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CRICHTON ROYAL INSTITUTION,
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In Volume 2.

~~Thomas Portious Stenhouse.~~

Charles Chaytor.

~~Montgomery Archdale~~

~~Alfred Ernest Potter.~~

~~John Graham.~~

Ferdinand. Smith

(1925)

DGH1/5/2/3/2

Arthur - Henry	13		
Anderson - John	51	Deceased	
Anderson - Alexander	63	Deceased	
Anderson - Thomas	79	Deceased	
Arthur - James	187	Died	
Allison James	251	Deceased	
Archdale Montgomery	307 · 893. 916		1st Ho.
Allan David	499		Died
Agnew - Peter	431		Deceased
Anderson, Thomas	(Private)	655	Died
Adamson, Henry	(Private)	707	Died

few - / 491.

1989.138

William Brodie 1. —

Blackwood-James 19.

Brown John 151 Disch.

Borland John K207.
Byers. Robert. 215. Disch.
Burgess William 259 Disch
Brown - Alexander 263 Disch
Brown - George Henry 279 Disch
Balmer George 283 " Disch.
Bainbridge. Cuthbert Harold 333 Disch.
Bell James 383 Disch.
Brown William 371 Disch.
Blamire, John 599. 848. Disch.
Brodie, Andrew (Private) 695 Disch.
Brown, Ebenezer (Pauper) 611 Disch.

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

Crawford - David 5 · 896. —

Cairns - William 9 —
Cameron - Henry P. 24 Disch.
Cheeshire - Alfred G. 35 —
~~Chaytor Charles III~~
Carruthers, Robert 105 Disch.
Comline. James. 239. Disch.
Chaytor. Charles. 211. - 840. 788. 920. 1 to Ho.
Coulter Michael 287 Disch
Clark, David 351 "
Clow. Andrew. 399. C of B.
Cadell. George Philip. 536. 844. 1 to Ho.
Cherrie, Thomas. 511. Disch
Craig. Joseph. 456. 479. Died
Carruthers, John or James. 467. Died
Costillos. John. 395. Died
Craig, George (Private) 615 Disch
Crawford, Peter (Private) 623 Disch.
Collart James (Pauper) 691. "
Campbell Thomas (Pauper) 775 Died

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

Dewar or Doig-John - 55
Dunwiddie William 111 Disch.
Drysdale George 135 Disch.
Dodds, Bartholomew 567. Disch.
Dames, Francis Talbot Longworth (Private) Disch. 671. 818 - 838.
Durrant, Reginald N. (Private 723
Dabriel, John (Pauper) Disch. 731
Downie, Alexander (Private) 763
Doyne, John (") 783.

Esdaile - William 41 Died
Edgar, George 375 Died.
Elvin, John. 451. Died
Eccles, Thomas (Private) 759 Disch.

Findlay - John Prentice	47		Disch.
Findlay - Allan	59		"
French. - John	315		Decd.
Fraser. John	523.		Disch
Fraser. William	531		"
Fairnie. William -	447.		"
Ferguson. David.	435.		"
Forsyth. William	587		
Farquharson, Robert		(Boat)	675 Disch
Fettes, James		(Pauper)	779. Disch.

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

Greig - Robert 23

Gooldie - James 115 Disch.

Gibson - John 119 Disch.
Gass, Thomas 199. "
Gold, James 247. "
Gaff, Thomas Drummond 347 "
Garrett, John. 363 - "
Gray. James Robertson. 465. 892 Disch.
Graham. John. 419. Disch.
Guthrie. John 527. Disch.
Goodwin, John Thomas 583 "
Gibson, Robert Bowe (Private) 627, 810, 836. "
Gilmour, David (Private) 651, 815. Disch.
Gough, Reginald M. (Private) 667. Chr. C.B.
Graham, John (Pauper) 719. Disch (from Applegarth)
Graham, John (No 2) Pauper) 727 "
Irv

Hyslop. Walter C. 159 Chr. CB
Hudson Charles 171 Disde
Hubard. William G. 255. " .
Hodgert. John. 323. "
Hood. Alex. Gordon 359. —
Hall. David 503. Disde
Hughes. Henry 439. Disde
Hutchison. alex. Moodie. 427. Disd.
Haen, Joseph Maximilian . . . . . 603 Disde
Halliday, Samuel (Pauper) 743 "
Hoare, Thomas. 575. 823. 826. 859. 901 Disd.

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

Johnstone - Thomas 43 Ex. ✓
Johnstone Robert 203. Died.
Johnson D. Brown - (Pr) 595 Disdt
Irving, Cristopher (Pauper) 739 Dead

Kennedy, Alexander.	231	Disch
Keiller, James Alexander	335	"
Kaufmann. Adolf.	491	"
Kelly, James (Pauper)	635	"
Kerr, George (do.)	663.	Dead.

Learmont John 223 Dead
Lindsay - William Junr 355. Disch.

Morrison - James 64		Disch.
Martin. James Henry.	227.	—
Mearns. David Blues	267.	Dead.
Maron - Hugh	295	"
Morobray - Hugh Dickson	319	Disch
Muir John	571.	—
Muir David	543.	Disch.
Middleton Thomas.	563.	"
Murray, Mary (Pauper)	715	—
Minto, Robert (Pauper)	735	Dead.

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Mc Dowall - Thomas	103		Dead
Mc Gown - David	107		"
Mc Nish - Robert	144		"
Mc Naught - Robert	155		Chr. C.R.
Mc Vittie - Robert	164		Disch.
Mc Adam Thomas	179		"
Mc George. Walter	243		"
Mc Murray John	311		"
Mc Cubbin John	367.		—
Macdonald John.	471.		Dead
Macdougall - John	555. 850		"
Mc Carkie. George	547.		—
Mc Ghie. John (Pauper)	423.		
Macdonald, John (Pr)	619		Disch.
Macintosh, Robert (Private)	679.		Disch.
Mc Naughton, Andrew (do.)	683		"
Mc Kerrow, William (do.)	747.		"
Mc Whir, James (Pauper)	751		Dead

M N O P Q R S T U V Y

Nugent - Garrett Bagg	- 39 - 830	Dead.
Nicolson - Thomas	163	Dead.
Norton, Robert Montagne	343	-
Niven, John.	459.	-
Nightingale - Robert.	483.	-
Nicolson. David.	487.	Dead.
Nixon, George	(Pauper)	699. "

O P Q R S T U V Y

Percy - Robert 123 Dead.
Percy - Ephraim 303 - 327 Disch.
Paterson - David. 391. F.A. 1.42.
Potter, Alfred Ernest (Pridate) 771. 842. 1.2.44

Quin, Richard (Pauper) 579. Died

Rudge - James 31 — Discb.

Renfrew - John 91 — "

Ruddick - James 183 — "

Russell. John 191, 872. — Decsd.
Richardson. John. 539. — Discb.
Robertson James 515. — Discb.
Rutherford, Robert Blythe or. 507. — + "
Ravie, Thomas 475. — Discb.
Robertson, John. (Private) 7/11 — "

R S T U V Y

Stenhouse - Thomas P.	75 . 894	Chev C.B.
Stewart - William W.	83	Disch.
Sproat - John	127	Died.
Stevenson - Donald M.	139	Disch.
Sutton - Robert	143	"
Sprague. James S.	176	"
Skilling Samuel	220	"
Sinclair, William	271 - 846 -	Died
Steel, William	275	Disch.
Smith, Thornton Gow	339 - 687.	"
Shennan, Thomas	379	Disch.
Sterrat Francis	407	Disch.
Stewart. David	495.	Disch.
Smith. Ferdinand	519.	" 1st Ho.
Smith. Revd Hely H.A.	551.	" Disch.
Seiwright. David	443.	Died
Shilland. Anthony	403.	Disch.
Scott, William Fleming (Pr)	643. 854.	"
Somerville, John Robert (Pr.)	641 - 828.	"
Shennan, Alexander (Pr)	661 - 812 -	"
Smith Thornton Gow (Pr.)	687.	"
Selkirk, John (Privati)	755	"

Thomson John	95	Disch.
Theelkeld - Michall	131	Disch.
Telfer, James	235.	"
Thorburn John	387	"
Thomson. James	- 411.	Disch.
Teenan, Thomas (Pauper)	631.	" .

Urie - John Kennedy 99 (793 Died.

Weir - David	84		Died.
Wallace - Ebenezr Stewart -	291		Disch.
~~Woodcock~~. William Joseph.	417.		"
Wilson. John	569.		Died.
Waddell, James	607.		Disch.
Wallace Andrew -	(Pauper)	647.	"
Whitson, James	(Pauper)	703	Died.
Wood, Robert	"	767.	"
Wray. William Cecil.		591. 853.	Disch,

Yule - George 299 - 856. Disch.

I

NAME, William Brodie (Voluntary) No. 1302

Admitted, 7 October 1873 Pr. Ad.

Sex, Male Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Private 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 Previous to his admission as a voluntary patient he had been resident here for 3 years suffering from Melancholia - Since becoming a voluntary patient his mental health has been good with the exception of a period of depression in 1879 when he became hypochondriacal. He has varicose veins of the left leg and a small indolent varicose ulcer -

Facts of Medical Certificates

1302

NAME William Brodie

STATE ON ~~ADMISSION~~ 5-Feb. 1895

Mental.

Exaltation

Depression At times becomes unduly depressed about the State of his health & is afraid that he will never recover from slight ailments

Excitement

Enfeeblement

Memory Moderately good

Coherence Good Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Healthy. Sallow complexion; has a stoop in walking.

Skin On left ankle discoloured Hair White

Eyes & pigment Grey Pupils Equal Small

Muscularity Moderate Fatness Diminished

Nervous System—*Motor* There is diminished muscular power from age

Sensory Functions dulled

Reflex Action Diminished Special Senses Sight impaired

Retina

Lungs Healthy - Respirations 18 per min.

Heart Cardiac action weak

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. There are varicose veins of both legs especially of the left, & a varicose ulcer, about an inch in length, behind the left malleolus

Appetite Good

Urine s. g. 1018. acid. healthy.

Menstruation

Pulse 68 per min. Regular Temp. 98.6. 10 p. m.

Height 5-ft. 10 in Weight 13 St. 5-lbs

Disease *Stout's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME. William Brodie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28·2·85		98·4		76	188	Mentally this patient is at present well. He occupies himself with bookbinding during a portion of each day. He takes an interest in all the affairs of the day and delivers his opinions thereupon with considerable dogmatism. The veins upon the left leg are varicose, and there is a weak ulcer, about one inch in length behind the external malleolus.
9th 3·85		98·4		78		To-day the weak ulcer was painted with liquor Epispasticus to stimulate it to heal.
12·3·85						Mr Brodie has remained in bed in order to give his leg complete rest
7·4·85		97		82		Has been depressed and hypochondriacal to-day. Feared that he was about to die.
20·4·85		97·5		80		Has been more or less depressed since last entry. He states that he thinks he must have had poison given to him in his food, and that he is now suffering from the results of self-pollution, which he practised forty years ago.
19·5·85.						He has improved considerably since last entry. He speaks more hopefully about his prospects of recovery & is looking forward to a drive soon.
21·6·85.						He is in his usual health again walks or drives every day & busies himself at book binding.
19·12·85.						Since last report he has had another depressed turn which was accompanied by jaundice. He has got over it now and is as fresh and lively as ever.
18·2·86						Mr Brodie continues in very good health for a man of his years. He is busy bookbinding.
10. 5. 86						Assisted by Mr. Steil. patient
14/9/86					182	Mr Brodie suffered from slight gastralgia & diarrhoea. checked by simple means.

NAME.

DATE. Temperat. Morn. Even.

NAME, William Brodie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887 Feb 20th						Mr Brodie to day while walking in his gallery suddenly experienced a feeling of faintness & giddiness & almost fell down. This was followed by inclination to stool & at stool he noticed that the fæces were very black.
Feb 24th						Mr Brodie has been very well for the last few days & has gone about as usual, though he has remarked that his stools still continue black & ill smelling. To night at 7 PM. while he was dressing for the evening party. he suddenly fell down & ~~fainted~~. & became faint. He called the attendant & saw he felt inclined to stool. While on the stool he fainted & passed a copious tarry coloured motion. When seen a few minutes later by the assistant physician he was blanched with cold clammy skin. Small empty pulse & complained of lassitude, singing in the ears & dimness of vision but his mental faculties were unimpaired. He was kept quietly in bed & slept at intervals during the night. Tablespoonful of milk every hour. Would take no drugs.
Feb 25						This morning expressed a wish for his porridge which the attendant against orders gave to him. He seemed better though still very feeble. But at noon. a further hemorrhage occurred & Mr Brodie died in a quarter of an hour. with the usual signs of death from internal hemorrhage.

For P.M. Exam. see Page 817.

Note. Just before death patient vomitted a large quantity of blood.
He had never suffered from piles but had slight varicose veins in the left leg. He had an excellent appetite & a good digestion. He took 3 oz whisky daily.

5

NAME, David Crawford (Voluntary) No. 1745

Admitted, 22 March 1882. Pr. Ad.

Sex, Male Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Private Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Drink Caused his insanity

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks Previous to his admission as a Voluntary patient he had been an inmate since 1878 suffering from Mania a Potu. Since then he has enjoyed good mental health though his power of self-control where drink is concerned is small. He occasionally suffers from Dyspepsia & Rheumatism

Facts of Medical Certificates

NAME David Crawford

STATE ON ~~ADMISSION~~. 5 Jl. 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement Of Self control as regards Alcoholic liquors

Memory Somewhat impaired. Cannot remember names well

Coherence Can answer questions!

Delusions

Other Abnormalities

Bodily.

Appearance well developed and nourished

Skin Healthy Hair Grey

Eyes Arcus Senilis moderately Pupils Small Equal

Muscularity well marked moderate Fatness moderate

Nervous System—*Motor* Functions well performed

Sensory Functions good

Reflex Action Average Special Senses Good

Retina

Lungs Large Chest & healthy lungs. Respirations 18 per min.

Heart No apex impulse in usual position - Cardiac Sounds

Tongue Clean Bowels Regular & healthy

Other Organs, Abnormalities, Bruises, &c. Occasionally suffers from atonic Dyspepsia

Appetite Moderately good

Urine sg. 1020. acid. pale yellow - healthy.

Menstruation

Pulse 76 Regular & good Strength Temp. 98. 6. 10. p. m.

Height 5 ft 8 in Weight 11 Stn 6 lbs

Disease *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

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

NAME. David Crawford.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28·2·85		98·1		74	171	This patient is contented and pleasant. He joins in most of the amusements and is most agreeable in manner. He occasionally suffers from dyspepsia which is usually relieved by Tincture of Rhubarb.
21·6·85.						Mr Crawford shows many signs of failing health. He seldom goes out unless wh pressed to accompany the writer in a walk. Then it is noticed that he cannot well do his six or seven miles as formerly. He is now quite satisfied with three or four. He does not attend the amusements but prefers sitting in his easy chair or lying on the sofa. He suffers a good deal from rheumatism & also has an inguinal hernia for which he wears a truss.
29·6·85.						Mr Crawford has been confined to his room for 6 days with a severe cold. He is now better again.
20·10·85.						His patient was tempted to drink by a companion the other day and after a taste completely lost his self control. He has parole and on three occasions went into town and returned intoxicated. His parole has therefore been stopped. He suffered from insomnia and dyspepsia as the penalty of his indiscretion but is now in his usual health again.
18·2·86.						Since last report Mr Crawford has been quite steady, he has never been in town since however. He is breaking down in health has aged very quickly in the last two years. He seldom goes out, spends most of his time on the sofa.
14/9/86					154	
14/2/87					154	

NAME.

DATE.	Temp Morn
14/9/87	
14/2/87	
6/4/88	
7/4/88	
1889 Feb 7th	
25 April	
July 30	
Oct. 10	
17.11.90	

NAME. David Crawford.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4/9/87						Mr. Crawford is in fairly good health, and not much troubled by rheumatism. He has parole, and goes into town frequently without abusing the privilege.
4/12/87						Mr. Crawford keeps well but for occasional attacks of indigestion, which are easily relieved by tincture of rhubarb and peppermint water. He is unable to go out much in the cold weather, as he is subject to rheumatism. He is keeping clear of drink. He is a most pleasant, gentlemanly, and intelligent man.
6/4/88						For the last day or two Mr. Crawford has gone to town and taken rather too much whisky, though he has never been thoroughly intoxicated. Today he confessed the fact to the writer, and deplored his weakness of will. It is hoped that he will stay indoors for a day or two of his own accord, as he did this afternoon; otherwise his parole will be stopped.
7/4/88						Parole stopped today as he is very restless & incapable of self-control. He endeavours to get whisky in every quarter, and even induces other patients to share theirs with him. A mixture of tinct. rhei and sod. bicarb. was prescribed for his dyspepsia, but he drank it in one night. His daily glass of whisky has been stopped.
1889 to 20 Feb.						Mr. Crawford has lately been very steady & in good health. At the New Year he one day went into town & got very intoxicated, in fact he was not able to reach the house, he was found lying in the grounds. A hernia has been troubling him lately on the right as well as on the left side & a double inguinal truss has been got for him. He seldom goes out, generally reclines reading, sometimes will play a game of billiards. He is now very well, bright & in good health.
15 April July 30th 89.						Has been in good health this summer save an occasional attack of nervousness indigestion and palpitation. Has been a Teetotler practically for some Time.
Oct. 10th 89.						Has kept away from drink well all this summer. Is disinclined to go out or take exercise unless urged to do so.
17.11.90						Mr. Crawford is keeping very well at present & only takes the drink allowed by the house — ½ pint porter and 2 oz whisky daily.

p. 896

NAME, William Cairns (Voluntary) No. 1799

Admitted, 29 March 1883 Pr. Ad.

Sex, Male Age. Marriage, Occupation,

Education, Religion,

Private or Pauper, Private Where from?

HISTORY.

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

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks Was a patient here from 22nd Oct. 1878 to 29th Sept. 1880. He suffered from an attack of Mania and was very destructive - Is listless & taciturn - often depressed & is then wet & dirty - His habits are at present correct & he appears to read a good deal

Facts of Medical Certificates

NAME William Cairns

STATE ON ~~ADMISSION~~. 5 Feb. 1886

Mental.

Exaltation

Depression He is depressed & has a diminished interest in life. He is nervous about himself

Excitement

Enfeeblement Little energy to engage in anything. All his mental processes are slow

Memory Moderately good

Coherence Can answer questions?

Delusions

Other Abnormalities He is untidy & uncleanly

Bodily.

Appearance Sallow Complexion. Moderately well nourished

Skin Healthy Hair Greyish-black

Eyes Blue Pupils Small Equal

Muscularity Moderate Fatness Considerable.

Nervous System—*Motor* Control over the rectum & bladder is impaired

Sensory Tactile Sensibility. Moderately acute

Reflex Action Average Special Senses Sight & hearing dulled

Retina

Lungs Healthy Respirations 18 per. min.

