Medical Certificates.

1. Insane appearance, makes rambling statements, thinks people are going to murder him, &c. Has threatened to cut his throat.

2. Wild, excited, insane appearance and actions. Says the people in the neighbourhood have tries to murder him.

Is quite unmanageable. Has threatened to murder his wife & daughters.

NAME John Gallocher -

STATE ON ADMISSION.

Mental.

Exaltation none -

Depression none -

Excitement some -

Enfeeblement —

Memory good -

Coherence Rambling Can answer questions? yes -

Delusions Of persecution -

Other Abnormalities

Bodily.

Appearance A tall, bent, rather decrepit old man -

Skin Hair dark, turning grey -

Eyes brown Pupils are equal and react.

Muscularity fair Fatness poor -

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal Special Senses

Retina

Lungs Percussion is rather dull at the apices, esp. the left -

Heart Flapping first sound - No murmurs -

Tongue furred Bowels regular -

Other Organs, Abnormalities, Bruises, etc.

Two slight bruises on the right arm -

Appetite fair -

Urine acid - Sp. gr. 1022 - No albumen, &c -

Menstruation

Pulse 68. wall of vessel thickened - Temp. normal -

Height 5ft. 9 in - Weight 10 st. 8lb.

Disease *Shaw's Classification*

General Bodily Health and Condition Fair - for his age -

PREDOMINANT FEATURES.

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

735

NAME, John Gallocher—

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12-8-91						Patient has an excited appearance, and talks in a rambling way about annoyance he has been subjected to by his neighbours — He is easily managed. He slept well last night.
14-8-91						He is less excited, and says less about supposed ill-treatment. He answers questions on other subjects intelligently. He eats and sleeps well, and gives no trouble.
9:9:91						Out on Probation.
16/11/91						Not returned & is discharged recovered.

NAME.

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

737.

NAME, Daniel Gray. No.

Admitted, 11th August 1891 Pr. Ad.

Sex, Age, 37 Marriage, Single Occupation, Clerk

Education, Religion, Protestant

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity none.

Other Diseases

Predisposing

Exciting unknown.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes.

Dangerous yes.

Duration of Existing Attack a few months.

Other Facts or Remarks

Facts of Medical Certificates

1. Dull and melancholy, and weary of life. Thinks people make remarks about him on the streets. Thinks his fellow clerks make sport of him.
Has been unfit for work for six months. Has of late thinks at self-destruction.

2. Dull, melancholic, & irritable. Is sleepless, and says his conscience troubles him. Thinks people follow him on the streets, and make remarks about him. Says he has at times contemplated self-destruction.

NAME Daniel Gray -

STATE ON ADMISSION.

Mental.

Exaltation none -

Depression yes - is depressed and suspicious -

Excitement Is very restless -

Enfeeblement Mind is much confused -

Memory fair -

Coherence Rambling - Can answer questions? yes -

Delusions Of suspicion and persecution:

Other Abnormalities

Bodily.

Appearance a full-faced man, of muddy complexion -

Skin Hair dark, scanty - reddish whiskered -

Eyes brown Pupils equal, moderately dilated, react.

Muscularity fair Fatness fair -

Nervous System—*Motor* Is restless: tongue and facial muscles are tremulous -

Sensory normal -

Reflex Action Exaggerated - Special Senses

Retina

Lungs Rhonchi are heard at the left apex at the end of full inspiration -

Heart Sounds are pure -

Tongue furred - Bowels Costive -

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises -

Appetite fair -

Urine acid. Sp. gr. 1028 - No albumen - A trace of sugar.

Menstruation

Pulse 70 - Temp.

Height 5 ft. 7 in - Weight 10 st. 4 lb -

Disease *Skae's Classification*

General Bodily Health and Condition Fair -

PREDOMINANT FEATURES.

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

739

NAME. Daniel Gray -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12-8-91						He is restless and tremulous, confused & suspicious. He has a very shifty look. Always imagines he is saying or doing something which will prejudice him in the eyes of others. Fancies that everything that is going on around him has some relation to himself. He did not sleep at all last night.
16-8-91						He is anxious about the state of his genital organs, says he wishes to get married but fears he is impotent, and says he has not practised masturbation since he was 25 yrs. old
28.6.92.						Transferred to Morningside to-day.

NAME,

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

741

NAME, John Templeton No.

Admitted, 12th August 1891 Pr. Ad.

Sex, Age, Marriage, Single Occupation, none -

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Stranraer -

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. none - *Kind*

Duration *Where treated*

Hered. History—*Insanity* none known -

Other Diseases

Predisposing

Exciting unknown -

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous yes

Duration of Existing Attack Has been excited for some weeks -

Other Facts or Remarks

Has been imbecile for many years -

Facts of Medical Certificates

1. Quite mad - Makes rushes to strike me.
Has been in this state for some time -

2. Was throwing stones wildly on the street - Talks incoherently, and has the demeanour of an idiot in a state of mental excitement.
Dangerous to himself and others -

NAME John Templeton

STATE ON ADMISSION.