Heart Heart Sounds feeble

Tongue Slightly furred Bowels Variable

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

Appetite Poor

Urine s.g. 1018. acid. bright yellow. No abnormal constituents

Menstruation

Pulse 84 Regular. Of Mod. ~~Strength~~ Temp. 97.6. 10. p.m.

Height 5 ft 8 in Weight 10 Sts 4 lbs

Disease /

Skae's Classification

General Bodily Health and Condition Moderately good

PREDOMINANT FEATURES.

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

11

NAME, William Cairns.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
22·2·85.		97·8		75	144½	Is depressed, cares little for anything that happens around him. Speaks little and that only about himself. His appetite and bodily health are fairly good.
29·6·85.						There is no change to report in the condition of this patient mental or bodily.
20·10·85.						Mr Cairns seldom enters into conversation and then it is only with difficulty. He spends most of his time reading his bodily health continues fair.
18·2·86.						There is no change to report in this case. He seldom speaks, reads a great deal.
14/9/86					144	Bodily health fair.
14/12/86.					147	
20/1/87						Mr Cairns remains in excellent health. He is silent as a rule & very reticent especially to those whom he has not known long. In fact he seems
14/3/87					145	timid & suspicious of all new faces. He reads a great deal. With those whom he knows well he frequently talks about his family & when any of his friends come to see him, he is cheerful & very pleased to see them.
14/9/87					148	No change to report.
14/12/87					145	Mr. Cairns is as reticent as ever and cannot be drawn into conversation, but he always answers questions politely. He is a constant reader. He does not look very well at present, but he never complains, and does not encourage any enquiries about the state of his health. He has an impediment in his speech, which may partly account for his wish to be silent.
29/12/87						Mr. Cairns fainted when out walking yesterday. A glass of whisky, which he was reluctant to take, put him all right; he had a cold but is otherwise in his usual condition today. He is to be kept in-doors in the meantime.
30/3/88					145	Mr. Cairns is in fairly good health: there is no change in his mental condition.
20/7/88					143	No change.
15/9/88					141	
26 Feb 89						No change.
25 April.					139	No change.

NAME, William Cairns

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Aug 30					146	Mr Cairns just as reticent as ever sits in his chair & reads. Health good. increase of weight
Oct. 15th						No changes mentally or physically. Is quiet, silent, and very nervous when spoken to although polite and willing to be agreeable. As a rule avoids seeing friends.
9. II. 90.						Mental condition as before. When spoken to, nervousness seems to "choke utterance" & articulation is very defective. In bed with Erysipelas. — left foot. Abrasion with suppuration, marked swelling & redness & tenderness. Temp 101.5. Pulse 100 - full, strong. ℞ Sr Fer Perchlor ♏ XXX after every meal.
X. II. 90.						Temp. 102. Redness not spreading beyond foot. Swelling decreasing. Same treatment.
XI. II. 90.						Foot kept wrapped in cotton-wool. Small yellow purulent spots at (pin head) scattered over dorsum. Temp rose at night to 104°F — got Grs XV of Quinine in three hours, & Sr Fer Perchlor ♏ XXX every 3 hours. Pulse good.
XII. II. 90						Morning temp 100°F. Pulse good. Did not pass water all day; said he could not. Passed water at night.
III. II. 90						Doing fairly well. Temp. 100 to 102.5. Passing water freely — always in bed. Is getting the Sr. Fer. Perchlor at nights.
8. II. 90.						Temp. normal yesterday for first time. Has not been above 102 since last note. Gets Iron & Digitalis at night. Lewis has passed very dark green stool in bed, relieved by Castor Oil.

Died.

13

NAME, Henry Arthur (Voluntary) No. 1813

Admitted, 27 July 1883 Pr. Ad.

Sex, Male Age, Marriage, Married Occupation, Clergyman

Education, Good Religion, Protestant

Private or Pauper, Private Where from?

HISTORY.

Constitution.

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 Might be

Dangerous

Duration of Existing Attack

Other Facts or Remarks During his residence has suffered from acute Melancholia. He has been difficult with his food, taking very little at times & has often had to be fed with the Stomach pump. "Massage" has been tried with him & has been accompanied by a considerable gain in weight. It has also ameliorated his mental condition to a slight degree. He takes more interest in what is passing on around him and converses more freely

~~Facts of Medical Certificate.~~

NAME Henry Arthur

STATE ON ~~ADMISSION~~ 5 Feb 1885

Mental.

Exaltation

Depression Is depressed about his health says he will never be better. Takes little interest in anything. Says his

~~Excitement~~ food does him little good.

Enfeeblement

Memory Moderately good.

Coherence Average Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily.

Appearance Feeble, Sallow Complexion - poorly nourished

Skin Pale & dry. Hair Greyish black

Eyes Grey Pupils Of moderate Size - Equal

Muscularity Diminished Fatness Poor

Nervous System—*Motor* The muscular power is diminished generally The gait is unsteady

Sensory Functions Normal

Reflex Action Moderately Good Special Senses Good

Retina

Lungs Chest Small. Lungs Sounds feeble - Respirations 19 per Min.

Heart Cardiac action feeble. but no Organic lesion

Tongue Clean Bowels Sluggish

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

Appetite Poor

Urine Sp. g. 1018. acid. pale yellow. No abnormal constituents

Menstruation

Pulse 76. feeble, but Regular Temp. 97.4. 10. a. m.

Height 5 ft 10 ins. Weight 7 St 4 13 lbs

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Reduced.

PREDOMINANT FEATURES.

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

NAME, Henry Arthur.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28·2·85.		97·6		68		Is depressed about himself. states that he always feels poorly, and cannot interest himself about anything. His appetite is poor and he requires a good deal of persuasion to make him eat. His dietary consists of An ordinary breakfast, tea, bread & butter an egg, or fish or meat. A chop for Lunch. An ordinary dinner, of Soup, Fish or Entree. Joint & Pudding – Two eggs with 1oz. Whisky in a pint of milk at 4 o'clock. Bread & tea at 6. Bread & Milk at eight. –
21·6·85.						This patient is now at Kirkmichael & seems a little better.
29·6·85.						Mr. Arthur returned from Kirkmichael on the 22nd Instant. He is a good deal better. Today he goes to Moffat for a change with his wife & his brother. They are to live in lodgings.
11·8·85.						Canon Arthur returned from pass today and went to Kirkmichael.
20·10·85						He returned to the Institution 4 days ago. He is much improved in body and mind.
# 7·11·85.						The improvement continues. His bowels are in good order. He takes pills of Ext. Cascar. Sagrad. daily and an enema when required. He eats very well, reads his newspaper and converses freely and intelligently.
19·12·85.						This patient continues to progress very favourably. His interest in the result of the General Election was very keen. He reads his daily newspaper with interest. His bowels are regulated by Cascar Sagrad. pills, made up with Nux Vomica & Taraxacum. He very seldom requires the enema.

NAME. Henry Arthur -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10·3·86.						Discharged Himself.

17

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE
2						
2						
2;						
1.						
2.						
A						
19						

NAME.

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

19

NAME, James Blackwood (Voluntary) No. 1865
Admitted, 13 May 1884 Pr. Ad.
Sex, Male Age, Marriage, Single Occupation, Clergyman
Education, Good Religion, Protestant
Private or Pauper, Private Where from?

HISTORY.

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

Symptoms. First.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack
Other Facts or Remarks Since admission this gentleman has shown symptoms of great loss of memory & delusions that his internal organs were all diseased - His bodily health has been good

Facts of Medical Certificates

NAME James Blackwood

STATE ON ~~ADMISSION~~. 5 Feb 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement Is quite demented, unable to carry on a Conversation - His perception is impaired - Takes no interest in anything

Memory Impaired - Cannot tell the day of the week or how long

Coherence Can answer questions? Yes, if Simple & he has been here

Delusions That he suffers from various internal disorders such as stone in the bladder & that he has a serious injury of his little finger

Other Abnormalities

Bodily.

Appearance Tall & Stout

Skin Healthy Hair Grey

Eyes Blue Pupils Regular & Equal

Muscularity Moderate Fatness Considerable

Nervous System—*Motor* Functions Normal

Sensory Functions normal

Reflex Action Moderately good Special Senses Good

Retina

Lungs Chest well developed - Lungs healthy Respirations 19 per minute

Heart Sounds regular & of good Strength

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Has a right Inguinal Hernia

Appetite Good

Urine S.G. 1018. acid contains no abnormal constituents

Menstruation

Pulse 78 of good strength. Regular Temp. 98·7. 10 p.m.

Height 5ft 11. Weight 13st 4lbs

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

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

NAME. James Blackwood

DATE.	Tempcrat. Morn.	Tempcrat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28·2·85.		986		74.	188	This genttemaan is nervous about the state of his bodily health, which he states is much impaired. He states that he has stone in the bladder, of which there are no signs, and that his little finger is injured when it is quite whole.
1·6·85.	100.					This morning he ate no breakfast & complains of pain in the right groin. On examination it is found that the hernia is down, & that there is swelling of a tense character & tenderness on pressure. The pulse is 100 - Manipulation is tried but reduction not effected. Then ether is applied, the swelling becomes smaller on further manipulation this is caused by the pressure of gas out of the hernia into the abdominal cavity. The hernia now lost the crepitant feel it had at first - Reduction could not yet be accomplished. A large injection of warm water, soap & castor oil was then given. This acted well, & relieved the pain a good deal - In the evening
		~~130~~		130		chloroform was administered & reduction again attempted but without success. It was now
9·6·85.						resolved to operate for division of the stricture. When all was ready & chloroform again given & the patient on the table, a last attempt was made & the hernia reduced without much difficulty - He took the anaesthetic badly and was long in regaining consciousness - Whisky & milk were now administered, warm bottles, and Liq Morph. mun 3ij.

NAME. James Blackwood.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8.6.85.	97		120			He rested very badly last night. this morning he is cold, his finger tips blue. He is very restless, calls out constantly, 'I am dying' & begs for water to save his life. — The whisky is increased to a table-spoonful every half hour in warm milk. Hot bottles constantly applied. His bed is removed to near a fire, & he is clothed in a flannel night shirt. He complains of pain in the epigastric region and also in the right groin. There is no swelling of the abdomen & but very slight tenderness on pressure. Percussion is normal.
			~~120~~	125		He is warm & his skin is moist but still a little clammy. He begs for water. There is now a little swelling of the abdomen but he does not complain of much pain. Liq morph mur 3ij administered at 9 P.M. He is very restless, tossing about & talking incessantly. The draught repeated at 11 P.M. but without any good effects. He is evidently sinking.
9.6.85.						Died at 4.45. A.M.

At the autopsy several gangrenous patches of small size were found in the intestines in various parts of the canal. There was slight effusion into peritoneum. The heart was fatty.

23

NAME, Robert Greig No. 2747

Admitted, 29 August 1884 Pr. Ad.

Sex, Male Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Private Where from?

HISTORY.

Condition.

Disposition

Habits Steady & industrious

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 During his residence here this patient had three severe attacks of Convulsions. The convulsions were severe & occurred in rapid succession. The whole attack lasted for two or three hours during which usually from fifteen to twenty fits occurred After this there was prolonged stupor lasting for three days

Facts of Medical Certificates

NAME Robert Greig

STATE ON ~~ADMISSION~~ 11th June 1885

Mental.

Exaltation

Depression Is hypochondriacal about the state of his stomach which he thinks is unfit to digest his food

Excitement

Enfeeblement

Memory Somewhat impaired

Coherence Can answer questions!

Delusions

Other Abnormalities After the convulsions there was mental stupor lasting for two or three days.

Bodily.

Appearance Stout & robust - He is an Albino

Skin There are cicatrices of Strumous abscess over the cervical glands Hair White

Eyes There is a lateral Nystagmus Pupils Equal & reg:

Muscularity Moderate Fatness Good

Nervous System—*Motor* There are occasionally severe convulsions & there is constant lateral Nystagmus

Sensory Functions good

Reflex Action Average Special Senses Sight is impaired

Retina

Lungs well developed. Lung sounds healthy - Respirations 20 per. min.

Heart Apex impulse in usual position. Cardiac Sounds healthy

Tongue Covered with fur Bowels Sluggish. frequently requiring ℈ Medicine

Other Organs, Abnormalities, Bruises, &c. There is Ozaena which makes the breath very foetid. Many of the molar teeth decayed

Appetite Moderately good

Urine S. G. 1014 Pale yellow Colour, acid. No abnormal Constt

Menstruation

Pulse 76. Reg: & good strength Temp. 98.4 7. p. m.

Height 5 ft 8 in Weight 11 St 10 lbs

Disease *Shuttleworth's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

25

NAME. Robert Greig

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2·1·85		98.4		76	168	This patient is improving. There has been no return of the convulsive attacks. He is brighter mentally & is looking forward to his return home at the end of the month.
30·1·85						Discharged himself.

NAME,

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

NAME, Henry Paterson Cameron (Vol) No. 4674
Admitted, 4 December 1884 Pr. Ad.
Sex, Male Age, Marriage, Married Occupation Clergyman
Education, Religion,
Private or Pauper, Private Where from?

HISTORY.

Connection.
Disposition Frank
Habits Steady
Previous Attacks—No. One Kind Mania a Potu
Duration Where treated Crichton Institution
Hered. History—Insanity A brother has been insane & committed Suicide
Other Diseases
Predisposing Over Study
Exciting Mental Excitement from a love affair

Symptoms. Recent. Febd.
Mental Absent in manner & in his duties
Bodily Sleeplessness & pain in head
Mental He has been passionate & cruel
Bodily

Insane Habits and Propensities Dirty and obscene
Suicidal Yes
Dangerous Yes. Has assaulted his wife Step daughter & Servant
Duration of Existing Attack 14 days
Other Facts or Remarks He committed a serious assault upon his wife at Rothesay a few days before coming here. He pleaded temporary insanity in mitigation of the assault

Facts of Medical Certificates He has an excessively vacant stare & a melancholy look. Mutters to himself and says he has a strong desire to commit suicide. Fancies himself very ill when he is in the most perfect health. Exceedingly irritable in temper without the slightest reason. Takes no interest in anything. Cannot study. The mind becomes a blank. Hears voices from the dead speaking to him. Had an epileptic fit a short time since

NAME Henry Paterson Cameron

STATE ON ADMISSION.

Mental.

Exaltation

Depression He is depressed - declares he is quite ruined

Excitement

Enfeeblement His self control is impaired - His morals are of a low type

Memory Good

Coherence Good Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Stout and flabby

Skin Greasy look. Scattered Eruption of Acne punctata Hair Black. There is Sparse growth of beard

Eyes Pupils Equal & contractile to light

Muscularity Moderate Fatness Considerable

Nervous System—*Motor* There is a slight tremor of the tongue

Sensory Good

Reflex Action Fair Special Senses Good

Retina

Lungs Healthy. Respirations 18 per min. Regular

Heart Of natural size acting powerfully & regularly

Tongue Furred (whitish Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine On examination was found healthy.

Menstruation

Pulse 76 per min. Regular Temp. 98.7 - 10-30 a.m.

Height 5 ft 6 3/4 ins Weight 12 st 4 lbs 7 lbs

Disease *Skae's Classification*

General Bodily Health and Condition Fair

PREDOMINANT FEATURES.

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

NAME. Henry Paterson Cameron

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE
23·10·84		98·7		76	175	Is restless & ill at ease in mind. Is thinking of his "breakdown": but declares that he knew that it was coming soon and thinks that "it is perhaps better that it came now than hereafter."
24·10·84		98·5		70		Is not sleeping well, but eats fairly well. Is convalescing from an attack of Mania? & is depressed in mind in consequence of the acts he committed then
30·10·84		98·4		70		Has quite recovered his spirits & thinks that he has been badly treated by his friends & especially by his wife, whom he accuses of being frequently drunk, & that the cause of his assaulting her was his anger at seeing her in an intoxicated state. He frequently exults that he is a certified lunatic, which he considers a safe prevention against his Presbytery taking action against him concerning his behaviour
11·11·84		98·		79	174	Lately he has not been so jubilant as to his safety from his Presbytery. He is fond of discussing the proceedings which brought him here, & though not so convinced as he was that his case will not be investigated by the Presbytery, he repeatedly asserts that he is "quite safe" & that they cannot touch him as he is a certified lunatic. When told that medical men might be sent to examine him as to his sanity, he said, in Dr Rutherford's presence that he could easily "feign insanity."
21·11·84		98·4		78	174	To-day Mr Cameron, who had been permitted to go to Dumfries, returned late for dinner & smelling of whiskey. At first he strenuously denied having taken any stimulants & declared that any smell there might be in his breath, was due to some Aromatic lozenges, which he had been eating. On his way from Dumfries he had entered the grounds of a gentleman residing in the neighbourhood (Dr Bruce of Castledykes) frightened some people, gone to the house, asked for Mrs Bruce & said he had come to hold a missionary meeting there. When asked if he had done this, he denied it. For half-an hour

NAME. Henry Paterson Cameron

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
[illegible]·11·84						his speech was upon his relations with his presbytery. He became excited in manner, gesticulating & speaking loudly, saying that he had been certified insane by two doctors, that he was safe despite anything that had been said by another medical man as to drink being a cause of his break-down. He again declared that he could feign insanity and on being asked "How?" replied "By smashing windows & by kicking out of doors any doctor who came to see me. Insanity is all humbug. I know all about it"
2·11·84						To-day is penitent; admits that he had one glass of whiskey, which he says was very bad, & that he went to the gentleman's house, which he denied yesterday. Is anxious that the matter should not be reported.
3·11·84	97·8		68		176	Complains of hearing voices speaking to him and says that he is compelled to answer them.
[illegible]·12·84						Discharged as "Not Insane". Admitted as a Voluntary Patient
[illegible]·12·84	98·5		70		176	States that voices speak to him at night but cannot tell what they say to him except that he hears what he knows to be fancies.
[illegible]·12·84	98·7		74		176	Writes to his wife saying that she will hear of his body floating down the River Nith. Has again been indulging in alcoholic stimulants in spite of his solemn protestations that he would never touch drink again.
[illegible]·12·84						Visited by his mother to-day. After deliberation with her, resolved to go to Glasgow to look after his wife, who he thought was drinking. Said he would return next day, probably with her. asked at what rate of Board she could be admitted as a Voluntary.
[illegible]·12·84						Mr C. not having returned I (Dr Rutherford) called (on my way to Edinburgh) at his house 13 Rokeby Terrace, Glasgow at 12·30 pm & found him in bed, he got up & dressed & told me that he would return that afternoon.
[illegible]·12·84						Not having returned I wrote to him that unless

See page 787.