Mental.

Exaltation none -

Depression none -

Excitement none at present -

Enfeeblement He is imbecile -

Memory bad -

Coherence ~~Cannot~~ converse - Can answer questions? very few -

Delusions none expressed -

Other Abnormalities

Bodily

Appearance a thin youth, of dark sallow complexion - and dull stupid look -

Skin Hair dark brown -

Eyes brown Pupils equal: react sluggishly -

Muscularity poor Fatness poor -

Nervous System—*Motor* normal —

Sensory normal

Reflex Action normal Special Senses

Retina

Lungs no dulness - Breathing vesicular: no accompaniments -

Heart Sounds are pure -

Tongue furred. Bowels constipated -

Other Organs, Abnormalities, Bruises, etc.

No bruises - Scar of a burn over the upper extremity of the sternum - marks of a pustular eruption on abdomen, arms, legs, &c -

Appetite fair -

Urine feebly acid - Sp. gr. 1030. No albumen or sugar. Phosphates on boiling -

Menstruation

Pulse 80, weak - Temp.

Height 5 ft. 4 in. Weight 7 st -

Disease Imbecility - *Skae's Classification*

General Bodily Health and Condition Fair -

PREDOMINANT FEATURES.

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

743

NAME, John Templeton

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13-8-91						Patient is dull and stupid, and has an imbecile appearance. He does not know the days of the week, where he is, &c. and cannot give an account of himself. He has shewn no excitement since admission. He slept well last night.
18-8-91						Continues in the same state.
1 Feb. 1892.						Discharged by mandate of Parochial Board

NAME,

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

745

NAME, John Mc Jaggart — No.

Admitted, 13th August 1891 — Pr. Ad.

Sex, — Age, 30 — Marriage, Single — Occupation, Commercial (Traveller

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? Govan

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. none. — Kind

Duration — Where treated

Hered. History—Insanity none.

Other Diseases

Predisposing

Exciting unknown.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal doubtful

Dangerous yes.

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

1. Very nervous and excited. Talks incoherently and wildly. Is violent and outrageous, and requires restraint.
Is outrageous and unmanageable. Cannot sleep.

2. Very nervous and excited; violent; talks incoherently; is restless and sleepless.
Has not slept for several days; is outrageous and unmanageable.

NAME John McJaggart.

STATE ON ADMISSION.

Mental.

Exaltation yes.

Depression none.

Excitement great. Is noisy and violent.

Enfeeblement —

Memory fair.

Coherence incoherent Can answer questions? yes.

Delusions none expressed of a definite nature. Has delusions of identity.

Other Abnormalities

Bodily

Appearance a man of pale clear complexion, and very excited look & manner.

Skin Hair brown, slightly streaked with grey.

Eyes light blue. Pupils contracted, equal, react.

Muscularity poor. Fatness poor.

Nervous System—*Motor* Constant restlessness.

Sensory Normal.

Reflex Action reflexes active. Special Senses

Retina

Lungs No disease detected.

Heart's action is rapid but regular. No murmurs.

Tongue foul Bowels constipated.

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises.

Appetite poor.

Urine very acid. Sp. gr. 1030. No albumen. Large deposit of urates.

Menstruation

Pulse 108 Temp. 98.8° F.

Height 5 ft. 4 in. Weight 7 st. 4 lb.

Disease *Stat's Classification*

General Bodily Health and Condition Poor condition.

PREDOMINANT FEATURES.

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

747

NAME. John Mc Taggart

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14-8-91						He is much excited, and talks constantly and incoherently. He cannot keep still for a moment, and requires to be constantly watched. At times he is violent. He has delusions regarding the identity of those around him. He was restless and noisy all night.
15-8-91						Still much excited. He slept four hours last night. Is not taking his food well. He is quite incoherent.
18-8-91						Very noisy and troublesome today. He was restless all night. Refused food this morning for the first time.
21-8-91						He slept well last night, and is much quieter and more sensible today.
29-8-91						Continues to improve. He is sensible & industrious.

Discha.

NAME,

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

749

NAME, William Thomson – No.

Admitted, 14th August 1891 Pr. Ad.

Sex, Male Age, about 45 Marriage, Married Occupation, Fletcher –

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Govan –

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none – Kind

Duration Where treated

Hered. History—Insanity none –

Other Diseases

Predisposing

Exciting drink

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no –

Dangerous yes.

Duration of Existing Attack a considerable time –

Other Facts or Remarks

Facts of Medical Certificates

1. Nervous and excited. Has delusions, imagines his wife and family are prostitutes and harbour prostitutes about the house. Fancies his food is tampered with –
Creates a disturbance in the house –

2. Nervous and excited; has delusions about his wife harbouring prostitutes, and trying to poison his food – Unsettled in manner, erratic and peculiar in speech –
Creates a disturbance, and was consequently brought to the Police Office –

NAME William Thomson

STATE ON ADMISSION.

Mental.

Exaltation none -

Depression some -

Excitement is very restless -

Enfeeblement —

Memory good -

Coherence coherent - Can answer questions? yes -

Delusions Of poisoning -

Other Abnormalities

Bodily

Appearance a pale, thin, restless-looking man -

Skin Hair dark

Eyes blue Pupils equal, somewhat contracted, react.

Muscularity poor Fatness poor -

Nervous System—*Motor* much restlessness -

Sensory normal -

Reflex Action normal - Special Senses

Retina

Lungs Expiration is prolonged at the apices, esp. the right -

Heart 1st sound imperfectly closed -

Tongue furred. Bowels costive

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises -

Appetite fair -

Urine faintly acid. Sp. gr. 1020. No albumen, &c -

Menstruation

Pulse 90, regular - Temp.

Height 5 ft. 8 in - Weight 8 st. 8 lb -

Disease *Skae's Classification*

General Bodily Health and Condition Poor -

PREDOMINANT FEATURES.

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

751

NAME, William Thomson —

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15-8-91						Patient is very restless, constantly pacing about the room. He has a depressed look. He has the delusion that attempts have been made to poison him. He brings various charges against his wife, which may or may not be true. He was quiet all night.
18-8-91						Continues in the same state.
12:12:91						Much improved.
15:12:91						Discharged Recovered.

NAME,

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

753

NAME, John Muirhead – No.

Admitted, 18th August 1891 Pr. Ad.

Sex, Age, 23 Marriage, Single Occupation, Freestone Hewer.

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Kelton.

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity None.

Other Diseases

Predisposing

Exciting Unknown –

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Eight months.

Other Facts or Remarks

Facts of Medical Certificates

1. Can be got to speak with difficulty, and when an answer is wanted it is curt & monosyllabic. He has a morose look, and evidently would rather avoid being questioned. If left alone will not speak. Has fits of laughing without cause.

2. Is evidently anxious not to be taken notice of. Answers questions in an abrupt short manner. Is careless of his appearance, seems as if thinking deeply. Occasionally laughs quietly to himself. Occasionally goes to bed with his clothes on. At meals takes meat off plates of others.

NAME

Excitation

Depression

Excitement

Enfeblement

Memory

Coherence

Delusions

Other Abnorm

Appearance

Skin

Eyes

Muscularity

Nervous Syste

Sensory

Reflex Actio

Retina

Lungs

Heart

Tongue

Other Organs,

Appetite

Urine

Menstruation

Pulse 109.

Height 5 ft.

Disease

General Bodily Hea

A Acute Deli- rium and In- flammation.

B Simple Excitement

NAME John Muirhead –

STATE ON ADMISSION.

Mental.

Exaltation none –

Depression looks depressed and self-absorbed –

Excitement none –

Enfeeblement is rather vacant in manner –

Memory fair –

Coherence coherent Can answer questions? yes –

Delusions none expressed –

Other Abnormalities

Bodily

Appearance a young man of fresh complexion –

Skin Hair dark –

Eyes grey Pupils Equal and sensitive –

Muscularity fair – Fatness fair –

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal – Special Senses

Retina

Lungs Nothing abnormal – Chest is rather flat –

Heart's action is rapid & somewhat irregular. No murmurs heard –

Tongue very dirty Bowels costive –

Other Organs, Abnormalities, Bruises, etc.

no marks or bruises –

Appetite fair –

Urine acid – Sp. gr. 1014 – Contains phosphates –

Menstruation

Pulse 100 – Temp. normal –

Height 5 ft. 8 in. – Weight 10 st –

Disease *Shaw's Classification*

General Bodily Health and Condition Fair –

PREDOMINANT FEATURES.

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

755

NAME. John Muirhead—

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19-8-91						He has a dull self-absorbed look, sits with his eyes cast on the ground, looks confused when spoken to, and answers as shortly as possible. He will not give any reason for his depression, and he expresses no delusions. He slept well last night.
24-8-91						Sent out with the working party—
						Disch.

NAME,

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

757

NAME, William Moffat No.

Admitted, 24th August 1891 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Holywood.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity none.

Other Diseases

Predisposing

Exciting Apoplectic attack.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no.

Dangerous yes.

Duration of Existing Attack Four months.

Other Facts or Remarks

Facts of Medical Certificates

1. Rambling incoherent conversation and delusions. Imagines his daughter is married. Very restless, and has many delusions. Attempted to burn his boots, and threatened to burn his daughter.

2. Very talkative and incoherent. Thinks his daughter is married & pregnant. Threatened to burn his daughter, and attempted to burn his clothes.