NAME, James Rudge (Voluntary) No. 4679
Admitted, 16 December 1884 Pr. Ad. 9 May 1885
Sex, Male Age, 47 Marriage, Single Occupation, None.
Education, Good Religion, Roman Catholic
Private or Pauper, Private Where from? Harrogate, Yorkshire

HISTORY.

Condition.

Disposition
Habits
Previous Attacks—No. One Kind Delusion & Suspicion
Duration 7 months Where treated Crichton Royal Inst.
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Indulgence in Narcotics (Chloral)

Symptoms. First. Recent.

Mental
Bodily
Mental
Bodily

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack
Other Facts or Remarks He came here in May 1884 as a voluntary patient suffering from the effects of large doses of Morphia Chloral & Potassic Bromide. He showed such symptoms of insanity soon after that he became a certified patient. By degrees he was cured of the habit of taking Morphia & was discharged recovered in Dec. 1884

Facts of Medical Certificates

NAME James Rudge

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory Good

Coherence Good Can answer questions? Yes.

Delusions

Other Abnormalities Irritable & Suspicious - Indulges in Abuse freely when anything is not to his wish

Bodily.

Appearance Stout & well nourished

Skin Healthy Hair Grey[illegible] black

Eyes Brown Pupils Small but Equal

Muscularity Good Fatness Considerable Specially over the Abdomen

Nervous System—*Motor* Good

Sensory Functions. Good

Reflex Action Average Special Senses Sight impaired

Retina

Lungs Well developed chest. Breath Sounds healthy Respirations 17 per min.

Heart Apex impulse in usual position. Cardiac Sounds normal

Tongue Coated with a Whitish fur Bowels Constipated. Require aperients frequently

Other Organs, Abnormalities, Bruises, &c.

Other organs healthy

Appetite Capricious

Urine S.G. 1028. acid reaction. No unusual Constituents

Menstruation

Pulse 70 & Good Str. Regular Temp. 97.6. 9.30. a.m

Height 5 ft 6½ in. Weight 13 st 6 lbs

Disease Morphiomania *Skae's Classification*

General Bodily Health and Condition Impaired. Digestion enfeebled

PREDOMINANT FEATURES.

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

NAME, James Rudge

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14.12.84.		98.6		70	182	This patient returned from Harrogate last night. He had recommenced taking Chloral and said that its ill effects upon him compelled him to return here. He is irritable & suspicious and his digestion is disordered.
20.12.84						Is now more settled and his appetite has returned.
2.1.85.						Became excited at the visit this morning He is apt to see offensive meanings in harmless expressions & is irritable & peevish
14.1.85.						Went to Edinburgh on pass.
16.1.85.						Returned from Edinburgh on.
11.2.85.						Discharged himself.

NAME,

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

NAME, Alfred. G. Chesshire No. 4683

Admitted, 29th December. 1884 Pr. Ad.

Sex, Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Alfred G. Cheshire

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement In restless, walking about rapidly & peering out of windows in a terrified way as if he saw something dreadful

Enfeeblement Cannot speak & does not appear to comprehend what is said to him: utters a few incoherent phrases at times

Memory Impaired. Unable apparently to remember persons whom he saw for an hour yesterday

Coherence Impaired Can answer questions? No

Delusions

Other Abnormalities

Bodily.

Appearance Thin - ill nourished - has a hare lip

Skin Pale, extremities cold Hair black

Eyes Brown Pupils Dilated

Muscularity Moderate Fatness Diminished

Nervous System—*Motor* The muscles are at times in a condition like Catalepsy. He will stand for an hour in the same stiff constrained position

Sensory Cutaneous sensibility diminished

Reflex Action Diminished Special Senses Blunted

Retina

Lungs The movement in the right clavicular & infraclavicular region diminished: percussion dulness increased & breath sounds enfeebled

Heart Impulse feeble - First Cardiac Sound shorter & sharper than usual

Tongue Large, dry, brownish, furred Bowels Confined

Other Organs, Abnormalities, Bruises, &c. There is a cleft on the upper lip to the left side of the ~~upper~~ middle line. The hard & soft palates are also cleft in the same direction

Appetite Moderately good

Urine S.G. 1032 Strongly acid. Dirty yellow deposit. Contains traces ~~of albumen~~ of urates

Pulse 80 feeble but regular Temp. 97°.6 9.30. p.m

Height 5 ft. 8 3/4 in Weight 9 St. 6 lbs

Disease Melancholia Stupor *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME, Alfred G. Chesshire

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29.12.84		97.6		78	132	After admission ate a good dinner: after his friends left he became restless, walking often to the different windows & peering out into the darkness as if he saw something; when spoken to, he gazed blankly at the speaker & turned away without replying: He does not appear to understand what is said to him in an ordinary way; at times when a question is repeated once or twice an inarticulate reply is given. The facial expression is vacant: the pupils are dilated, the hands & feet cold. He stands in any position in which he is left & resists any motion of conduction by another.
30.12.84		98.5		78		passed a quiet night & took his meals well is anxious to leave any room he is in, & mutters incoherent phrases when prevented: broke a window in an attempt he made to leave his gallery
31.12.84		97.8		72		Was restless during the day: took a few short steps in a certain direction & then remained standing until spoken to, when he went in another direction & looked blankly around Ate well & took exercise
1.1.85		97.8		74		In the morning was restless & cried out almost incessantly "kill me, kill me". Was afterwards found attempting to singe his beard with a piece of red hot coal & subsequently was discovered twisting a towel into the form of a rope Ate well & took walking exercise
2.1.85		98.1		78	132	Slept moderately well. Is stupid. will not speak nor eat & cannot be persuaded to come to table. When brought to the dining room by his attendant stopped at the door resisted all attempts to persuade him to go backwards or forwards. Ate a little but requires to be helped by the attendant putting food into his mouth.
3.1.85		98.3		74		Is a little less obstinate & stupid & ate better. Mr Morrison has been placed in his room for the sake of companionship

NAME. Alfred G Chesshire

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1·1·85		98·4		76	133	Is stupid & will not speak beyond a few words. Eats well & takes regular exercise
2·1·85		98·4		78		Is improving a little – eats of his own accord & at times speaks a few words. Can sometimes be persuaded to play upon the piano.
1·1·85		98·3		76	132	The mental improvement has not continued. He is obstinate and determinedly silent & appears to have no volitional power except in the direction of resistance. Often refuses his food & resists all attempts made to feed him.
2·2·85		97·6		70		There has been no change mentally since last report. He does not speak or move or show any interest in anything & his expression of face is vacuous. He is difficult with his food. His bodily health is improving.
1·3·85		97·8		76	132½	To-day is removed from the Mid North to the low East Gallery. The companionship of Mr Morrison has not been successful and it is thought that a residence in a gallery, where there are more patients may be beneficial
7·3·85		98·2		78	133	Has been improved by his residence in the low East Gallery. Is not so doggedly obstinate and a word or two can be got out of him.
2·4·85		98·		76	135	Has improved greatly. His facial expression is more intelligent and he can answer questions. He wrote a letter home a few days ago. Is looking forward with interest to a visit, which his father has promised to make him.
4·4·85						Discharged himself.

NAME. Garrett Bagge Nugent No. 4664

Admitted, 7th November 1884 Pr. Ad. 4 Nov. 1884

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

Education, Religion,

Private or Pauper, Private Where from? Cookstown Kells Co Meath

HISTORY.

Disposition Reserved

Habits Steady & industrious

Previous Attacks—No. First Kind

Duration Where treated

Hered. History—Insanity

Other Diseases Mother died of heart disease. Brother of Typhus fever

Predisposing

Exciting Masturbation

Causation.

Symptoms. First.

Mental Imagines that persons intended to poison him

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 6 years

~~Other Facts or Remarks~~ He is very shy & taciturn & is under the impression that he made a journey to Australia & back in one day. He states that he wishes to go to Sea but cannot give any reason why & imagines that he has visited heaven six times lately

Facts of Medical Certificates

No. 4664
Nov. 1894
Labourer

NAME Garrett Bagge Nugent

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Converses unconnectedly & is unable to form a correct judgment on the Ordinary Circumstances of life & cannot give rational reasons for what he says

Memory Impaired somewhat for recent events

Coherence Impaired at times Can answer questions? Yes. Of simple

Delusions That he is visited at night by Spirits & that he has been to heaven several times lately

Other Abnormalities States that he would like to go to Gaol in order to be under government supervision

Bodily.

Appearance Well developed & muscular

Skin An Eruption of Acne over his forehead & upper part of Chest Hair Brown

Eyes Brown Pupils Equal & regular

Muscularity Good Fatness Good

Nervous System—*Motor* Functions good

Sensory Functions Good

Reflex Action Good Special Senses Hallucinations of sight

Retina

Lungs Well developed. The lung sounds are healthy. Respirations 18 per min.

Heart Apex impulse in usual position. Second Sounds accentuated most audible at the base

Tongue Moist. Red in front. Whitish Bowels Regular

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

Appetite Good

Urine S.G. 1018. acid. Contains no abnormal Constituents

Menstruation

Pulse 74 per min. Regular Temp. 97. 2. 10. p.m.

Height 5 ft. 9 in Weight 11 St. 10 lbs

Disease *Stude's Classification* Insanity of Masturbation

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

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

NAME, Garrett Bagge Nugent.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5·11·84		97·6		78	164	States that he must go away to prison, which is the best place in the world to go to, as "they treat you well in a government prison." He states that at night he occasionally sees shadows and spirits moving about his room. He does not deny that he is a frequent masturbator. His expression is dull: he will not look one in the face but glances at one sideways. He ate and slept fairly well.
7·11·84		96·9		78		Was to day discharged on the expiry of the Certificate of Emergency, and recertified.
9·11·84		98·1		80		Is disinclined to converse; takes little interest in his surroundings and is unsociable. He has joined the garden party and does some work
20·11·84		97·4		76	164	Remains much the same; likes to sit in a corner apart from everyone; is listless and seems to spend his time daydreaming. When spoken to he laughs, to himself, and does not answer or he may give an answer, which is usually limited to a Yes or No
15·12·84		98·6		74		There has been little change mentally in this case. He still states that spirits come to visit him at night, and float about the room. He has little energy; talks incoherently about himself.
12·1·85		98·4		75	165	States that he does not masturbate so often as he used to do, and his appearance confirms this. He does not look so pale, will look straight at anyone and is not so incoherent in speech. He is fond of music and plays upon the piano occasionally.
20. 2·85		98·7		74		Appears to be losing ground. He is listless, and apathetic & speaks only a word or two when spoken to. There is an eruption of Acne pustulata over the forehead, and upper part of the chest.
26·3·85		98·3		76	167	Is improving again - Takes a greater interest in what goes on, comes to the entertainments and behaves more rationally. His bodily health is improving

NAME. Garrett Bagge Nugent.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
1·5·85						Works away a good deal in his gallery polishing the waxed floor &c. Seems to be improving slightly. asserts that he has almost given up his bad habit.
1·6·85						The improvement was not permanent. He is worse than he has been since admission - Will scarcely answer a question or hold up his head - He does not feed well now, although he was formerly a large eater
9·10·86						He has again improved considerably, and joins in the game of football.
9·2·86						Mentally he remains the same - Constantly asks to be sent to Manitoba. His bodily health is better, owing to outdoor employment in the garden.
9·5·86						He is now excited, but has just recovered from a period of depression in which he was in a condition almost approaching stupor. He sat silent in a corner with his head down on his chest, wet himself frequently, performed all his movements seemingly without being conscious of what he was doing. Now he is in good spirits, works well in his gallery at polishing, and is a capital worker with the gardening party.
14·9·86.					162	
14/12/86.					157.	
14/3/87.					155	
6/5/87						Mr Nugent made his escape today, unobserved by his attendant John Campbell. He was taken out with the rest of the gallery patients at 3·30 PM. & was not missed until he was brought in by four men who had observed him going into the Nitre with his clothes on. One man ran after him & tried to draw him back but Nugent shook him off & got into deep water. The other men by this aid however managed to rescue him & brought him back at 5·20 PM. He was now the worse for his bath. Stated that he was tired of life & had made up his mind to commit suicide.

(continued on page 830)

NAME, Thomas Johnstone No. 4665

Admitted, 8 November 1884 Pr. Ad. 2347 – 2634

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

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Lochside Crockelford

HISTORY.

Causation.

Disposition

Habits Unsatisfactory - Masturbates

Previous Attacks—No. Two Kind Dementia

Duration Where treated Southern Counties Asylum

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Loss of memory; restlessness; melancholy

Bodily

Recent.

Mental Loss of memory; excitability going on to violence

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Sometimes

Duration of Existing Attack Four years

Other Facts or Remarks

Facts of Medical Certificates I. 1. Answers questions in a hesitating and uncertain manner. Memory gone, does not remember day of week &c. Imagined he got up in the early morning thinking it was day. 2. Attacked his mother without any reason & again struck a little girl for contradicting him.

II. 1. Says he has lived here three years and was before that nowhere. Says he is only eighteen years of age. Does not know what month it is, or day of the week, Memory appears very weak, and has an insane, imbecile appearance of countenance. 2. Has threatened his mother, and lifted articles to strike her with, had she not ever from him. Made a very violent threatening attack on a child, – His mother, he has been in violent, outrageous passion without cause.

NAME Thomas Johnstone

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Easily excited then becomes restless, noisy & sulky. occasionally becomes violent & abusive

Enfeeblement

Memory Impaired

Coherence Incoherent sometimes Can answer questions? Yes simple ones

Delusions

Other Abnormalities

Bodily.

21-84 Appearance Strong & fairly well nourished,

Skin Dark Hair

Eyes Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs Percussion note impaired & vocal resonance increased on apex of right lung. The breath sounds are increased in rapidity

Heart Normal

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 66 per minute Temp. Normal.

Height 5 ft 5 in Weight 10 st

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME, Thomas Johnstone.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6.6.85.		98.2		74	140	There is no change to report in the mental condition of this patient since last report. His memory is poor: he takes little interest in anything happening around him. His bodily health has been fairly good.
1-1-86						His conversation is extremely silly in character if ordinary subjects are spoken of but if given leading questions on molecatching he gives a very intelligent account of the operation + makes shrewd observations on the business. Practically he is very input at the work
5-5-85						He never speaks unless he is spoken to, his comprehension is very feeble, his memory is poor + his interest in life is of a very low order.
5-6-86						Phthisis Pulmonalis is developed at the right apex to a very considerable extent.
19. Aug:						Patient is still fairly well nourished looking. Is silly and weakminded on all subjects but his business was very excited this morning talking of the amount he had been defrauded of by being detained here. His speech is very tremulous, Pupils contracted regular tongue large flabby and very tremulous.
13/11/86.						Patient works well with the garden party. In appearance he is dull + stupid + hangs his head constantly. He has no idea of time, says he has been here a fortnight. Has mistaken ideas of identity calls the writer Joseph. Says he is 14 years old. One moment he says that his mother is dead, the next that she is 20 years old. In fact he seems to answer at random any question asked. Knows the day of the week but has no idea of what days succeed it. Can tell the hour from a watch. Amuses himself with a smooth stone & a marble which he constantly keeps rubbing in his hand + says he keeps them to keep them smooth by rubbing. Dresses himself tidily, is cleanly in his habits never is noisy or violent. Never plays at any games or reads.

NAME. Thomas Johnstone

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
18 Dec. 1887						T. J. is a dull young man of depraved habits & demented appearance & faculties He answers questions quite at random unless they are of the simplest nature & refer to immediate events. He is a weakly looking little creature.
30 March 1888						This little man shews no change. He is much the same as before.
June 15 1888						This man is cunning & strongly sexual - ~~he attempted to rape an old woman on the road & nearly succeeded - He also molests the female patients - needs watching.~~
10 Octr						No change.
21 Decr						He is still a silent but excitable & restless patient. Pale looking & not healthy - he works in the garden & is much as he was - a demented.
30 March 1889						He is much as before.
1 July						This little man is still a restless fellow & silly weak minded.
10 Septr.						At Kinmount.
15 Novr						At Kinmount.
15 March 1890						He is now in the House again & is much as before.
1 August						At Kinmount
10 Novr						At Kinmount.
14th November 1890						Sent to Toronto Asylum.

NAME, John Prentice Imlay No. 4666
Admitted, 12 November 1884 Pr. Ad.
Sex, Male Age, 31 Marriage, Single Occupation, Housefactor
Education, Religion,
Private or Pauper, Private Where from? Greenock

HISTORY.

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

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

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

Facts of Medical Certificates Dullness of intellect - inability to keep up or follow any train of thought - Dread of impending calamity - Belief that he is unfit for anything - That the Apocalypse is come &c - Sleeplessness Excitement & asking for an instrument to end himself with - Muttering to himself

NAME John. P. Finlay

STATE ON ADMISSION.

Mental.

Exaltation

Depression Believes that he cannot do anything. That he is lost &c

Excitement

Enfeeblement His comprehension of what is said to him is small & he often answers at random

Memory

Coherence Impaired Can answer questions?

Delusions Considers that the "Day of Judgment" will commence at six O.C. this evening

Other Abnormalities

Bodily.

Appearance Pale & haggard

Skin Moist & clammy Hair Black

Eyes Clear. Conjunctival Pupils Small. Equal.

Muscularity Poor Fatness Thin

Nervous System—*Motor* General motor power is weakened

Sensory Fair

Reflex Action Good Special Senses Good

Retina

Lungs Dulness weakened. Breath & voice sounds diminished Expansion of chest over infra & supra clavia & infra spin: Regions

Heart Sounds accentuated

Tongue Furred in centre Bowels Confined

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

Appetite Impaired

Urine S.G. 1026 acid. Considerable deposit of urates

Menstruation

Pulse 80 per min. Regular but feeble Temp. 97.6 10 a.m.

Height 5 ft 8½ in. Weight 8 Stn 2 lbs

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME, John Prentice Finlay.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13.11.84	97.6		80		114	Passed a restless night, being much disturbed by revelations which he thinks he receives from Heaven. Was restless during the day & did not eat well.
14.11.84		97.6		74		Passed another disturbed night, declares that the day of Judgment will commence at 6 p.m. this evening. Eating a little better walking up & down in a restless manner during the day.
15.11.84		97.8		86		Passed a better night. Is not so delusive wishes to go away & is anxious to return to business. Ate fairly well.
18.11.84		97.4		80		Is sleeping better & seems to be improving in mental condition. Is always asking to go home but when refused, shows no irritability
22.11.84		96.9		75		Is much quieter. Eats & sleeps better & takes daily exercise.
28.11.84		98.5		78	115	Is improving in bodily health The delusions are not prominent now. Sleeps well.
10.12.84		98.2		74	115½	Is quiet: does not speak much: is more contented reads his newspapers & writes home. Eats well
5.1.85		97.6		80	116¾	Is not so well; is more stubborn & stupid & is a little difficult with his food.
15.1.85		98.5		78	118	Commenced to take ʒj of Ol Morrh t.d.s today Is improving both mentally & physically
27.1.85						Discharged Recovered.

NAME.

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

51

NAME, John Anderson No. 4667

Admitted, 12 November 1884 Pr. Ad.

Sex, Male Age, 50 Marriage, Single Occupation, Merchant

Education, Religion,

Private or Pauper, Private Where from? Langholm

HISTORY.

Disposition Quiet

Habits Steady & very attentive to business

Previous Attacks—No. Second Kind Melancholia

Duration 3 weeks Where treated At Home

Hered. History—Insanity One brother & One sister have been Melancholic

~~Other Diseases~~ Brother is in Melrose Asylum

Predisposing

Exciting

Mental Confusion of thought & depression of spirits

Bodily

Mental Low spirits. Lack of interest in his business in which he had been previously very active

Bodily

Insane Habits and Propensities

Suicidal Has had thoughts that he ought to injure himself

Dangerous

Duration of Existing Attack 4 Months

Other Facts or Remarks

Facts of Medical Certificates Restlessness, depression, has thoughts of injuring himself. Has lost all interest in his business - Sleeplessness.

NAME John Anderson

STATE ON ADMISSION.

Mental.

Exaltation

Depression So miserable & thinks it is impossible for him to recover

Excitement

Enfeeblement

Memory Fairly good

Coherence Fairly good Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Looks older than he is

Skin Healthy Hair Grizzly black

Eyes Arcus Senilis well marked Pupils Small but Equal

Muscularity Fairly Good Fatness Fairly Good

Nervous System—*Motor* No paralysis

Sensory There are no abnormalities of the Sensory system

Reflex Action Fair Special Senses Fair

Retina

Lungs Chest large - Lungs active - Respirations 16 per. min.

Heart Displaced slightly downwards - Epigastric pulsation

Tongue Slightly furred Bowels Confined

Other Organs, Abnormalities, Bruises, &c. The liver dulness in the nipple line is diminished to the extent of one inch - There is a birth mark on the left buttock

Appetite Good

Urine Acid S.G. 1024 Increase of Phosphates

Menstruation

Pulse 74 regular, feeble, Temp. 97.8° 9. A. M.

Height 5 ft 7 Weight 10 St 4 lbs

Disease Melancholia *Skae's Classification* 1? Hypochondriacal Insanity

General Bodily Health and Condition Average

PREDOMINANT FEATURES.

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

NAME. John Anderson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
13·11·84		97·8		74	144	Did not sleep well. Is depressed and feels very miserable. Ate fairly well.
14·11·84		97·8		76		Slept better. Is very low about himself; thinks he will never recover.
15·11·84		98·2		72		Had not a good night but is not so depressed to night. Eats well. The bowels were moved by Castor Oil.
20·11·84		98·1		72	144½	Is somewhat better: has shown no distinct delusions but is restless & depressed & afraid that he will not get better.
30·11·84		98·3		74	145	Continues much the same; is ill at ease, wishes to go home.: he assists in the gallery work & eats & sleeps fairly well.
10·12·84				72	145¾	Is rather more depressed than at last entry. The admission of his brother as a patient into the other House has had a bad effect upon him.
1·1·85				73	146	Is brighter during the day but in the morning is low about himself. Is eating well
15·1·85		98·6		70	148	Is getting better: takes an interest in the topics of the day.
30·1·85						Discharged Recovered.

NAME,

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

NAME, John Dewar or Doig No. 4671
Admitted, 17 November 1884 Pr. Ad. 2519
Sex, Male Age, 28 Marriage, Single Occupation, Labourer
Education, Religion, Protestant
Private or Pauper, Pauper. Where from? Wigtownshire Poorhouse

HISTORY.

Causation.

Disposition
Habits
Previous Attacks—No. Two at least Kind Maniacal and Dementia
Duration of 2nd 18 Jany/82 to 5th Aug./83 Where treated At home & Southern Counties Asylum
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Epilepsy

Symptoms. First.

Mental Restlessness; excitability; taciturnity
Bodily Epileptic siezures

Recent.

Mental Violence of temper after the fits specially.
Bodily

Insane Habits and Propensities
Suicidal
Dangerous Sometimes
Duration of Existing Attack
Other Facts or Remarks This patient was sent to Stranraer "relieved" in 1883 & was sent back owing to his general violent conduct which was worse after the epileptic attacks. He has rather failed in his general health since then & is thinner.

Facts of Medical Certificates I. 1. He is weak minded, at times violent, requiring considerable restraint to prevent him from injuring himself and others. 2. With the exception of being subject to frequent Epileptic attacks his bodily health and condition are fair.

NAME John Dewar or Doig

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Becomes much excited before & after the Storms of Epileptic fits & is then abusive; threatening & occasionally violent

Enfeeblement Cannot carry on an intelligent conversation

Memory

Coherence Coherent - usually Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

1-11-84

Appearance Well-nourished & well-developed

Skin Dark Hair Brown

Eyes Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Impaired; Suffers from frequent epileptic attacks

Sensory

Reflex Action Special Senses Normal

Retina

Lungs Normal

Heart Sounds weak; apex beat can hardly be felt on palpation. Arteries Normal

Tongue Covered with whitish brown fur Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine Normal

Menstruation

Pulse 74 per minute Temp. Normal

Height 5 ft. 8 inches. Weight 10 st. 2 lbs.

Disease Epileptiform Mania La Pomart Skae's Classification E

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME, John Dewar or Doig.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6.6.85.		98.		74	144.	There is little change to record in the mental condition of this patient: he is subject to severe epileptic fits, which are followed by excitement. His bodily health is poor.
28.9.85						At present he is chronically excited & has been so for a month. Given to talking loudly, rapidly & excitedly, uttering threats against all & sundry but seldom violent. His conversation is at most times quite incoherent. His face becomes much flushed & his eyes suffused as he works himself up into a great passion over trifles.
27-12-85						His mental faculties are now much impaired. Some exaltation continues eg. he believes that the Asylum is kept going by him.
9-4-86						At times he becomes excited & violent, running dancing singing & shouting and is now very apt to stroke.
2-6-86						Today he was crying bitterly because birds do not get sufficient liberty.
9/6/87.						Had a fit last night & a second this morning. He is now more than usually excited & has hallucination & vision & hearing. This patient is in excellent bodily health & has attacks of epilepsy & excitement have lessened greatly under Bromide of Potassium in doses of 20 grs three times daily.
1st Octr 1887.						J. D is weakminded & laughs in a silly fashion; he changes quickly & in a minute will rise & strike anyone being irritable & violent. He "keeps his eye" on Jackson who is apt to spit in his face & sits in one place looking out of the window at the smoke & the birds. When taking the fits & after them he is stupid. He does not complain of his bodily health.

NAME. John Dewar

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Jan 1888						I. D. is now much quieter than he was & has taken no fits lately - he is irritable from the fits & at times violent.
10 March 1888						At times takes fits but is not so violent as he used to be. Is getting more demented.
June 15 1888						Much the same. The fits as before.
1 October						This man is irritable when the fits trouble him. He is a rapidly changing case. When about to take a fit he has a sort of rotatory movement & sprawls round & round. He is a very dangerous fellow
20 Decr						Much as he was - he is pleasant when not in an epileptic state.
30 Mar. 1889						He takes fits frequently but is quiet when not irritable from epilepsy.
1 July						This man is very irritable at times when in his fits - His health is good otherwise.
10 Septr						Still taking fits but not so irritable as he was.
18 Novr						He is restless and at times ready to fight - Takes his food well & is in his usual health.
8 March 1890.						Still fits - Is in good health, but occasionally irritable. Knee, Triceps & wrist jerks much exaggerated
10 June						no change
21 August						He has no slippers on now in the House as he kicks harmless elements furtively & endangers their lives.
10 Novr						Still very dangerous & kicks.
February 13th 1900:-						He is still taking fits regularly: Irritable & easily excited after them & still strikes & kicks the other patients: very incontinent: noisy & troublesome at time.

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NAME, Allan Findlay No. 4674

Admitted, 27 November 1884 Pr. Ad.

Sex, Male Age, 54 Marriage, Single Occupation, Farmer

Education, Religion,

Private or Pauper, Private Where from? Ayr District Asylum

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Not First Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 4 years

Other Facts or Remarks

Facts of Medical Certificates He is at times restless & excited - Has delusions of exaltations - Such as - That he is cleverer than anyone else - That he is wealthy - that he has landed property & the like

NAME Allan Findlay

STATE ON ADMISSION.

Mental.

Exaltation Has an exalted opinion of his own abilities and strength & exaggerates in his Conversation

Depression

Excitement

Enfeeblement

Memory Moderately good

Coherence Average Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Stout & muscular

Skin Healthy Hair Brown

Eyes Pupils Equal

Muscularity Good Fatness Good

Nervous System—*Motor* Healthy

Sensory Functions normal

Reflex Action Good Special Senses Sight failing

Retina

Lungs Healthy - Respirations 18 per. min

Heart Healthy

Tongue Large. Red. Moist Bowels Regular

Other Organs, Abnormalities, Bruises, &c. The liver dulness is slightly increased resulting probably from a Hepatic Enlargement from which he suffered some years ago

Appetite Good

Urine S. G. 1018 Acid reaction Straw Yellow Colour. Healthy

Menstruation

Pulse 74 per Min. Strong. Regular Temp. 98. 6° 6.30. p. m.

Height 5 Ft. 11 in Weight 16 St. 4 lbs

Disease *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

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

NAME, Allan Findlay.

DATE.	Tempest. Morn.	Tempest. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
28·11·84		98·3		90	228	Slept well and ate heartily. He suffers from an injured hand, which he states he received, when fighting against five men in Glasgow, who attempted to rob him. He speaks in an exaggerated way of his strength in this "battle," and talks of having made large purchases of cattle, some thousands, which is not true.
29·11·84		98·5		84		Passed a good night; speaks in an exaggerated manner of the things that he has done, and states that he is one of the finest men both mentally and bodily that has been seen for sometime.
30·11·84		98·3		86		Expresses himself pleased with everything and everybody, addresses his attendant as "this gentleman": states that he was brought here to have his hand properly attended to, and not for any mental defect.
5·12·84		98·7		80.	229.	Does not talk in such an exaggerated strain as he did. He helps his attendant with the work of the gallery. He eats and sleeps well.
20·12·84		98·5		76		Remains the same mentally. He is exalted in feeling, states that everything is of the best and that he is very glad he came.
23·1·85		98·3		74	230.	Appears quite contented and happy. He at times talks of the large numbers of cattle which he has purchased, and he lately proposed marriage to one of the female officials, whom he only knew slightly.
18·2·85						Mr. Findlay, who has been a constant attendant at the dances has been stopped coming on account of his too familiar behaviour to a lady patient. He has still exaggerated ideas of his wealth, and talks of buying a large farm.
20·3·85		98·3		76	229½.	Has been allowed parole with McBlackwood within the grounds. He is quieter in speech than formerly.
12·5·85						~~Mr. Findlay~~ continues as reported above. He gives little trouble & has not abused his parole.
31·8·85						Discharged Recovered

NAME.

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

NAME, Alexander Anderson. No. 4679

Admitted, 15 December 1884 Pr. Ad. 861

Sex, Male Age. 47 Marriage, Single Occupation, Millworker

Education, Religion,

Private or Pauper. Private Where from? Langholm

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One Kind Melancholia

Duration 18th June 81 to 1st February 82 Where treated Southern Counties Asylum

Hered. History—Insanity His brother is at present confined in Crichton Royal Institution.

Other Diseases

Predisposing

Exciting Nursing his brother before he required detention

Symptoms. First.

Mental

Bodily

Recent.

Mental Depression; Wanders about in an unsettled state. Says he has promptings to commit suicide

Bodily Constipation; Loss of appetite; Colicy pains.

Insane Habits and Propensities

Suicidal Has threatened suicide

Dangerous

Duration of Existing Attack Ten months

Other Facts or Remarks This patient is one of two orphan boys, left under the care of friends from early infancy. There seems to be some congenital mental deficiency in both as both suffer from Visceral Melancholia. The intimate contact with his brother seems to be the exciting cause in this case.

Facts of Medical Certificates H.I. He was very depressed looking when seen by me & would scarcely speak unless spoken to, which is quite different from his usual. On questioning him he said a prompting to suicide as an end to his miserable feeling sometimes occurred to him. He said he felt quite light and confused about the head as if he had'nt anything on his shoulders at all. 2. His sister Myrtle Anderson says she finds him quite different to his usual in spirits and so low that he scarcely speaks. He has threatened suicide several times, & generally corroborate the above observations of my own. H.I. Great depression with various morbid delusions under the influence of which he threatens to injure himself expresses a wish he was dead rather than suffer from such thoughts. 2. Habitation in law John Anderson, a watchmaker has mentioned that he wanders about in an unsettled state and has threatened suicide.

NAME Alexander Anderson.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Marked. Seen in expression, tone of voice & conversation which is invariably about his own dangerous bodily condition

Excitement

Enfeeblement

Memory Impaired.

Coherence Sometimes incoherent Can answer questions? Yes

Delusions Says he cannot live long as his internal organs are "all wrong"; that nothing can pass through him. Therefore there is no use eating &c

Other Abnormalities

Bodily.

Appearance Thin but well nourished. Expression of intense distress

Skin Dry Hair

Eyes Glistening Pupils Contracted. React to light equally

Muscularity Good Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal

Retina

Lungs Normal

Heart Weak action. & rather rapid.

Tongue Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite Poor

Urine

Menstruation

Pulse 80 per minute weak Temp.

Height Weight

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.
		/							

NAME. Alexander Anderson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17-12-84						Has become more depressed. As his bowels have not moved since his admission he says "he is blocked & nothing can pass through & that all his good goes to wind" He received a drop of Croton oil in some Castor oil & his bowels have moved very freely & now he seems almost angry & says his action is due to "Quick silver which will move any thing but do no good"
19-12-84						Last night stated that he wished his friends to know his dangerous condition so that if anything happened to him they might not be astonished. He is very despondent & says he will certainly die soon. He takes his food very well taking all that is given him. He is sent out to walk when the weather permits
1-1-85						No improvement. His delusions now vary. One morning his ribs have been crushed in during the night & all one side is broken; another morning his leg is crushed or broken & he will shew his leg & ask you if you "do not see that the bones are crushed" when the leg is perfectly whole. He is sometimes sleepless but generally his bodily condition is good
31-1-85						Since last report there has been considerable improvement in this case. He now dances and sings at the usual Monday evening entertainments but if asked how he is says in a very doleful voice that "he is not much better" that "he can never be well again" giving as a reason that he is suffering from some serious internal disease or injury usually mentioning a different one every 2 or 3 days. His general health is good.
15-4-85						Is improving slowly. He still maintains he is very unwell bodily; that his stomach swells immensely after meals; that he is frightened his clothes burst. He states that he ought to be treated medically for his disease & for sleeplessness. His appetite is great as he eats all he gets at meals & usually has to get more soon after. He is quiet at night & certainly sleeps the greater part. He is now one of the regular vocalists at the entertainments & has begun to be particular, asking for notes before he begins and standing in some prominent position &c. To strangers he states that he will never be well, speaks in a mournful way & looks quite miserable. With the patients &c he is cheerful & sociable.
1-5-85						Discharged Relieved

NAME.

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

NAME, James Morrison No. 4684
Admitted, 30 December 1884
Sex, Male Age. 60 Marriage, Married Pr. Ad. Occupation, Commercial Traveller.
Education,
Private or Pauper, Private Religion, Presbyterian
Where from? Royal Edinburgh Asylum

HISTORY.

Condition.
Disposition
Habits
Previous Attacks—No. Second Kind
Duration Where treated Edin.r Royal Asylum
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous Yes
Duration of Existing Attack about 5 years
Other Facts or Remarks

Facts of Medical Certificates That he is feeble. Morbidly morbid in feeling - and dangerous when at home

NAME James Morrison

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement He is weakminded. Repeats the same stories & incidents frequently & does not remember that he has done so

Memory Impaired but not to a great extent

Coherence Good Can answer questions? Yes

Delusions

Other Abnormalities He is vain & believes that he was the means of curing many of the patients in Morningside by his advice

Appearance Medium height. Stout well nourished

Skin Healthy Hair White

Eyes Grey. Small brown spot in the right iris Pupils Equal. Moderate size

Muscularity Good Fatness Above average

Nervous System—*Motor*

Sensory Normal

Reflex Action Normal Special Senses Sight weakened from age

Retina

Bodily.

Lungs Well formed chest. Slight general catarrh of the air passage with cough but little sputum. Voice a little hoarse. Respirations 20 per min.

Heart Apex impulse in usual position. Cardiac sounds normal

Tongue Dry. Covered with whitish fur Bowels Regular

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

Appetite Good

Urine Of a dirty yellow colour. thick. S.G. 1030 acid. Contains excess of urates

Menstruation

Pulse 84 of aver. strength Temp. 98° 9 a.m.

Height 5 ft 10. Weight 14 Stn

Disease Secondary dementia *Skae's Classification*

General Bodily Health and Condition Moderately Good

PREDOMINANT FEATURES.

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

NAME. James Morrison

DATE.	Tempert. Morn.	Tempert. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
31-12-84		98·2		76	196	Passed a good night - ate well. Talks sensibly enough on most subjects, but shows a decided tendency to self-laudation. Declares that he has been unjustly sent here & states that it was due to some of his relations being afraid that he would ask them to refund him money, which was his & which they had kept & used for several years. States that he will be found of sound mind & sound body when ever he is examined.
4-1-85		98·3		75		Is lively & entertaining & has been sent up to sit in Mr Chesshire's room to see if he cannot brighten the latter up a little. Says that he performed some wonderful changes in the places under Dr Clouston's care, especially in one to whom he frequently refers, whom he cured in a month & made fit to return to his friends.
10-1-85.		98·2		78	198	Remains the same, is inclined to repeat himself frequently & has an unduly exalted opinion of his own abilities.
17-1-85		98·4		76		Remains the same; seems quite contented with his condition & is lavish of praise towards the Institution & the Country house, which he calls a castle.
20-2-85.		98·3		75	200	States that he has never been so well off during his whole life, and is pleased with everything. He is musical & is always willing to perform at the concerts.
27-4-85						Stated to day that he had been placed in asylums by his persecutors, and that when he got out, he would serve them out.
12-5-85.						Mr Morrison has parole outside grounds with Mr Willison. He remains cheerful & is entertaining. He has an almost inexhaustible fund of humorous stories which he delights in telling.
21-5-85.						He has been getting into trouble by surreptitiously posting letters to

NAME. James Morrison.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						his friends and others. one of them, at least, was written from in the Commercial Hotel. He applies for a situation as Commercial traveller, for which it happened that his son was at the same time an applicant. Mr Borland has been put under his care in the hope of keeping Mr Morrison out of mischief and being benefitted by cheerful company himself.
2:6:85.						Discharged Recovered.