NAME William Moffat -

STATE ON ADMISSION.

Mental.

Exaltation None -

Depression None -

Excitement Is restless -

Enfeeblement Some -

Memory fair

Coherence Coherent - Can answer questions? yes -

Delusions None expressed -

Other Abnormalities

Bodily

Appearance a thin, decrepid old man of bronzed complexion -

Skin Hair Scanty, grey -

Eyes Light blue - Pupils Equal -

Muscularity poor. Fatness poor -

Nervous System—*Motor* Choreic movements of head -

Sensory Normal -

Reflex Action Patellar reflexes present - Special Senses

Retina

Lungs Nothing abnormal detected -

Heart First sound faint & impure -

Tongue furred - Bowels regular -

Other Organs, Abnormalities, Bruises, etc.

No marks or bruises -

Appetite good -

Urine alkaline. Sp. gr. 1015. Contains phosphates - No albumen -

Menstruation

Pulse 60 - Temp.

Height 5 ft. 4½ in. Weight 8 st. 4 lb -

Disease *Skae's Classification*

General Bodily Health and Condition Poor -

PREDOMINANT FEATURES.

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

759

NAME, William Moffat -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25-8-91						Is a somewhat weak-minded old man - He is restless, but apparently harmless, and appears contented with his surroundings. He gives a fairly coherent account of himself, and does not express any delusions.
2-10-91						Discharged Recovered

NAME.

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

761

NAME, James McDonald. No.

Admitted, Sept. 2nd 1891. Pr. Ad.

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

Education, Religion, Protestant.

~~Private~~ or Pauper, Mc Mouklan Parish Where from? Glenbrig

Wife James McDonald - Chapman's Land Glenbrig

HISTORY.

Disposition

Habits

Previous Attacks—No. Several Kind

Duration Where treated Larbert Asylum Dykemoss

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Drink -

Causation.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous ~~No~~ Yes.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Found in different stages of intoxication refuses to work when sober takes strong turns gloomy - jealous - dangerous to those around does not sleep at night gets out of bed - talks to himself threatens to take her life -

762

NAME James Macdonald McDonald.

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression Slight.

Excitement none.

Enfeeblement none.

Memory good & fair.

Coherence coherent. Can answer questions? yes. intelligently.

Delusions ~~think a woman was the cause of his being kept here~~

Other Abnormalities Difficult to elicit any information regarding his mental state.

Bodily

Appearance fairly intelligent looking man above middle height.

Skin fair. hairy. Hair fair.

Eyes blue. Pupils R > L. react.

Muscularity poor Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action Special Senses good.

Retina

Lungs Emphysematous at margins. a few crackles & dryness present.

Heart Sounds normal P. 1 on perhaps slight accentuation.

Tongue furred - thin. Bowels normal.

Other Organs, Abnormalities, Bruises, etc.

Appetite fair.

Urine

Menstruation

Pulse 60 weak compressible. Temp. normal.

Height 5-ft 9. Weight 9 st. 10.

Disease *Skae's Classification*

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

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

763

NAME. James McDonald.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4:9:91.						Since admission the patient has been quiet & tranquil does not complain of delusions.
9:9:91.						McDonald keeps quiet & goes about the ward - he is getting better nourished looking - still will give little account of himself.
10:9:91						Has gone out to work
9:11:91						Is working well outside - Supervisor not dissatisfied always anxious to get home. Says he could not get any work to do & thus explains why it was said he would not work.
25:11:91						Discharged Recovered Duty.

NAME. James McDonald.

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

765

NAME, John Scott No.

Admitted, 3rd Sept. 1891. Pr. Ad.

Sex, M. Age, 76. Marriage, Married Occupation, Millers Carpenter

Education, Religion, Protestant.

Private ~~or Pauper~~ Where from? Dumfries

Wife Scott 125 Highstreet

HISTORY.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing } Drink

Exciting }

Symptoms. First. Mental

Bodily

Recent. Mental

Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous Yes.

Duration of Existing Attack About 2 months

Other Facts or Remarks

Facts of Medical Certificate Imagines that Christ is walking about the earth & that voices speak to him from the ceiling Threatens to strike people with the fist continual crying laughing without apparent cause - Spirits take special charge over him Conveyed from place to place &c.

NAME John Scott

STATE ON ADMISSION.

Mental.

Exaltation talks about his visions.

Depression Changeable

Excitement Restless.

Enfeeblement Silly very emotional.

Memory good.

Coherence coherent. Can answer questions? yes.

Delusions Thinks he has a vision of Jesus Christ.

Other Abnormalities

Bodily

Appearance old woman Shabby weak.

Skin skin dry Hair white scanty.

Eyes grey Pupils equable not acting responsive.

Muscularity very poor Fatness very thin.