NAME, William Esdaile No. 4685

Admitted, 3 January 1885 Pr. Ad.

Sex, Male Age, 71 Marriage, Widower Occupation, Labourer

Education, Religion,

Private or Pauper, Pauper Where from? Terregles

HISTORY.

Question.

Disposition

Habits

Previous Attacks—No. One Kind Domestic

Duration 8th April 1883 to 11th July 1883 Where treated Southern Counties Asylum

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. Recent.

Mental Restlessness; excitability; loss of memory; insomnia

Bodily

Symptoms. First.

Mental Excitability; incoherence; suspiciousness; suicidal tendency

Bodily

Insane Habits and Propensities Tendency to murder

Suicidal

Dangerous

Duration of Existing Attack One week.

Other Facts or Remarks

On his present admission he is much thinner than when discharged & his general health is lowered. His hernia is now irreducible

Facts of Medical Certificates I. 1. Great loss of memory. Delusions. 2. Throwing articles of furniture at his daughter, destroying his clothes. Told me by his daughter. II. 1. Incoherency of speech. great loss of memory and delusions. 2. Mr Laurie informs me that during the last week he has been very peculiar, threatening violence to his daughter. He was formerly in an asylum as a patient.

NAME William Esdaile

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement He is in a state of chronic excitement; getting up during the night & wandering about; often sits up in bed & rolls the bedclothes into separate bundles

Enfeeblement There is great mental enfeeblement [when asked what he is doing says "Nothing"

Memory very deficient says he left Newton a few days ago it being years

Coherence Talks incoherently often Can answer questions? yes but only the most simple

Delusions of identity i.e. calls the officials by the names of former friends of locality i.e. says he must yoke the horses &c

Other Abnormalities

Bodily.

Appearance Old & feeble, stoops & requires a support when walking.

Skin Hair

Eyes Suffused. Pupils normal

Muscularity Fatness

Nervous System—*Motor* Greatly impaired probably part of general weakness all the muscles on slight excitement pass into a state of tremor.

Sensory Impaired

Reflex Action Special Senses normal

Retina

Lungs Right lung hyper-resonant - Left lung dull, heart-sounds masked by muscular tremor. Respirations 22 per minute

Heart sounds masked by muscular tremor.

Tongue Dry; covered with white fur Bowels

Other Organs, Abnormalities, Bruises, &c. Has a large, left, scrotal hernia which he says has remained unreduced for two years

Appetite Good

Urine

Menstruation

Pulse Temp.

Height 5 feet 3 inches Weight 92-6 lbs.

Disease Senile dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME, William Esdaile

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4·1·85					132	He seemed to be in a very nervous state as all his muscles specially the facial muscles were in a constant state of mild tremor. He said he could not keep still as "there was something moving" on the night of his admission he was restless, getting up & putting on another patients clothes & saying he was going away as it was 6 O'clock in the morning (time 10·30 P.M) He called out frequently for his wife.
8·1·85						Still in feeble health. Had a fall today & bruised his side; therefore in bed. Still restless at night.
19·1·85		98·8		78		Very restless. Flushed, complains of severe frontal pain Bowels are regular & tongue clean.
21·1·85						Headache passed off. Mental state in statu quo.
2·2·85						Rather better general health. He is not so restless & eats & sleeps much better but his delusions are as strong as before & his conversation as incoherent.
15·4·85						He has been kept in bed since last report owing to his increasing feebleness. He still becomes restless attempting to get out of bed, rolling his bedclothes into bundles and talking incoherently as to what he has done this morning &c. talks a great deal about farm work, ploughing, carting &c & then says he is much too weak to go out to the field. He seems to have no idea where he is or of his present circumstances although he recognises his relations when they visit him. He is sometimes sleepless at night probably because he sometimes sleeps during the day. Appetite is poor.
25·8·85						Since last report he has improved somewhat physically & has been able to be up every day for some time. He is still very feeble & sometimes complains of pain in the head but nothing more definite can be got as he is very incoherent & rambling in his speech.
14·9·85						Has improved considerably both physically & at the same time mentally. His conversation is much more coherent & his reasoning power is much stronger. He is able to perform many personal duties himself & does not show any more mental or bodily infeebleness than is found in many men of his age. His appetite is gradually improving & as he is up the greater part of the day & therefore unable to sleep; he sleeps better at night.

NAME, William Esdaile

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
-86						He is very hypochondriacal & takes to rid in the slightest pretext. As a matter of fact however he is subject to lumbago & to attacks of chronic diarrhoea
8-86						His mental & bodily impediment are progressing.
9th Aug.						Patient very weak. lies in bed if he is allowed to. when up he walks about feebly with short halting steps but no loss of coordination &c. Eyes very red and inflamed with Blepharitis.
8th Sept.						This morning Esdaile was seized with a violent attack of vomiting about 6 o'clock probably cerebral in origin. At this time he was quite sensible. When I (Iw.) reached him he was in a state of stupor but could be roused. His left arm appeared paralyzed and the left Buccinator muscle was being blown out with each respiration. He could close both eyes but the right closed earlier than the left. His feet and hands were cold and the temp: was 95.8 in the axilla. Respiration was slow and laboured pulse rapid and small some twitching in left leg. The reflexes both skin and tendon seemed abolished except the plantar which was very active. Warm bottles were applied to his feet and legs and he was kept quiet. About 12 o'clock he passed into what seemed a real Epileptic fit the leftside (paralyzed side) being the side on which convulsions were present. After this he seemed to waken up somewhat and was able to swallow some fluid food. but soon passed into deeper stupor than before. He moved the right arm and leg automatically but the left lay passive. Respirations got more difficult and his forehead broke out in a cold sweat. Pulse very rapid. Large gurgling sounds in the trachea. A small hypodermic of Ether improved pulse and respiration and temp improved somewhat. Dose was repeated 3 times during the day. About 6 o'clock he passed into another Epileptic fit which left him more prostrate than before. He died at 9.10 A.M. on the morning of the 9th. His daughter said afterwards that he had been subject to fits occasionally, only one of which was accompanied by convulsions. A P.M. could not be obtained.

NAME, Thomas Porteous Stenhouse No. 4686

Admitted, 3 January 1885 Pr. Ad.

Sex, Male Age, 44 Marriage, Single Occupation, Farmer

Education, Religion,

Private or Pauper, Private Where from? Melville House Musselburgh

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration 13 years Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms, First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Must be Labourers under Dementia

NAME Thomas Porteous Stenhouse

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Her is demented. Cannot converse coherently. Takes little interest in his surroundings & incapable of looking after himself

Memory Impaired

Coherence Do Can answer questions? Not coherently

Delusions

Other Abnormalities

Bodily.

Appearance Thin & ill nourished. Sallow complexion

Skin Pale & dry Hair Black streaked with grey

Eyes Grey. Small brown spot in left iris Pupils Equal & mod: size

Muscularity poor Fatness Poor

Nervous System—*Motor* Functions good

Sensory Sensibility to touch impaired

Reflex Action Impaired Special Senses Mod: acute

Retina

Lungs Chest small. Breath sounds healthy. Respir.s 18 per min

Heart Apex impulse displaced one inch downwards – is forcible & the first carotid sounds lowered in pitch. occasional reduplication of first sound

Tongue Dry. Covered with white fur Bowels Irregular in action

Other Organs, Abnormalities, Bruises, &c. The liver dulness diminished: in the nipple line it ceases 2½ inches above the costal margin – The palmar fascia & flexor muscles of the right hand are contracted so that the tips of the fingers have indented the palm – There is posterior dorsal & incurvation of the spine

Appetite poor

Urine yellowish red colour S. G. 1025 acid Contains 1/8 part of Albumin

Menstruation

Pulse 80 of high tension. regular Temp. 98°.2. 9.30 a.m

Height 5 ft 7 in Weight 8 Sti 12 lbs

Disease Organic Dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME. Thomas Porteous Stenhouse.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14·1·85		98·5		76	124	Passed a good night & ate well. Is in a state of Dementia; his memory is impaired; he is incoherent in speech & cannot appreciate where he is; thinks that he is going home & has broken his journey here. Declares that he has seen everyone before, but that it was under a different name.
5·1·85		98·5		78		Slept & ate well; is quiet & tractable. talks unconnectedly & is unable to converse for any length of time
6·1·85		98·5		75		Slept & ate well, has a small book with engravings of a horse and a man in it & to them he speaks, remarking to anyone, who asks him why he does so that they are Thomas and his horse.
9·1·85		97·4		72		Sleeps & eats well; takes regular exercise; is quite apathetic & listless caring very little for what goes on around him
14·1·85		97·4		70	124	Has lost the idea that he is only breaking his journey here. Is contented & has a good appetite
20·2·85.		98·2		78	124½	Is quiet; rarely speaks and has little joy or interest in life. The bodily health appears to be & is improving
20·3·85		98·5		72	125.	States that he is the owner of numerous racehorses, which he intends to bring here and hold a race meeting with them. Is quiet. Eats and sleeps well.
29·6·85.						No change to report in this case. He makes himself useful in his gallery.
20·10·85.						Continues in fair bodily health, is not improving mentally. Cannot converse connectedly.
18·2·86						Mr. Stenhouse remains the same. Addresses every one as "Thomas"; he is industrious but untidy. Thinks he is a great racing man. Bodily in fair health.
14·9·86.					130	
14/12/86					126	
14/3/87.					123	
14/9/87					120	Mr Stenhouse is in fairly good health. His mental condition

NAME. Thomas Porteous Stenhouse

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						is unchanged. He is apparently suspicious, and after answering a question, often adds, "But I should not say anything about that." He can answer simple questions, but cannot converse coherently.
12/2/87					121	Mr. Stenhouse is in good health: he is an active worker in the gallery. There is no change in his mental condition.
8/1/88		101·3°F.				Mr. Stenhouse has been out of sorts for a week or so, being languid and unable to take much food. He has been kept in the house. This forenoon he took a shivering fit, and was sent to bed. In the afternoon his temp. was 101·3° F. He has the symptoms of an incipient attack of pneumonia, but as yet there are no physical signs.
9/3/88	98·4°F.					He slept well last night. Temp. normal at 8·30 a.m. He has a rigor at 10 a.m. Says he has no pain. No physical signs of pneumonia.
1/3/88						Dulness and bronchial breathing at the base of the right lung. Breathing harsh at the base of the left lung. Respirations rapid and shallow. He complains of no pain, but is very weak. He has is taking a mixture containing digitalis, ammonia, and ether, and stimulants are administered freely.
2/3/88						Did not sleep last night. He is very feeble today.
3/3/88						Mr. Stenhouse has rallied somewhat, but is still very weak.
5/3/88						Is now convalescent. He is taking his food well and is in good spirits. The illness has left him very weak, and he has not yet been out of bed.
14/4/88						Mr. Stenhouse was up today for the first time, but he is very thin and feeble, and is not regaining his strength satisfactorily. He has still a slight cough. He eats pretty well, and gets whisky ℥ii and port wine ℥ii daily. Also Syrup. Ferri Superphosph. Co. ℥ss t.i.d. after food.
15/5/88						Has regained strength rapidly, and is in good spirits. He has had several drives, and was out walking for the first time today.
2/7/88					134	Is now in good health.
2 Feb. 89						No change, is in fair health
2 April					133	No change.
July 30th 89.					125	Is now in fair health. Still very thin & feeble however. Has lost weight lately.
Sept. 30th 89.						Though in poor health and condition has been getting on very well and without medicine.
1st Nov. 1889					136	
1st Feb 90					120	
July 20 90						In fair health - in M. W. Gallery - demented, wanders about by himself

1894

NAME, Thomas Anderson No. 4687
Admitted, 8 January 1885 Pr. Ad. 1150-2342-2704
Sex, Male Age, 66 Marriage, Married Occupation Quarrymaster
Education, Religion,
Private or Pauper, Privati Where from? Locharbriggs

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. Kind Maniacal
- Duration Where treated Southern Counties Asylum
- Hered. History—Insanity
- Other Disease
- Predisposing
- Exciting General debility

Symptoms, First Record.
- Mental
- Bodily

Symptoms, Present Condition.
- Mental Restlessness; sleeplessness; suspiciousness; excitement
- Bodily

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

Facts of Medical Certificates II. 1. He is excited and noisy, shouting and gesticulating violently. He recites psalms and prayers, & preaches and says that the cause and cure of the rendering has been revealed to him by God. 2. By his daughter Mrs Robert Wright. That he has been violent & required two men to be in the room with him. That he has been in an asylum three times before. II. 1. He talks incessantly and incoherently, he says he has had secrets revealed to him by God. that he was warned by the Holy Spirit to visit the Asylum. 2. His attendant informs me that he has had previous residence in an asylum.

NAME Thomas Anderson

STATE ON ADMISSION. 10th

Mental.

Exaltation Slight mental exhilaration; spoke a good deal and rapidly. There was some muscular twitchings & his expression was almost angry

Depression

Excitement

Enfeeblement

Memory Impaired

Coherence Sometimes incoherent Can answer questions? Yes

Delusions Says his friends wish to injure him; that they put poison his food; that he was sent here to be "got out of the road"

Other Abnormalities

Bodily.

Appearance A strong, muscular man with a considerable amount of adiposity

Skin Healthy. Hair Greyish black.

Eyes Grey. Pupils Of moderate size & equal

Muscularity Good Fatness Considerable

Nervous System—*Motor* Normal. When he speaks & becomes excited the facials muscles specially the labials twitch & work convulsively

Sensory Normal

Reflex Action Moderately acute Special Senses Normal

Retina

Lungs Normal

Heart's action weak but Murmur normal

Tongue moist. Covered with white fur Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 84 per minute weak but regular Temp. Normal

Height 5 ft 10 3/4 Weight 143 lbs 6 lbs

Disease Recurred Mania *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

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

NAME. Thomas Anderson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8·1·85					202	Quiet but seemed as if he would be easily excited spoke a good deal about being brought to this place
9·1·85						Passed a noisy night talking to himself a good deal and told the night attendant he was "just swimming through Jordan". This morning he was much excited shouting & gesticulating but soon quietened down & wrote a letter to his wife of which the following is part "It with deep regret that am in this I had little thought of deceived at the time I went into cab ... I would glad to home with you again"
11·1·85						Still noisy at night but quiet during the day He is very emotional, tears often running down his cheeks when he asks if he can get home. Eats Well
3·2·85						Since last report J.A. has shewn some improvement although he is still excitable specially when he speaks of getting home or of his detention here; he then talks loudly, rehemently & sometimes with little sense or else he begins to cry shewing that his mental powers are still enfeebled. Today allowed home on Pass.
5·2·85						Returned from Pass; his friends saying he was very troublesome, always saying the food was poisoned and that they wished to injure him. He was rather excited on his re-admission & did not spare his friends.
1·3·85						Becomes much excited when he is allowed to speak of his detention here. Says his friends tried to poison him before his admission & that he must get out to be "even with them" Considers that because the Medical Superintendent will not allow him to go he must be in league with them & therefore requires to be furnished by Law, which he continually states is on his side. His general health remains good.
15·4·85						Remains in much the same state as noted above. Quiet pleasant & sociable with the other patients he is suspicious of the officials & suspects that they are detaining him here for some fraudulent purpose. Has frequently stated his determination to go home the first opportunity but only succeeded this morning by going out to walk in the grounds at prayer-time & finding one of the doors open. He went straight into the town. This being Wednesday was soon recognised and taken care of till seen by the attendant

NAME. Thomas Anderson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15-85		98.4		100	200.	Becomes excited at times, especially when he converses about himself. States that his workmen chloroformed him and then brought him here and that his son-in-law was accessory to this; he declares that he has been unjustly treated by God and Man & therefore he will not serve God any longer and that he will take vengeance upon his persecutors when he is released.
16-85						Liberated on pass
17-85						Discharged Relieved

NAME, William Watson Stewart. Junior No. 4688

Admitted, 16 January 1885 Pr. Ad.

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

Education, Religion,

Private or Pauper, Private Where from? Cathcart House Cathcart

HISTORY.

Disposition Variable with a tendency to Reserve

Habits Unsettled but not intemperate

Previous Attacks—No. First Kind

Duration Where treated

Hered. History—Insanity Maternal Grandmother died of a paralytic stroke

~~Other Diseases~~ Aged 76 years & mother of liver Complaint

Predisposing

Exciting He has never been strong minded & the insanity has come on gradually

First Symptoms — Mental About a year & a half ago he disappeared & stayed out in the Open air two nights

Bodily

Recent Symptoms — Mental He has become more morose & his temper has become more violent

Bodily

Insane Habits and Propensities Gluttonous

Suicidal Has threatened but made no attempt

Dangerous Yes

Duration of Existing Attack 1½ years

Other Facts or Remarks

Facts of Medical Certificates Confused Conversation. Marked incoherence of thought. Says that for some days past he has felt as if he were some other individual than himself. Has a confused feeling in his head & states that he has been reading of people who have cut their throats & that sometimes the idea occurs to him that he ought to do the same. He is violent. incapable of any work involving calculation of even a simple kind

NAME William Watson Stewart jun.r

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Talks unconnectedly - laughs aimlessly - Cannot give any coherent account of himself

Enfeeblement

Memory Not

Coherence Impaired Can answer questions? Yes. if simple

Delusions Says that he feels as if he was bound with Cords

Other Abnormalities

Bodily.

Appearance Thin - ill nourished - pale

Skin pale Hair Brown

Eyes Blue Pupils Dilated

Muscularity Moderate Fatness Impaired

Nervous System—*Motor* functions good

Sensory General sensibility lessened - States that he has peculiar sensations in the Skin

Reflex Action Diminished Special Senses Good

Retina

Lungs Healthy - Respirations 18 per. min.