Nervous System—*Motor*

Sensory

Reflex Action difficult to elicit Special Senses very deaf. Sight defective

Retina

Lungs normal.

Heart weak action.

Tongue fissured - not furred Bowels regular

Other Organs, Abnormalities, Bruises, etc.

Appetite fair.

Urine Sp. gr. 1010 acid. Albumen a trace.

Menstruation

Pulse 80 arteries atheromatous. Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition poor.

PREDOMINANT FEATURES.

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

767

NAME. John Scott.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4:9:91.						This patient talks a great deal about his visions; is very emotional - walks about with his hat on & stick in hand ready to go away - He says Christ appeared & gave his wife to another man
9:9:91						Still restless & wishing home - he hears voices talking to him. Sometimes Christ talks to him.
18:9:91						He is very particular in his enquiries as to why he is kept here. Keeps fairly well in health & takes his food with relish.
9:11:91						Plays a good deal but seems to have ceased hearing visions - Is very anxious to get home but is easily put off.
4.9.92						Discharged Recovered

NAME. John Scott.

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

769

NAME, John Nicholson — No.

Admitted, 5th Sept - 1891 Pr. Ad.

Sex, M. Age, 47 Marriage, M. Occupation, Diver -

Education, Religion, Protestant.

~~Prisoner~~ or Pauper, Where from? Partick

Margaret Gillies 1 Nicholson wife 72 Douglas St

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous yes

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates Recd his both copies - page 2 attended to questions Remarks home well marked..

He looks very dull countenance much as usual of himself

NAME John Nicholson

STATE ON ADMISSION.

Mental.

Exaltation None.

Depression much depression.

Excitement Considerable at times - gets nervous — struggles to be held - else he may do harm

Enfeeblement None.

Memory fair.

Coherence Coherent. Can answer questions? Should.

Delusions

Other Abnormalities is aware that he gets excited but says he cannot control himself

Bodily

Appearance a thin unhealthy looking man.

Skin dusky smooth. Hair dk brown. has alopecia areata.

Eyes grey Pupils equal & responsive.

Muscularity poor Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action Special Senses fair -

Retina

Lungs Resp. harsh at apices - expiration prolonged.

Heart normal.

Tongue furred. Bowels regular

Other Organs, Abnormalities, Bruises, etc. Alopecia Areata frontal head.

Appetite fair.

Urine

Menstruation

Pulse 88 Temp. normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition poor.

PREDOMINANT FEATURES.

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

771

NAME, John Nicholson -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7:9:91						This patient gets excited at times & is dangerous - he requires to be held by three & prevented doing anyharm.
14:9:91						A little quieter - fits of excitement & less frequent has a better appetite too
28:9:91						works a little in the Gallery some at floor - polishing - & looks & acts other brighter & less melancholic - his bodily health is improving -
1:10:91						Much improved - has some colour in his cheeks & gets strong as.
7:11:91						Is now all right & will be discharged within four days. Has been working in the house & distributing for some time & has made himself useful & pleasant to the attendants & patients alike -
10:11:91						Discharged Recovered.

NAME. John Nicholson.

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

773

NAME, Thomas Livingstone. No.

Admitted, 10th Sept. 1891. Pr. Ad.

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

Education, Religion,

~~Prisoner~~ Pauper, Where from? By Commissioner Airdrie.

Father - Arch. Livingstone 30 Marshall St Kilsyth.

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous No.

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates

I Restless & excited appearance, has hallucinations of sight & hearing, e.g. says that two persons come to the windows & recounted all the past actions of his life, and that he hears bells which give him the same information. Thinks it impossible to obtain a stool (when he has been purged), thinks his bowel is down &c. &c. II. Communicated by others that he hears bells & sees objects indistinguishable by others; that he cannot work because everything about the job was changed in his absence; that he has tried to commit suicide, said he would do it; that he saw people rise out of their graves.

NAME Thomas Livingstone.

STATE ON ADMISSION.

Mental.

Exaltation None

Depression Some.

Excitement Alittle excitement

Enfeeblement None

Memory good.

Coherence Coherent Can answer questions?

Delusions has many delusions about his work. thought his fellow workmen changed things about just to annoy him. put wrong construction on peoples actions.

Other Abnormalities

Bodily

Appearance about of size small in Stature.

Skin Dusky - Hair Dk brown.

Eyes Grey - Pupils Equal reactive -

Muscularity fair - Fatness fair poor -

Nervous System—*Motor*

Sensory

Reflex Action normal Special Senses

Retina

Lungs healthy.

Heart healthy.

Tongue furred - marks of teeth. Bowels normal habitually

Other Organs, Abnormalities, Bruises, etc.

Appetite fair

Urine Spec. 1024 normal

Menstruation

Pulse 72. Temp.

Height 6ft 2. Weight 8 Stone.

Disease *Skae's Classification*

General Bodily Health and Condition pretty well.