Heart Apex in usual position - First sound shortened - higher in pitch

Tongue Clean & moist Bowels Regular

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

Appetite Good

Urine S. G. 1024 Acid Reaction pale yellow. No unusual Constituents

Menstruation

Pulse 78 Feeble. Regular Temp. 98. 2. 9. a. m

Height 5 ft. 7 3/4 Weight 9 St. 4 lbs

Disease *Skae's Classification* Insanity of Masturbation

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME. William Watson Stewart.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17. 1. 85		98.1		76	130	Arrived last night at 11.50 under the care of Attendants Smith & Taylor. Passed a fairly good night - This morning he speaks unconnectedly & cannot give a coherent account of himself. He remarked that he was certain that no doctor nor any asylum could cure his case & a minute or two afterwards said that this was a nice place & thought it would soon put him right. Came to table d'hôte & ate heartily.
18. 1. 85		98.2		74		Did not sleep so well; states that thoughts of an unpleasant nature prevent him sleeping - thought last night that he was falling over a precipice. His speech is more connected this morning but he has a tendency to change the subject abruptly. States that he feels that he is bound with cords & cannot free himself. Ate well & attended chapel.
19. 1. 85		97.8		76		Passed a moderately good night. States that he only threatened to commit suicide in order to frighten his friends & that he never really had any idea of doing so. Ate well & took exercise. Fer. et Quin Cit. gr. V. t. d. s
20. 1. 85		97.9		76		States that he is in an agony from coming here; he laughs at everything he says; has the appearance of being a masturbator: will not look anyone in the face: the skin is clammy: inclined to be alone & to sit over the fire. The appetite is good.
21. 1. 85		98.5		78		Slept better. Took exercise. Says that he must get away from here as it is an agony for him to feel that he is in an asylum.
1. 2. 84		97.5		70	132	Has improved mentally. Is not so solitarily inclined. He has joined in some of the outdoor games with interest, e.g. football. He is more talkative & does not speak so much of being in agonies.
12. 2. 84		98.3		75	131	Has lost ground during the last ten days. Will not exert himself to do anything, says that he has no power. His gait is changed he walks in a cautious jumping way, as if

NAME. William Watson Stewart

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						he were treading upon something which hurt his feet. He frequently passes his hand nervously over his face & clutches at his chin. Ordered ℥j Syr. Hypophosph. Co. t.d.s.
3·85		98·5		75	128	States that he is not himself, that he has been changed into someone else: also states that a devil has obtained possession of him & makes him masturbate. Will not do what he is told e.g. refuses to rise in the mornings when asked to do anything such as to go walking, always replies "I think not" "Not to-day" or some similar phrase. Takes little interest in anything going on & likes to be left alone.
14·4·85		98·3		74	127	Remains the same mentally. Is idle, unsettled, walks in a jerky nervous way: when spoken to, he laughs, and passes his hand over his face and head, or tugs at his beard. The cutaneous sensibility to touch and pain is much diminished. He strenuously denies that he masturbates. The appetite is moderately good.
1·5·85						He is remarkably restless & is variable in his moods. One day he is talkative & cheerful laughing heartily at a joke. The following day perhaps, he walks moodily about the room in a restless fashion and will not enter into conversation.
1·6·85						He is a good deal improved - talks freely. Polishes the gallery floor. Was glad to see his father who visited him lately. Has begun to read the papers & talks politics.
20·10·85						There has been considerable improvement in this case. Towards the close of the cricket season he joined freely at it. and now that football has commenced he takes pleasure in playing.
12·86						This patient has improved a little. This may be attributed to out door employment. He works with garden party.

NAME, David Weir No. 4689

Admitted, 17 January 1885 Pr. Ad. 954

Sex, Male Age, 38 Marriage, Single Occupation, Pauper Lunatic

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Lunatic Wards of Wigtownshire Poorhouse

HISTORY.

Causation.

Disposition

Habits Unsatisfactory - Masturbates

Previous Attacks—No. Kind Dementia

Duration 27 Novr 1862 — 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 Twenty-two years.

Other Facts or Remarks He is considerably thinner than when discharged; his general health is not so satisfactory & his habits, never good, have become much worse

Facts of Medical Certificates I. 1. That he is weak minded, generally quiet, but often during the night screams out in a very wild & excited manner. 2. That his general health is good, but he is very dirty in his habits.

NAME David Weir

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Marked; cannot answer questions & does not seem to comprehend them takes no interest in anything going on around him. Impairment of self control

Memory

Coherence Incoherent Can answer questions? No

Delusions

Other Abnormalities

Bodily.

Appearance Thin & weak-looking

Skin Dark Hair

Eyes Pupils Normal

Muscularity Poor Fatness

Nervous System—*Motor* Impaired; walks with a shuffling gait.

Sensory Impaired; voids faeces & urine in bed

Reflex Action Special Senses Normal

Retina

Lungs Normal except that the breath sounds are rapid in relation to heart

Heart Normal

Tongue Covered with a white fur; tremulous Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Seems to require a prolonged muscular effort to keep tongue protruded a short time as shewn by exaggerated contractions of the facial muscles

Appetite Good

Urine

Menstruation

Pulse 64 per minute Temp. 98°.2

Height Weight

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME. David Weir

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22.4.85						Since admission there has been no change in the mental state of this patient. He cannot be induced to take any interest in anything but sits in a corner of his gallery the whole only rousing up a little at meals. He will not answer any questions. His habits have improved from the attention he has received since admission. He is becoming weaker in general health but his appetite is good.
30.5.85		98.		74		This patient has improved since last entry. He is not so apathetic, does some light outside work and his bodily health is not so weak. His mental condition otherwise is the same.
28.8.85						Has been regularly employed with the barrow party since last report. He performs his work in a purely mechanical way. Physically he is not improving. His gait is slow & swaying & he moves his head from side to side in a tremulous way while walking. Appetite good.
1-1-86						This dement continues in much the same condition as when last noted. He works regularly in the barrow squad. He does not speak, he scarcely looks to one side or the other but stands in a listless, purposeless absent minded attitude. He pays almost no attention to whether his dress is in order or disorder & to direct his interest to anything he must be spoken to loudly & sharply. His circulation is very defective & he suffers much from oedema & cyanosis of the hands & feet.
10-5-86						There is no change to report in this harmless dement. A peculiar habit of sneezing that he has does not seem to have been already noted. Several times during the day he ceases to work & assuming a most violent attitude he sneezes with an emphasis & vigour resembling the discharge of a gun. Sometimes he jumps up into the air when performing those twisting sneezes.
1 Sept 87.						This fellow is a masturbator. His circulation is weak & his color pale. He will not speak at all & his

NAME. David Weir.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						appearance suggests considerable mental enfeeblement. He wears an idiotic smile. During the day he is engaged with the barrows & does his work fairly well. He is in poor bodily health but not at present getting any weaker.
-Jan 1888						The same profoundly demented creature, at times excited & striking himself violently on the scrotum.
30 Mar 1888						No change.
15 June 1888						Works at the barrows – is profoundly demented.
1 October						This tall dement has been quiet for some time – he has not shewn so much excitement.
20 December						At times excited & attempts to hurt his genital organs – he is profoundly demented.
30 Mar. 1889						He is noisy at night just now – Otherwise is the same.
1 July						Quiet again but occasionally restless. Health is much as usual.
10 Septr						He is at the barrows and works pretty well.
18 Novr						Still at the barrows & works as before – His bodily health is not robust but is as usual.
24 March. 1890						Yesterday had severe vomiting & Rauhea. Improved today. Has a mitral systolic murmur.
10 June						In his usual health & works as before.
24 August						Has had some vomiting today. but only slightly.
10 Novr						No change.
February 13th 1900:–						A big fat dement who is in fair health. Mentally is now past work. unable to look after himself in any way. dirty in all his habits and very incoherent. Rarely answers any questions

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NAME, John Renfrew. No. 4690

Admitted, 20 January 1885. Pr. Ad.

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

Education, Religion,

Private or Pauper, Pauper Where from? Under the Brae Lochrutton

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity Father & mother are both in this Asylum

Other Diseases

Predisposing Heredity

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates I. 1. Will not answer questions, restless and excitable, said he was the Lord. 2. Mr Anderson said to me that he said that he (Mr Anderson) was the Devil & was ready to offer violence. II. 1. His facial expression indicates insanity. He does not answer questions rationally, & has no recollection of his past life.

NAME John Renfrew.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Marked. Cannot comprehend even simple questions if spoken to hangs down his head & smiles

Memory Impaired

Coherence Often incoherent — Can answer questions? only very simple ones

Delusions

Other Abnormalities

Bodily.

Appearance Strong & well developed but with dull, heavy expression.

Skin — Hair

Eyes — Pupils Dilated, react equally to light but sluggishly

Muscularity Good — Fatness

Nervous System—*Motor* Impaired generally; has a slouching walk

Sensory

Reflex Action Has weakened power over his [sphincters — Special Senses Normal

Retina

Lungs Dulness under right clavicle; no accompaniments. Left lung normal

Heart Normal

Tongue Covered with white fur dry & flabby — Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 60 per minute — Temp. 99° F.

Height 5 ft 2½ in — Weight 78 lbs 12 lbs

Disease Imbecility? Mania, Adolescent — *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.
									6

NAME. John Renfrew

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22·1·85						Sleeps and eats well. It is difficult to get any coherent answer from him but when asked about his illness says the farmer with whom he worked in Ayrshire gave him a blow on the head which caused him to be like he is now.
24·1·85						Much the same mentally; has a stupid dazed look and takes little note of anything going on around him. Goes out to work regularly but does everything in a mechanical sort of way. He seems to be losing all power over his sphincters. His habits have become very dirty & he often voids his faeces & urine in bed.
4·2·85						Shows no improvement mentally. Habits as bad as before. His general health otherwise continues good. He eats & sleeps well & does his work steadily.
22·4·85						There is no improvement mentally in this case he is stupid, dull & forgetful. Taking no interest in what is going he is willing enough to do what he is told; but if left alone would sit with his hands in his pockets & eyes on the floor the whole day. When spoken to he seldom answers but smiles gently to himself He has been working outside regularly & this has improved his general health
15·5·85	98·8		74		109	There is slight improvement in the mental state of this patient; he works with more interest than he did; sometimes makes a mild request to be allowed to go home. but cannot say what he would do when he got there; his habits from careful attention are more satisfactory
28·7·85						For some days past he has been asking to be allowed to visit his aunts in Manchester & today he escaped. He was last seen in front of the Asylum about 4·30 P.M with John Learmont (patient), notice sent to Inspr of Poor Renfrewshire.
29·7·85						Reported as being in Manchester - Sent for. Brought back this morning
30·7·85						He will give no definite reason for his escape. Says he saw the gate open & as he wanted to see his sister he went off. Shows neither pleasure nor displeasure at being brought back. He is much more talkative & sociable now than formerly but there is little much

NAME, John Renfrew

DTE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						Lack of reasoning power and independence of purpose. Since last report he has been quiet and industrious, being engaged regularly in the Harvest work. This contented state of mind may be due to there being at present two Men Boys of about the same age in the Institution with whom he can associate. Mentally he has not improved.
7		85				Has improved somewhat during the past month is more staid & rational. Employed industriously outside. He appears to be as well at present as his inherent mental weakness will allow.
7		85				Situated to the Inspector as being fit for discharge
30		1-86				He was sent to Kirkmichael in order to give him as much liberty as possible prior to an my agreement being formed for him by the Inspector of Poor but after considerable delay he was on the 30 Jan 86.

Discharged Recovered

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NAME, John Thomson No. 4692

Admitted, 21 January 1885 Pr. Ad.

Sex, Male Age, 67 Marriage, Married Occupation, Joiner

Education, Religion,

Private or Pauper, Pauper Where from? Collin Village

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Bodily infirmity

Symptoms, First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates I. 1. He is dull and despondent, and in great dread of some impending danger. He imagines some person annoys him while in bed & thinks that his friends and relations wish to do him bodily harm. 2. His wife informs that he has ~~threatened~~ her with a knife, & that he meditates suicide. He has had previous residence in an asylum. II. 1. He has a stupid, absent expression. Is quite melancholy, says he cannot sleep and has delusions about people doing him harm. 2 I certified him insane some time ago, as being dangerous to himself and others.

NAME John Thomson

STATE ON ADMISSION.

Mental.

Exaltation

Depression In a state of mild depression. admits that thoughts that he ought to destroy himself had often come into his mind lately

Excitement

Enfeeblement

Memory

Coherence Is coherent Can answer questions? Yes

Delusions says there is some impending evil hanging over him; that various persons wish to injure him.

Other Abnormalities

Bodily.

Appearance Stout; well-developed.

Skin Hair

Eyes Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Normal

Sensory Impaired.

Reflex Action Special Senses Hearing is impaired. Sight good.

Retina

Lungs Normal Respirations 18 per minute

Heart Apex displaced downwards one inch. Impulse weak. Systolic mitral murmur present

Tongue Large, red, clean Bowels Confined

Other Organs, Abnormalities, Bruises, &c. There is enlargement of both testicles & on the right side there is a swelling of firm consistence in front of the testicle.

Appetite Good

Urine Normal

Menstruation

Pulse 78 per minute, feeble but regular Temp. 99°F

Height 5 ft. 6 in Weight 128-12 lbs.

Disease Melancholia *Skae's Classification*

General Bodily Health ~~and Condition~~ Impaired

PREDOMINANT FEATURES.

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

NAME, John Thomson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22·1·85						Slept little. So taciturn & it only with difficulty he can be got to answer questions. Denied having had any suicidal tendencies but afterwards admitted that thoughts that he ought to destroy himself had often come into his mind lately. Ate moderately well.
23·1·85						Slept better is suspicious & reserved. Has a peculiar furtive look about his eyes.
25·1·85						His sleep has been more disturbed during the last two nights; is quiet & reserved, disinclined to speak of himself and always tries to change the subject.
28·1·85						Remains the same mentally. Appetite is improving
6·6·85						Is not so depressed, he is able to do some work, and the expression of his face is not so miserable. He is not so taciturn, but his speech has always a melancholic tinge about its character.
28·9·85						Has been working regularly outside since last report & is able to take some intelligent interest in his work but at times he is very stupid & forgetful though not nearly so melancholy as before. He cannot carry on an intelligent conversation but soon becomes rambling & disconnected in speech. He requires to think a long time before answering any question.
29-12-85						He is now cheerful and speaks more freely.
13-5-86						He works a little in the garden. His father-in-law is improving.
Nov 30th 1887.						John Thompson took an apoplectic fit – it was slight but confined him to bed with paralysis of the left side – this left his left side impaired as to power but his mental condition was much improved & he was discharged on 6 Months probation
30th April 1888						Discharged on Probation

NAME.

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

NAME, John Kennedy Urie No. 4694
Admitted, 24 January 1885 Pr. Ad.
Sex, Male Age, 41 Marriage, Married Occupation, Upholsterer
Education, Ordinary Religion, Presbyterian.
Private or Pauper, Private Where from? Thornhill

HISTORY.

Causation.
Disposition Reserved.
Habits Steady and industrious.
Previous Attacks—No. [illegible] Kind [illegible]
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting "Religious Melancholy"

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 I. 1. At times can speak and act rationally, then for days constantly repeats "I am lost, my saviour has cast me off" & starting up says "the devil has me" &c. Refuses food & frequently talks incoherently. Has a strong suicidal and homicidal tendency. 2. By his wife & sisters. Repeats as above all days. Wants them to bury him or cover him up somewhere. Tries to get out at night alone to drown himself. Hates his wife and children & feels inclined to destroy the latter. II. 1 He is exceedingly talks incoherently & often without any reference to the question asked. He has lost all memory of price of goods, and is unable to do any mental work. He expresses at times a wish to be out of the world. 2. His wife informs me that last night he was with difficulty restrained from running out to throw himself in the Nith. He has repeatedly spoken of so doing, and expresses a fear of injuring his Children.

NAME John Kennedy Price.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Seems considerably depressed says he "is lost"; that "the devil has his soul; that "his family will starve & be pinned."

Excitement Excited; talks rapidly & keeps repeating "I am lost" often talks incoherently

Enfeeblement

Memory Impaired

Coherence sometimes incoherently Can answer questions? only very simple ones

Delusions

Other Abnormalities

Bodily.

Appearance Thin and somewhat ill-nourished

Skin Dry Hair

Eyes Pupils Dilated

Muscularity Moderate Fatness

Nervous System—*Motor* is excited; there is constant tremor of muscles of limbs & trunk sometimes going on violent contractions

Sensory Normal

Reflex Action Increased Special Senses Normal

Retina

Lungs Breath-sounds are increased in intensity. Respirations 30 per minute

Heart sounds loud & short

Tongue coated with a dirty white fur Bowels confined

Other Organs, Abnormalities, Bruises, &c. He suffers from dyspepsia

There is a small ulcer on the middle of the right tibia the result of a wound received 10 days ago

Appetite

Urine

Menstruation

Pulse 120 per minute strong & regular Temp. 100°F

Height General Paralysis Weight

Disease Acute Mania *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME, John Kennedy Urie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25·1·85						on admission was quiet & spoke rationally about his illness except that he stated that he "was quite lost" &c slept moderately well. Soon after getting up he became excited, called out incessantly "I am lost" Muscular excitement in the form of frequent contractions of the limbs & trunk (somewhat like that seen in Hydrophobia) was well marked. He was put back to bed. During the rest of the day these convulsions returned at intervals ℥i of Chloral Hydrate was given at night.
26·1·85						Slept 7 hours. In the morning was restless and convulsions of the facial muscles were added to those of the limbs and trunk. When any liquid food is given there is in co-ordination of the oral muscles & a quantity of it is always lost.
27·1·85						Slept badly. The restlessness continues. Only a small quantity of urine was passed, and on the Catheter being introduced into the bladder no urine was found. There was considerable perspiration; bowels constipated. In the evening an enema of Soap & Water was given effectually.
31·1·85				101		Almost sleepless since last report. The muscular excitements is increasing. Will not stay in bed and this morning stood for some time in the middle of the floor jumping off one foot on to the other & shouting incessantly "What is the matter with me" in a sing-song tone. Pupils are markedly contracted but equal. Has passed no urine for 12 hours & bladder is distended Pulse weak & intermittent. Ordered soap & water enema.
1-2·85				99		1½ pints of urine drawn off last night. There is spasmodic contraction of part of the urethra ½ in from membranous portion. Urine. Sp. gr 1030: Acid: dark red: slight deposit of urates & phosphates; small amount of albumen present but no tube casts. Today he is very restless after a restless, sleepless night. For 2 or 3 days he has resisted his food & today feeding with a spoon was found impossible so the feeding bottle was used. As he will not remain in bed he has been put in a strong dress & allowed a certain space to move in, watched by an attendant
4·2·85						Much quieter today. Slept a little. Still requires to be fed. Receives 9 eggs & 3 pints of milk & 4 oz whiskey daily. Still resists considerably during the feeding makes water voluntarily sometimes wetting the bed Bowels regular Pupils normal.

NAME. John Kennedy Irie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
10·5·85						Takes his food of his own accord Has a good appetite Is very much quieter. Lies flat on his back & seldom moves Tongue clean Pulse strong & regular. He answers all questions coherently. Says he feels very weak.
7·5·85						Was up this forenoon for a few hours. Has to be supported when up. He is pale & very thin but has a good appetite. Soda Port wine substituted for the whiskey —
8·5·85						Since last report he has been up the greater part of each day & his appetite has increased greatly specially since he was sent outside for an hour also walking bed-room with this he is not picking up to any extent and making no improvement in his mental state. He is extremely quiet & reserved never speaking unless positively addressed. Answering in an offhand way with little regard to the meaning of the question, and as if he wished to get rid of the questioner. In order to see if a change of scene would have any good effect he was sent to the First House today.
20·5·85		97·8		78	148.	Has improved a great deal since last entry He is brighter, takes an interest in what is going on and his appetite is good. He is allowed inside parole with Mr Anderson.
9·5·85						Discharges Recovered.
20·5·85		97		90	114	Readmitted to day. Ten days ago depression of spirits and a desire for change showed the return of his malady. He wandered away from home and was found with much difficulty Facts of Medical Certificates. Irregularity of behaviour and mental insufficiency; cannot converse or answer simple questions. Insane appearance. He is dull and apathetic, cannot converse beyond a Yes or No. States that he is fine when asked how he is, but cannot give a connected account of his life during the last ten days. His memory is impaired regarding recent events and there is a good deal of mental confusion present.

See Page 793

103

NAME, Thomas McDonall — No. 2738

Admitted, 26th July 1884 — Pr. Ad.

Sex, Male — Age, 64 — Marriage, widower — Occupation, Commission Agent

Education, — Religion,

Private or Pauper, Private — Where from? Milton Port William

HISTORY.

Condition.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness; incoherence; delusions &c. That he has been in correspondence with Moses &c

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Four weeks

Other Facts or Remarks

Facts of Medical Certificates I. 1. Says he requires £25 to go to London to see Mr Spurgeon at the Tabernacle as God had appointed him to do this. 2. Mr & M. Routledge, Bankers Portwilliam has received some incoherent letters from him in reference to family property II. 1. He is restless and garrulous, talks incoherently about the prophets of scripture & says he has had correspondence with Moses. 2. John Douglas, Baker, Portwilliam says that he has all sorts of absurd theories about the causes of recent great events, tracing them to a biblical source.

NAME Thomas McDowall

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence Sometimes incoherent — Can answer questions? Occasionally

Delusions Says he is a Messenger from God; That he has "visitations" at night telling him that certain things will happen unless he is allowed to speak or interfere in [some peculiar way.

Other Abnormalities

Bodily.

Appearance Strong & fairly well nourished

Skin — Hair

Eyes — Pupils Normal

Muscularity Good — Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action — Special Senses Normal

Retina

Lungs Normal

Heart Has mitral Vavle Systolic murmurs Hypertrophy of left ventricle

Tongue Clean — Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Has ectropion of lower lid of right Eye.

Appetite Good but Suffers from Atonic Dyspepsia

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

105

NAME. Thomas McDowall

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10·12·84						For some months he has shewn no improvement in his mental state. He still continues to spend most of his time, when the weather permits in wandering about the grounds or in reading. His delusions remain as strong as ever & he is continually trying to explain why certain things should be done, particularly to hasten his liberation, by quoting passages of scripture. He also frequently has visitations in his dreams telling him that certain things will happen soon unless he speaks or interferes in some way to prevent them. He still considers he has been ill used by his relations latterly imputing his confinement to a quarrel his brother forced upon him about some ship & defends his own conduct by quoting various irrelevant passages of Scripture. He is extremely fond of writing to the Medical Superintendent about a great variety of subjects His general health since his admission has been good.
14·4·85						There has been little or no change in this case. He has taken considerable interest in garden work during the Spring and has spent a considerable portion of his time assisting the Gardener although not attached to the Garden Squad. This has rendered him of anything more contented but whenever he gets anyone to speak to & evinces any interest in what he is saying he at once refers to his quarrels with his relatives, the reasons he has been explaining these & quoting Scripture, no matter what the primary subject of conversation happened to be. He still writes letters which are incoherent & appear to be original sentences & verses of Scripture strung together without any regard to their meaning. His general health remains in its usual very Satisfactory State. —
30·8·85						There has been nothing worth reporting in this case since last entry. Since that time he has lived a quiet & inoffensive life going out regularly to work on the garden where he is special use as he does not require watching & can be allowed to work outside the walls alone. He does his work in a conscientious way & this enforced silence has made him less talkative when in the house & among other men. At the same time his delusions remain pronounced & he is very rarely led to dilate upon them the religious tendency being still well marked. He does not write to the same extent as before & has not written to his relations for a long time. His general health is very Satisfactory. —

NAME. Thomas Mc Dowall.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						He is full of religious matters & points to several prophecies in the Bible which he states refer to himself. Ezekiel III 17, 18, 19, XII, 1, 4 & 11. and Jeremiah XXXIII 11. He employs himself in making the beds in the Dormitories & in acting as a Gate Porter. For this purpose he is trusted with a key.
" 8						No change.
2nd 12 86						Mc Dowall was employed as a gate keeper up to this present date. but today it was accidentally discovered that he had pawned his watch & used the money cheefly in sending letters to various officials of his acquaintance. Most of these letters probably referred to his delusions. As his money is now exhausted his parole was not discontinued.
17th Dec. 1887						T. M. is still in a state of exaltation - He accused an attendant, probably falsely of Atheistical tendencies & said he (the att.) went about with his pockets full of Cartridges & that a loaded revolver went off in his pocket one day when serving the soups. He is in indifferent health.
29 Mar 1888						He threatens Mr Gladstone & the Prince of Wales with imprisonment &c. he says will be a surprise to them. He says he is detained here for the prophecy not himself.
5 June 1888						Much the same - is full of prophecy
1 October						This man's delusions continue & he is quiet & suspicious of certain people - at times he is much excited.
21 Dec.						Still quiet & delusional - he is full of exalted notions about prophecy.
30 mar. 1889						He retains his delusions as before.
1 July						This man is in his usual health & makes beds in the Dormitory.
10 Sept.						No change.
15 Nov.						He is still in a state of mental exaltation

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NAME, David McGann. No. 2741

Admitted, 2nd August 1884. Pr. Ad.

Sex, Male. Age, 76. Marriage, Widower. Occupation, Manner.

Education, Religion,

Private or Pauper, Pauper. Where from? Wisconsin Poorhouse

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One or more. Kind

Duration. Where treated. Southern Counties Asylum

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms, First.

Mental

Bodily

Recent.

Mental. Weak-minded - dull & sometimes irritable

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates. 1. 1. He is weak minded, dull, dour & stupid. At times very irritable. 2 He is subject to frequent Epileptic attacks, otherwise bodily health & condition satisfactory.

NAME David McGown.

STATE ON ~~ADMISSION~~ 27 May 1885.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Cannot answer questions nor carry on a conversation; takes no interest in anything. does not know where he is.

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

Coherence Impaired Can answer questions? No.

Delusions

Other Abnormalities He is cross and irritable, and his habits are dirty.

Bodily.

Appearance Feeble and frail; complexion florid.

Skin healthy. Hair white.

Eyes blue; arcus senilis marked Pupils small, equal & contractile.

Muscularity poor Fatness diminished.

Nervous System—*Motor* Has epileptic convulsions at times

Sensory Tactile sensibility diminished.

Reflex Action diminished Special Senses dulled.

Retina

Lungs Chest flattened at lower part on left side. Sternum depressed. Respirations. 18 per. min.

Heart

Tongue clean, red, deviating to the left when protruded Bowels regular

Other Organs, Abnormalities, Bruises, &c. There is a considerable amount of Atheroma in the arteries

Appetite good.

Urine s.g. 1028, pale yellow, slight deposit of urates. No Albumin.

Menstruation

Pulse 90. regular Temp. 98·3. 8 p.m.

Height 5 ft. 4 in. Weight 146 lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

NAME, David McGown

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16.6.85		98.2		76	116.	There is no change to report in this case. he is irritable and weakminded. takes no interest in anything happening around him and his habits are dirty.
15-3-86						His general bodily health is poor his mind also especially being dull. Profound dementia is present with occasional irritability & tendency to violence.
5/3/87.						David Macfown suddenly became sick vomited & fell down insensible after tea last night. at 7 PM. & 10 PM. he was quite unconscious Conjunctival reflex absent. Occasional strabismus. pupils insensible to light. Plantar & tendon reflex present on both sides. Temp 95.2°7. Pulse 54. irregular. Stertorous breathing. At the post mortem. there was found. Softening of the right optic thalamus with hemorrhage into the ventricles. The brain tissue was soft throughout. Died March 5th 1887.

NAME,

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

NAME, William Dinwiddie No. 1880
Admitted, 14th August 1884 Pr. Ad.
Sex, Male Age, 76 Marriage, Single Occupation, Writer
Education, Religion,
Private or Pauper, Private Where from? Hawthorn Bank Glebe Terrace Dumfries

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. Second Kind
Duration Where treated At Home
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 3 months
Other Facts or Remarks. Was admitted in a state of acute mania with delusions of identity - The restlessness has passed off but he is weakminded & incapable of taking care of himself

Facts of Medical Certificates He has a vacant appearance & is restless & sleepless - He imagines his sisters wish to put him out of his house & that he hears people talking in the house who are acting against his interests He talks incoherently & has refused food.

NAME William Dinwiddie

STATE ON ~~ADMISSION~~. 7th Feb: 1888.

Mental.

Exaltation

Depression

Excitement

Enfeeblement He speaks incoherently at times. His memory is impaired & he is incapable of looking after himself

Memory Impaired at times

Coherence Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Well nourished

Skin Healthy Hair Grey

Eyes Grey Pupils Equal

Muscularity Enfeebled Fatness Moderately fleshed

Nervous System—*Motor* Enfeblement (from Hemeplegia) of the left arm & leg. The gait is slow & the left leg swung round instead of moving straight forward.

Sensory Tactile sensibility impaired

Reflex Action Diminished Special Senses Sight & hearing dull

Retina

Lungs Healthy. Respirations 18 per min.

Heart Healthy

Tongue Clean Bowels Constipated. Rejects castor oil every third day

Other Organs, Abnormalities, Bruises, &c. Teeth all gone. Has false ones

Appetite Good

Urine S.g 1021. acid. bright yellow. No unusual constituents

Menstruation

Pulse 78. Regular. of good St^th Temp. 98.7° 8 p.m

Height 5ft 4in Weight 9 St^ne 9 lbs

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME. William Dinwiddie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9·3·85		98.4		78	140.	Mr Dinwiddie remains much the same. He takes a considerable interest in the affairs of the day. He is not so anxious about returning home.
22·4·85						Discharged Recovered.

NAME,

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

115

NAME, James Goldie No. 2751
Admitted, 6th September 1884 Pr. Ad.
Sex, Male Age, 22 Marriage, Single Occupation, Watchmaker
Education, Religion,
Private or Pauper, Pauper Where from? 25 Loreburn St Dumfries

HISTORY.

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

Symptoms. First.
Mental
Bodily

Recent.
Mental Restlessness; irritability; suffers from delusions
Bodily

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack Four months.
Other Facts or Remarks Has for some time acted as Billiard-marker in some rooms in this town. Probably he has been weak-minded since infancy & various occupations have been tried without success.

Facts of Medical Certificates I. 1. Talks incoherently, seems uneasy and looks vacant has delusions as to getting into states of unconsciousness during which he forgets all his friends and acquaintances. 2. His father states that he cannot entrust his other children to his care as he sometimes becomes violent &c.
II. 1. Says he has been quite insensible for three weeks. his father has to look after him; else he will break the furniture. talks very much, has some delusion about curing his father of drinking by prayer. 2. His father says he is obstreperous breaking any thing he gets hold of. struck his sister with a stick without provocation.

NAME James Gooldie

STATE ON ~~ADMISSION~~ 20th February 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement There is great mental Imbecility seen in expression, manner, and incoherence of speech. Want of comprehension of simple questions.

Memory

Coherence Sometimes talks mechanically Can answer questions? Only simple ones

Delusions

Other Abnormalities

Bodily.

Appearance Small & ill developed for his age. Imbecile expression.

Skin — Hair

Eyes — Pupils Normal

Muscularity Poor — Fatness

Nervous System—*Motor* Impaired. There is a general slowness of every movement.

Sensory normal

Reflex Action — Special Senses Normal

Retina

Lungs Normal

Heart Slight enlargement of right ventricle.

Tongue Normal — Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Has had some affection of the left knee whereby the flexor tendons are shortened & knee undried stiff

Appetite Good

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease Primary Dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME. James Goldie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
9·9·84						The first night he was pathc wailed & called out several times awaking in a state of fear that something was about to happen to him. Since then he has been very quiet but showing a large amount of mental infeblement:
6-10-84						Remains quiet; is becoming more demented. He answers in a childish way & generally "Yes" to everything. often answers incoherently. He is useful in his Gallery in a small way and is very fond of going about "sorting up" as he calls it:
10·12·84						Shows no improvement in his mental in fact rather the reverse. His motor power seems to be becoming more and more affected & the mental infeblement more marked.
31·1·85						Remains as above. His appetite is good and he sleeps well. He does not seem to have any delusions now.
14·4·85						Remains in a quiet, inoffensive state; more offensive than before, if possible, in his manner; always wishing to be taken notice of. He talks much more to himself than before & goes about "sorting up" smiling & saying "yes" softly to himself for hours together. He is becoming weaker in general health especially in motor power. Appetite remains good He has not been troubled at night for some time now.
1·7·85		98·3		90		Has been put to bed to-day on account of his showing a tendency to faint. His motor power is weak and his articulation is not so distinct as usual. He has also difficulty in swallowing.
3·7·85		98·6		94		The motor weakness has increased, & is most marked on the right side. He cannot articulate distinctly and does not clearly comprehend what is said to him.
5·7·85		98·3		90		Hemiplegia of the Right side of the body is now quite apparent. He is helpless, cannot move the right arm or leg: the left pupil is larger than the right.
28·7·85						Has improved slowly since last report & is now able to move arms & legs but in a weak jerky way. His mental weakness is increasing as he is quite unable himself to express, or form the words he formerly wishes

NAME, James Gooldie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
[illegible]·85						Improving slowly in his physical state. Can now articulate many words slowly. Answers a question quicker & the power of expressing his thoughts is returning slowly. There is still much muscular tremor on effort & he is very unsteady on his legs.
28·85						Is improving still. Was up yesterday for five hours.
5[illegible]·85						Has been up everyday since last report & is becoming slowly stronger on his legs. Mentally he is more enfeebled than before his illness & is very childish & silly in his manner & conversation.
0[illegible]·85						Again going backward; Very restless at night sleepless & when he gets the chance getting up & taking the clothes off the beds of the other patients. Becoming weaker mentally & physically.
10·85						Becoming weaker. He is very restless specially during the night getting up & wandering about; If he dozes during the day he starts & screams frequently & when in a dull sleepy state often takes off his shoes & stockings and flings them away crying out & then bursting into tears. He answers "yes" & smiles to all questions when in good humour but frequently takes no notice of questions.
-86						He has brightened up considerably of late although his distortion tendencies are very extremely.
-86						Lately his mental condition has relapsed. He takes no interest in his surroundings never speaks even when specially spoken to. He endeavours to take off his clothes but does so with very little intelligence. Phthisis Pulmonalis is present & advancing rapidly.
Octr 1887.						J. G. is almost quite mindless He cannot look after himself in the least & is a dirty helpless object - His bodily health is bad but he has not been any worse during the last 2 months.
2 Jan 1888						Much the same - is on extra diet & feels the cold weather.
Mar 30 1888						No change.
15 June 1888						Is in bed - he is weaker than before.
1 October						This boy is confined to be & is weak. No change mentally.
30 Dec^r						He is getting fat & is stronger.
~~30 Mar.~~						see page. 868

NAME, John Gibson No. 2762
Admitted, 4th October 1884 Pr. Ad. 90th 1839
Sex, Male Age, Marriage, Single Occupation, Attendant
Education, Religion, in Southern Counties Asylum
Private or Pauper, Pauper Where from? S.C. Asylum

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. Two Kind Maniacal
Duration 12 years; 8 years 8 months Where treated Southern Counties Asylums
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental Restlessness; tendency to wander; excitableness; incoherence—
Bodily

Insane Habits and Propensities
Suicidal
Dangerous
Duration of Existing Attack One week

Other Facts or Remarks After his second discharge he was taken on as Attendant in the S.C.A. Remained as such for nearly 8 years. During this time he was always quiet & steady but noticed to have a vacant look & to do things in a peculiarly slow way. He became engaged to a female attendant & took off to get married. Patient now says he felt the attack coming on & refused to fulfil his engagement. He became suddenly maniacal & ran away from the house where he was staying & wandered about the country till brought here by the police.

Facts of Medical Certificates I. 1. Talks incoherently, never ceases raving in a most incomprehensible manner. 2. much the same as above from James Hughes with whom he lodges. II. 1. Is very excited and quite incoherent. No sense in what he says, just a jumble of nonsense. 2. Has been in an asylum before and became in this condition during last week as told me by James Hughes with whom he lodged.

NAME John Gibson

STATE ON ADMISSION.

Mental.

Exaltation In a state of acute mania, shouting, singing & talking incoherently always trying to roll about on the floor.

Depression

Excitement

Enfeeblement

Memory Gone

Coherence Incoherent Can answer questions? No

Delusions

Other Abnormalities Has hallucinations of sight & probably of hearing

Bodily.

Appearance Moderately good health; but has evidently been without food some days

Skin Dry — Hair

Eyes Blistering Pupils Dilated

Muscularity Good Fatness

Nervous System—*Motor* Excited

Sensory

Reflex Action Special Senses Normal

Retina

Lungs Normal

Heart Mitral first sound impure; heart otherwise normal

Tongue Furred. Breath foul Bowels Normal

Other Organs, Abnormalities, Bruises, &c. Slight scratches on hands & face

Appetite Poor

Urine

Menstruation

Pulse 56 Temp.

Height Weight

Disease Recurrent 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. John Gibson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5-10-84						After a cold bath he was much quieter & at once asked for food & received a large amount of milk. During the night he was excited & slept very little. Talked a great deal & threw himself about his room but not violently.
6-10-84						Still much excited, singing, shouting & talking rapidly. He has taken a large amount of porridge & milk.
20-10-84						Rather quieter but still occasionally flings himself on the floor rolls about, moaning & wringing his hands. He will not answer any questions. He now keeps better & takes his food well.
30-11-84						Does works in his Gallery & does not seem quite so depressed. Still seems to feel his position & therefore to shun the other patients as much as possible. He is beginning to pick up strength rapidly & is now very much stouter than on admission.
1-1-85						Asks sporadically when he is to get away & be allowed to do farm work. His manner is still peculiar & almost childish. He laughs whenever he answers any questions but speaks quite coherently.
10-3-85						Has improved considerably since last report. His manner is now quieter & more subdued although still peculiar and abrupt. He has become more sociable and engages in the weekly entertainments. He is industrious and has a farm yet [illegible] way with the men working under him, as they occasionally are, so as to allow of judgement being made as to whether he should have charge of a squad of men or not. His general health has completely recovered its tone but it is very unlikely he will ever be the same mentally as he was before this attack & there is every chance that if he were discharged very little would again destroy his mental equilibrium.
31-3-85						Discharged recovered To be retained as an attendant without pay at present.

NAME.