PREDOMINANT FEATURES.

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

775

NAME, Thomas Livingstone

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11:9:91.						The patient has many delusions - he is quiet treatment is not marked. Besides the delusions he had before admission he has some - some has developed.
15:9:91						He is very quiet - very manager - well behaved takes his food well. The general health is improving.
28:9:91.						Goes out to work but is rather lazy - Same condition mentally. Sticks to his delusions.
1:10:91						Still has his delusions - but seems to think that if is worth for them to have been queer - is rather lazy at work + sometimes unwilling to go out.
8:12:91						Transferred to Larbert.

NAME,

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

777

NAME, Thomas Quin. No.

Admitted, 11th Sept. 1891. Pr. Ad.

Sex, 16/12 M. Age, 16/12 Marriage, S. Occupation, Worker in Tobacco factory.

Education, Religion,

Private or Pauper, Where from? 186 Caledonian Road Govan. 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 Attempted suicide.

Dangerous Yes.

Duration of Existing Attack 4 month.

Other Facts or Remarks

Facts of Medical Certificates

1. Rooms, excited, cannot fix his attention upon anything, talks in a silly manner, has delusions, is afraid to go to bed at night, fancies a black woman is haunting him. He steals & wanders in the streets at night.
2. Rooms & frightened for several weeks, wanders about at night & is altogether incapable of doing any work.

NAME Thomas Quin.

STATE ON ADMISSION.

Mental.

Exaltation None.

Depression Some. Melancholic expression.

Excitement none.

Enfeeblement Questionable. Silly in manner.

Memory good.

Coherence Coherent. Can answer questions? yes.

Delusions

Other Abnormalities

Bodily

Appearance Apple anaemic lad.

Skin Sallow. Hair Light brown.

Eyes dark blue Pupils Equal & mobile.

Muscularity poor. Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action present. Special Senses good.

Retina

Lungs healthy.

Heart healthy.

Tongue Slightly furred. Bowels Regular

Other Organs, Abnormalities, Bruises, etc.

Appetite deficient

Urine 1025. Albumen phos. & oxalates.

Menstruation

Pulse 63 feeble & weak Temp. Normal.

Height 5 ft. 3 in Weight 75 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition poor

PREDOMINANT FEATURES.

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

779

NAME. Thomas Quin.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14:9:91.						This lad is quiet & well behaved has shown no signs of dangerous mania since admission He is bright in disposition - is very industrious
17:9:91						Thomas Quin is improving - is less melancholic in early morning. he is childish in manner.
11:10:91						Keeps in much the same condition - is anaemic & pale.
15·10·92						His bodily health is good. He is not nearly so depressed as he was. He turns & walks away when his system is

Died.

NAME, Thomas Quin.

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

781

NAME, Alexander Roy No.

Admitted, 14:9:91. Pr. Ad.

Sex, M. Age, 24 Marriage, L. Occupation,

Education, Religion, Prot.

~~Private~~ Pauper, Where from? Glenton Mrs Monckland.
brother Geo. Roy. Glenton Longueyard.

HISTORY.

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

Symptoms, First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous Yes

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

Dem.

NAME Alexander Roy

STATE ON ADMISSION.

Mental.

Exaltation none.

Depression None

Excitement occasional great. Says he got cattle because he hunt actively

Enfeeblement none.

Memory good.

Coherence coherent. Can answer questions? yes.

Delusions

Other Abnormalities he is dangerous to others during his cattle stake.

Bodily

Appearance aged healthy lad.

Skin normal Hair fair.

Eyes grey Pupils equal & mobile.

Muscularity poor. Fatness poor

Nervous System—*Motor*

Sensory

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

Retina

Lungs healthy.

Heart healthy.

Tongue furred Bowels costive.

Other Organs, Abnormalities, Bruises, etc.

Appetite poor

Urine 1030 health. trace Deposit of urates.

Menstruation

Pulse 78 Temp. normal

Height 5 ft 3 Weight 8 st

Disease *Skae's Classification*

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

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

783

NAME. Alexander Roy.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16:9:91						The patient was raving & unmanageable on admission - but has quietened down. He was given a dose of Castor oil - & after the bowels were moved thoroughly his excitement (mostly) gave way. Urine has nearly disappeared.
1:10:91.						He is very quiet now - goes out to work - improving rapidly.
27. 5. 92						Discharged by minute of Board.

NAME.

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

785

NAME, John Anderson, No.

Admitted, 21. 9. 91 Pr. Ad.

Sex, male Age, 59 Marriage, married Occupation, joiner.

Education, Religion, presbyterian

Private or Pauper, Private. Where from? St Cuthberts, Kircudbright

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none Kind

Duration 3 weeks Where treated —

Hered. History—Insanity

Other Diseases

Predisposing ~~alcoholism~~

Exciting alcoholism.

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 1. He is very excited; has taken a violent dislike to his wife & thinks her mad; thinks people annoy him & hinder his work.

2. Threatned to split the clerk of works head with an axe; will persist in climbing over the building in most dangerous places.

NAME John Andreson,

STATE ON ADMISSION.

Mental.

Exaltation: a good deal,

Depression: none,

Excitement: some,

Enfeeblement: none,

Memory: poor,

Coherence: incoherent Can answer questions? yes,

Delusions: many flitting delusions,

Other Abnormalities

Bodily

Appearance: rather thin & sallow,

Skin: normal, Hair: brown & dry

Eyes: dark blue, Pupils: equal & responsive to light

Muscularity: indifferent Fatness: poor

Nervous System—*Motor*

Sensory

Reflex Action: reflexes normal Special Senses: good,

Retina

Lungs: healthy,

Heart: healthy,

Tongue: furred, Bowels: normal

Other Organs, Abnormalities, Bruises, etc.: superficial bruise on right supra-mammary region.

Appetite: pretty good,

Urine: Sp: gr: 1022. ~~trace of~~ albumen. Phosphates.

Menstruation

Pulse: 72, normal Temp. normal

Height: 5 ft: 3½ in: Weight 7 St: 6 lb.

Disease *Skae's Classification*

General Bodily Health and Condition: poor

PREDOMINANT FEATURES.

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

787

NAME. John Anderson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22.9.91	.	.	.	.		a little quieter today, but still excited; he had castor. oil & bowels were moved.
25:9:91						This man varies much. Often he is quite cheerful & in high spirits sometimes he is obstreperous. On the night of the 23rd he was restless & slept poorly all night.
28:9:91.						The patient is somewhat quieter - for the last two days he has been troubled with diarrhoea - for wh. he got Pil Plumbi & Opii -
1:10:91.						John Anderson is a very noisy patient - will not take sufficient food - has to be forcibly treated & drink his daily supply of milk - his very skin is macerated - Kept in bed.
6.10.91						He had an ~~epileptic~~ paralytic seizure this morning: his mouth is drawn to the right side: the left side & the face is paralysed: the arm & leg are unaffected. Voice is hoarse. He is noisy and restless.
7.10.91						He is much quieter today: he has great difficulty in swallowing liquids.
9.10.91						The paralysis is confined to the 7th nerve on the left side: he cannot close the left eye: the wrinkles are wiped out on the left side, the cheek hangs loose, mouth drawn to right side. He is restless and noisy.
20:1:92.						He is much better: quite quiet & very sensible - read a good deal.
29:1:92.						Discharged recovered.

NAME.

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

789

NAME, James Henderson. No.

Admitted, 24:7:91. Pr. Ad.

Sex, M. Age, 44 Marriage, Single. Occupation,

Education, Religion, Prot.

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

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated Dumfries Asylum 12 years. Discharged a week.

Hered. History—Insanity

Other Diseases

Predisposing Pr. attack

Exciting Drink.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No yes.

Dangerous No.

Duration of Existing Attack

Other Facts or Remarks Had Lunatic + slight Melancholia when in India.

Facts of Medical Certificates

NAME James Henderson.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Much. Is work. depress because of that.

Excitement None

Enfeeblement None

Memory good

Coherence Coherent. Can answer questions? yes.

Delusions

Other Abnormalities

Bodily

Appearance A strong healthy man. Black beard moustache Grizzled.

Skin dark. Hair Scanty.

Eyes brown. Pupils Equal & responsive.

Muscularity good. Fatness good.

Nervous System—*Motor*

Sensory

Reflex Action Normal Special Senses good.

Retina

Lungs Healthy.

Heart healthy.

Tongue Normal Bowels Normal

Other Organs, Abnormalities, Bruises, etc.

Appetite good.

Urine Sp gr- 1032. Albb. —

Menstruation

Pulse 72. Temp.

Height 5 ft. 5 in Weight 105 lb. 8.

Disease *Shac's Classification*

General Bodily Health and Condition Average

PREDOMINANT FEATURES.

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

791

NAME. James Henderson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25:9:91.						This patient is much depressed about himself says he is unfit to work. has been 12 years resident in Inverness Asylum. Latterly has had an impression to make away with himself but has not the courage to do it. Served 12 years in the army - has been stout + athletic - Malaria. -
28:9:91						Henderson is very quiet + easily managed - deplores his condition says a man has no chance who has been 12 years in an asylum as he was in Inverness.
6.10.91						Mr Henderson was transferred to-day to Inverness District Asylum not improved

NAME.

	Temperat. Morn.	Temperat. Even.

NAME,

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

793

NAME, Thomas Russell. No.

Admitted, 24:9:91. Pr. Ad.

Sex, M. Age, 31 Marriage, S. Occupation, Clothier.

Education, Religion, Protestt.

Private or Pauper, Where from? 27 Laurence Terrace Glasgow.

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated In Gartnavel & Asylum.

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Depression from 6 months gonorrhoea.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks Still in present in S.C.A.

Facts of Medical Certificates

Mental. NAME

Exaltation

Depression

Excitement

Enfeblement

Memory

Coherence

Delusions

Other Abnormal

Bodily.

Appearance

Skin

Eyes

Muscularity

Nervous System

Sensory

Reflex Action

Retina

Lungs

Heart

Tongue

Other Organs, &c.

Appetite

Urine

Menstruation

Pulse

Height

Disease

General Bodily Remarks

A. Acute Delirious and Incoherent.	B. Simple Excitement.

NAME Thomas Ramell.

STATE ON ADMISSION.

Mental.

Exaltation None.

Depression Much depression.

Excitement None.

Enfeeblement None.

Memory Good

Coherence Coherent. Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily

Appearance Much bruised & unshaven - looks weak - Sallow complexion -

Skin White & sallow tint. Hair Black

Eyes Brown. Pupils Equal & motile

Muscularity Poor Fatness Poor.

Nervous System—*Motor*

Sensory

Reflex Action Normal Special Senses Good.

Retina

Lungs Healthy.

Heart 1st Sound thumping in character.

Tongue Clean. Bowels

Other Organs, Abnormalities, Bruises, etc.

Marks of old leprosy on Chest. (apparently) & legs.

Appetite Good.

Urine Sp gr 1026

Menstruation

Pulse 70 - Temp.

Height 5 ft 6. Weight 7 St. 6.

Disease *Shaw's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

795

NAME. Thomas Russell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
25:9:91.						There is much depression in this case - Patient would not work before admission. Says that the dullness of spirits came on quite suddenly. His general health is poor. He is weak & looks pallid. Weight is deficient.
28:9:91						Not so depressed - His mother writes him being fitful abstraction & nothing will arouse it. Asks what is going on around him during these attacks. - Asks for advice as to what to do. This always comes on at work & while he is in the street or anywhere & was great dread of meeting acquaintances as anyone would laugh him - Nothing of this has been seen since admission -
1:10:91.						This patient is improving in general condition - & expresses himself as feeling better & cheerier - his bodily health is improving since that his appetite is better.

Discha

NAME.

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

797

NAME, James Mc Alpine. No.

Admitted, 29. 9. 91 Pr. Ad.

Sex, male Age, 24 Marriage, single, Occupation, miner.

Education, Religion, protestant,

Private or Pauper, pauper Where from? 124 Graham St: Airdrie, c/o Mrs Mc Alpine -

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. yes, Kind

Duration Where treated Bothwell Asylum.

Hered. History—Insanity his father was in an asylum.

Other Diseases

Predisposing - heredity

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities always keeps his hands tightly clenched,

Suicidal no,

Dangerous yes,

Duration of Existing Attack about six months,

Other Facts or Remarks

Facts of Medical Certificates 1. Has a vacant & depressed appearance, hesitates in answering simple questions which he does in a low muttering voice. 2. His mother observed him peculiar for about 6 months

J. Montgomerie Melon M.D.

1. Unable to answer questions rationally. moans as if in great distress, has a vacant expression of countenance, can give no reason for refusing to work. 2. William Walker states that patient offered violence to his mother & all are afraid of him; has been in asylum before. H. Arthur, M.D.

NAME

STATE ON ADMISSION.

Mental.

Exaltation none,

Depression some,

Excitement none,

Enfeeblement none,

Memory

Coherence Can answer questions? will not.

Delusions

Other Abnormalities mental condition somewhat stupor

Bodily.

Appearance Solid looking man, anaemic.

Skin Hair brown

Eyes gray Pupils equal & react to light,

Muscularity good, Fatness fair,

Nervous System—*Motor*

Sensory

Reflex Action present & normal Special Senses

Retina

Lungs, percussion note slightly impaired on left infra-clavicular region & on auscult.n doubtfully moist crepitations there also.

Heart slow action, otherwise normal,

Tongue coated with thick white fur Bowels costive

Other Organs, Abnormalities, Bruises, etc.

Appetite

Urine Sp. gr. 1024; deposit of mucus, otherwise normal.

Menstruation

Pulse 58, Temp. normal

Height 5ft 6. 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.

799

Name. James McAlpine.

Date	Progress of Case.
1:10:91	The patient is very quiet - Still groans will not speak - he is a semistupor condition - Is decided melancholia but will not tell why.
2:10:91	Is speaking a little to day - Still groans a good deal has a very good appetite now. Haematril was given this book will clear.
11:11:91	Speaks very little yet & still remains in a Semi stupor state. Takes his food & sleeps well.
15-10-92	He is now working outside Bodily health is good Sometimes he is slightly excited. At present he is rather depressed & can say anything else but is quite sensible

Discd