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

123

NAME, Robert Percy No. 2763
Admitted, 4th October 1884
Sex, Male Age, 18 Marriage, Single Pr. Ad. Occupation, Coachsmith
Education, Religion,
Private or Pauper, Sanster Where from? Dumfries

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. Kind
- Duration Where treated
- Hered. History—Insanity Mother was insane & ultimately committed suicide
- Other Diseases
- Predisposing
- Exciting

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental Melancholic; has delusions; is said to have attempted suicide
- Bodily

Insane Habits and Propensities
Suicidal Is said to have handled a knife as if meditating suicide
Dangerous
Duration of Existing Attack Three months
Other Facts or Remarks. On admission he was quiet & seemed in a demented state with a vacant expression & inability to comprehend questions often answering incoherently. His general health was good & there was no trema of the tongue or loss of co-ordination although he walked with his legs rather apart: The pupils are sluggish but normal.

Facts of Medical Certificates I. 1. seems in a low, desponding or melancholic state slow to answer questions. Is in anxious conversation for the safety of his mouth. 2. His father states that he has been in an unhappy state of mind for some time, and was handling his knife this morning in a suspicious way.
II. 1. He is very dull and quiet, says he is troubled with thoughts which annoy him, wants to be married, says one night he went for the police because some one was annoying him, 2. His father says they have to watch him at night for going out, is very restless and continually having delusions about people and things annoying him.

NAME Robert Percy

STATE ON ~~ADMISSION~~. 19 February 1885

Mental.

Exaltation

Depression

Excitement Sometimes excited & will then shake out at anyone he thinks interferes with him

Enfeeblement Distinct; does not comprehend simple questions quickly & is a long time in answering.

Memory Impaired; Does not know how long he has been here

Coherence Sometimes incoherent – Can answer questions? Only simple ones

Delusions

Other Abnormalities

Bodily.

Appearance Strong & well-built; but with heavy dull expression.

Skin Healthy — Hair Brown

Eyes Blue — Pupils Sluggish but Equal

Muscularity Good — Fatness

Nervous System—*Motor* Co-ordination impaired caused him to round quickly without staggering when his eyes are shut.

Sensory

Reflex Action — Special Senses Normal

Retina

Lungs Normal

Heart Normal

Tongue Tremulous, flabby — Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 78 per minute — Temp.

Height — Weight

Disease General paralysis (2?) *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.
							/		/

125

NAME. Robert Percy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
14·4·85						During the last three months there has been no improvement in this case. He remains in a dull, heavy state; usually very quiet but occasionally excited over trifles. He seldom speaks and makes no attempt to carry on a conversation. He appears to take little interest in anything doing everything in a mechanical way but this is probably due to the stiff slow way in which he moves owing to his bodily ailment as he engages readily and of his own accord in the dances & other amusements & is industriously inclined. The general paralysis is increasing very slowly but the co-ordinating power is diminishing causing him to walk with his head erect & stiff & in a slow measured way. The tongue is now markedly tremulous. His articulation also has become thick & slow.
18·8·85						During the last four months there has been little or no change. The above entry contains all that can be said of him now except that the diminished co-ordination and exaggerated sense of well being are more marked. His gait is slow carriage erect & all movements methodical but he cannot turn sharply round with his eyes shut & & flushes & pales very readily. He views those around him in a superior way. He is a great smoker & however & seems perfectly contented with his surroundings.
28-1-86						This patient goes out with the farm squad but does little work. He is in good physical health. He labours under delusions of identity e.g. that Mr Smith the head Attendant is called Storey, and he is fond of being well dressed in dance nights although in other occasions he is rather shabby. His conversation is largely interlarded with oaths.
15-4-87						He is now employed as a mason's labourer & is quite happy & contented. Mental infeeblement is considerable in his case.
1st Oct	1887.					He is now quiet & will not answer when spoken to. He is silent & dull - takes no interest in anything & sits with his head bent down - At times becomes unduly excited & swears badly. very fond of tobacco - Had Erysipelas of the leg & is better.
7 Jan	1888					

NAME. Robert Percy

DTE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1 Mar.						Had erysipelas of leg & abscess of heel wh. was deeply incised - he is too demented to complain of it.
1 June						1888 Quite better - His trophic energy is weak. No mental change.
1 October.						This man now works among the Squads & is in fairly good health.
20 Decr						Much the same - he is deeply demented & is an excitable incoherent young man who would strike on very little provocation. He understands more than his manner wd lead one to suppose
1 Mar. 30. 1889						Much as he was - he is very fond of throwing stones.
1 July						He is working at the barrows & sets on well. At times he is restless but not always so.
10 Septr						This man is fond of throwing stones & does peculiar things wh. are quite unaccountable.
15 Novr						He is much the same & is in good health. 89 1-02
15 March 1890						This man is a great stone thrower He is weakminded & selfabsorbed.
10 June						Same state.
20 August						He throws stones & is still silent Demented.
10 Novr						He works with the barrowmen & is quiet, throws stones & does other odd things - no change mentally - bodily health good.
15th May 1891						Died today.

127 1910. Pauper Patient now chargeable to Borgue Parish

NAME, John Sproat See S. C. A. Casebook Vol XVI p. 342. No. 2764
Admitted, 10th October 1884 Pr. Ad.
Sex, Male Age, 35 Marriage, Single Occupation, Farmer
Education, Religion,
Private or Pauper (Private) Where from? Royal Edinburgh Asylum

HISTORY.

Condition.
Disposition
Habits
Previous Attacks—No. Two Kind
Duration Where treated
Hered. History—Insanity Some members of his family also to be insane
Other Diseases
Predisposing Hereditary
Exciting Constitutional

Symptoms. First. Record.
Mental
Bodily
Mental
Bodily

Insane Habits and Propensities
Suicidal No
Dangerous No
Duration of Existing Attack 11 years
Other Facts or Remarks

Facts of Medical Certificates He labours under many insane delusions E.g. that his an hotel - and he is incoherent in speech

NAME John Sproat

STATE ON ~~ADMISSION~~ 17th Feb 1885

Mental.

Exaltation

Depression

Excitement Indulges in rapid gesticulations. Is noisy at times and talks incoherently & rapidly

Enfeeblement The speech is incoherent & one phrase or sentence is repeated in reply to different questions asked

Memory Impaired for recent events

Coherence Impaired Can answer questions? Occasionally

Delusions That he is visited by the Duke of Buccleuch & Mr. D'Israeli

Other Abnormalities

Bodily.

Appearance well nourished. Florid complexion

Skin Healthy Hair Black

Eyes Blue Pupils Equal & regular

Muscularity Good Fatness Good

Nervous System—*Motor* General restlessness. Shuts his eyes & fasticulates & waves his hands about. Often pointing at imaginary objects in the air

Sensory Functions good

Reflex Action Good Special Senses Healthy

Retina

Lungs Healthy. Respirations 18 per min

Heart Apex impulse in normal position. Cardiac Sounds healthy

Tongue Clean & moist Bowels Regular

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

Appetite Good

Urine S.G. 1019 Light yellow. Acid No unusual Constituents

Menstruation

Pulse 80 per min. of good Strength Temp. 97.8 - 7. p. m.

Height 5 ft 11 in Weight 12. St 4

Disease Chronic Mania passing into Dementia *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.
								Yes	Yes

NAME. John. Sproat.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9·3·85		98.		90	174	Is chronically maniacal with delusion that he is visited by many illustrious persons. e.g. The Duke of Buccleuch. He makes many strange gestures as if he were pointing to objects in the air.
29·6·85.						This man remains in excellent bodily health but has not improved mentally. His hallucinations of sight are very distinct.
19·12·85.						There is no change to report in this case.
18·2·86						He enjoys good bodily health. Mentally he is demented. He is clean & tidy. His memory is fair. He cannot carry on a conversation long but answers questions correctly enough.
14·5·86.						Mr. Sproat continues much the same. He has still the hallucinations, and delusions. He enjoys good bodily health. He is clean and easily looked after and quite harmless.
14/9/86.					154	
14/12/86					159	
14/3/87.					155	
14/9/87					162	Mr. Sproat is now quite demented.
14/12/87					164	He talks quite incoherently, and cannot answer any but the simplest questions. He is much exercised about his dress, and constantly enquires for a shoemaker or tailor. His gestures when he speaks are very peculiar: he sways his body backwards & forwards, and waves his arms about. He is in good health.
20 Feb. 89.						There is no change in his condition, he is very lively & loquacious: talks away incoherently & goes through all kinds of gestures. Is in good health.
25 April					153	No change.
July 30th 1889.					155	No change worth reporting lately physically or mentally. Has increased in weight somewhat.
Sept. 30th 89.						In good health. No mental change.
Nov. 1st 89					157	
Feb. 1st 90					155	In good health - No mental change
July						As above.

NAME, John Sproat

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14.1.90						Mr. Sproat is quite demented, cannot answer questions, talks incoherently when addressed, and makes strange gestures. He talks continually whenever the Medical Officer is in the gallery but is quiet at other times. He is in good health.
2..91						Sent to Kinmount today. No change.
28.10.91						Returned from Kinmount. No change bodily or mentally.
3.3.92						Mr. Sproat continues to talk incoherently to imaginary persons; he apparently suffers from hallucination of hearing as he is often seen listening intently before commencing to talk. Went to Kinmount today
12.11.92						Still at Kinmount No change.
20.5.93						Is in Second House at present. No change.
February 13th 1900:-						In good health. Mentally very enfeebled: He chatters on all day in a continual very incoherent ramble & is very noisy. He has a harsh shrill voice which carries all over room: He never reads nor occupies himself usefully in any way & you cannot get an intelligible answer out of him. He is very readily looked after however & is cleanly. Sleeps & eats well.
July 28th 1900:-						No change either bodily or mental He is very noisy and chatters constantly a most unintelligible jargon
January 19th 1901:-						In fair health: very noisy constantly chattering and he has a most irritating raucous voice -
January 30th 1902:						In good health. Talks continuously in a harsh murmur which is heard all over the ward. Idle and requiring attention at times. He is very tiresome in many ways
July 10th 1902.						No change. The same talkative, tiresome man In fair health.
July 10th 1903						Shows no change & in fair health.
9th March 1st						Keeps in fair health. No change mentally.

SEE CHRONIC CASE BOOK

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NAME. Michael Thulkeld No. 2765

Admitted. 10th October 1884 Pr. Ad. 1108

Sex, Male Age, 43 Marriage, Single Occupation, Clerk

Education, Religion,

Private or Pauper, Private Where from? Royal Edinburgh Asylum

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Hard reading

Symptoms. First.

Mental

Bodily

Recent.

Mental Incoherence; restlessness

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Twenty-three years

Other Facts or Remarks Previously admitted on 15th May 1864 & transferred on 30th April 1878.

Facts of Medical Certificates I. I he is entirely incoherent in speech & cannot answer rationally the commonest questions. his bodily health & conditions are good.

NAME Michael Threlkeld

STATE ON ~~ADMISSION~~ 19th February 1883

Mental

Exaltation

Depression

Excitement

Enfeeblement Entirely incoherent- Cannot answer the simplest questions, saying yes or no indiscriminately to anything said to him.

Memory

Coherence Incoherent- Can answer questions? No

Delusions

Other Abnormalities Can hardly be prevailed upon to sit down. Stands in a corner, unintelligibly talking to himself in low tone & moving restlessly off one foot on to another

Bodily

Appearance Thin & weak, with a slight stoop.

Skin — Hair

Eyes — Pupils Normal

Muscularity Poor — Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action — Special Senses Normal

Retina

Lungs Slight dulness over right clavicular region & there also the breath sounds are diminished in intensity. Lungs otherwise normal.

Heart Normal

Tongue moist; slightly furred — Bowels Regular

Other Organs, Abnormalities, Bruises, &c. He has had various asthmatic attacks

Appetite Good

Urine Normal

Menstruation

Pulse 84 per minute — Temp.

Height 5 ft 8½ in — Weight 10 st 10 lbs

Disease Chronic Mania passing into 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. Michael Shelfield

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22·4·85						Remains in the same state of restless talkativeness. Incessantly mutters to himself in such a low tone of voice & so rapidly, that the meaning cannot be made out: at the same time he stands in a corner moving or swaying about or wanders about the gallery in a restless way. He has not the slightest regard for his personal appearance or cleanliness & thus requires considerable attention. His appetite is good & he sleeps moderately well.
28·8·85						During the last four months there has been no improvement in his mental state. He has suffered repeatedly from macerbations of the asthma to which he is subject and which is beginning to act seriously on his general health: It has had the effect of diminishing the incessant muttering. Sometimes he becomes very breathless and almost livid. His appetite is moderately good. His whole existence is quite uneventful as he cannot be induced to take any interest in any thing and cannot answer the simplest questions coherently.
1-1-86						At all times he is constantly chattering & grinning incoherently but sometimes his excitement becomes more acute than at others. He pays little or no attention to personal cleanliness & is unfit to do the simplest work. He has no memory of events
7-6-86						No change
2 Jan 1888						M. F. chatters away rubbing his hands & talking nonsense incessantly - His health is good enough at present - He is very troublesome.
30 March 1888						No change.
15 June 1888						This man remains the same as before - his circulation is weak. Quite demented.
1 October						This man is in weak health - his circulation is poor & his hands are always blue. He is accordingly looked after.
20 Dec						"Mr Michael" as he is always called still chatters away - at rubbish.

NAME, Michael Threlkeld.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30 Mar. 1889						He has low tropic mercy & is quite demented.
1 July						He has a shallow on his thumb.
10 Sept.						His circulation is very weak.
15 Nov.						This man is excited at present and very restless - He talks much nonsense.
21 March 1890						Rather quieter now & in better health He is a chattering demented.
June 10. 1890						Still talks incessantly - Harsh breathing and prolongation of Expiration at Right Apex (Lung) Knee jerks exaggerated - Triceps jerk slight
20 August						No change.
10 Nov.						He is still a chattering demented. Noisy at nights sometimes.
						"Dr Michael" is occasionally rather "high" & can fight well. He hits at once.
20th May 1898						Died today

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NAME, George Drysdale — No. 1886

Admitted, 28th October 1884 — Pr. Ad.

Sex, Male — Age, 55 — Marriage, Single — Occupation, Wine Merchant

Education, — Religion,

Private or Pauper, Private — Where from? Edinburgh

HISTORY.

Disposition Frank. open.

Habits Sociable

Previous Attacks—No. — Kind

Duration — Where treated

Hered. History—Insanity Eldest brother had softening of the brain with Mental weakness

~~Phthisis~~

Predisposing

Exciting Intemperate Habits

Symptoms. First.

Mental Loss of memory & aptitude for business which began after an attack of apoplexy

Bodily

Recent.

Mental Increasing impairment of memory & irritability

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes - Has assaulted his sister by striking her

Duration of Existing Attack 2 years 5 months

Other Facts or Remarks While in business as a wine merchant he was very irregular as to his meals & at the same time he had to taste Stimulants very frequently with his Customers He felt his memory failing him & found himself unable to Conduct his business So well. He went to reside with his Sisters at Edinburgh & remained with them for a year. In an altercation with his sister he gave her a slap on the face which he says is the Cause of his being here

Facts of Medical Certificates

His memory is very much impaired. He is irritable & morbidly excitable. He is dangerous to his sisters, admitting that he has often struck them His mental power is weakened generally.

NAME George Drysdale

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement He is irritable. Especially on the Subject of his detention

Enfeeblement There is General weakening of the mental faculties His ideas are limited. He only Converses on a few subjects

Memory Impaired - Tendency to frequent repetition of Sentences

Coherence Good Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Healthy, Except the face which shows many dilated & arterioles

Skin Healthy. Nose red Hair Greyish

Eyes Good Pupils Equal & Contractile to light

Muscularity Good Fatness Considerable

Nervous System—*Motor* There is a limp in walking due to the Hemiplegia

Sensory General sensibility impaired

Reflex Action Good Special Senses Fair, Except Eyesight which is weakened

Retina

Lungs Large & healthy - respirations 16 per. min.

Heart First sound a little weak

Tongue Red, Moist. a little tremulous Bowels Regular

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

Appetite Good

Urine Examination reveals no unusual Constituents

Menstruation

Pulse 78. Regular & fairly strong Temp. 98. 2 10. a.m.

Height 5 ft 9 3/4 in Weight 13 Sti 13 lbs

Disease Dementia *Skae's Classification* Insanity from Brain disease

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.
									Yes

NAME. George Drysdale.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
29·10·84		98·2		76	139	On his arrival was quiet only protesting that it was a mistake to bring him here, as he was quite competent to attend to business. Took a hearty tea & afterwards attended the dance. He is frank & gives a full account of his illness from which he considers he is now ~~good~~ nearly recovered. Slept well.
30·10·84		98·		74		passed a quiet night. Ate well. Is anxious to be taken away in order to return to business of which he talks frequently & freely, with a marked tendency to repeat the same details about it, within a few minutes of having mentioned them before. Attended the party.
31·10·84		98·2		76		Slept well. In the morning when asked how long he had been here, replied "Two months."
1·11·84						Is much annoyed at his detention. Talks a great deal about business, which he thinks he is perfectly competent to conduct. Early Attended the dance in which he took part.
30·11·84		98·4		78	140.	The impairment of memory is becoming more marked. He loses his way walking from his gallery to the dining room, forgets the names of his friends & recollects nothing for more than a few hours. Has a good appetite & attends the amusements.
12·12·84		98·6		74.		Often asks when he is to be allowed to return to his business. When asked "How long have you been here?" replied "A week".
2·2·84.		98·7		76		Is demented, the memory being especially defective. When he gets a cue to conversation he can converse rationally enough but tends to repeat the same remarks within a short time of his first mentioning them.
12·5·85.						No improvement in this case. He often asks when he is to get away to his business, although he has been repeatedly informed that since he came here it has been disposed of.
29·6·85.						His memory has not improved since

NAME, George Drysdale.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						last report. He is in excellent bodily health. Has a large appetite. Sleeps well. He walks a great deal. Has outside parole with Mr Caulk.
20·1·85.						There is no improvement in Mr Drysdale's mental state. His memory is as bad as ever. He has exalted ideas of his strength and power, and business capacity. Says he was never better, stronger, nor more active in his life.
19·1·85.						He seems quite contented now. Never asks about going away. Mentally his condition remains the same. He enjoys good bodily health.
8·2·86	97·6		94			Remained in bed this morning complaining of an uncomfortable feeling across abdomen does not admit there is pain, but a slight tenderness on pressure is observed. A brisk purge is given. (Pulv Jalapae Co. grs 60.) following a large enema of warm water & castor oil. To remain in bed. Diet milk.
	Pulv Jalapae Co 3ij enema of warm water & Castor oil.					
11·2·86	98.	97·8	90	90		No better this morning. Got up and fell in a fainting fit from which he recovered in a few minutes. Removed to a warmer room in same gallery with a fire in it. Bowels loose. 3iij Whisky. Milk Oiij & eggs. 6) No pain complained of. Liver dulness increased greatly. Abdomen swollen & tight & contains fluid. Base of lungs dull.
	Whiskey 3iij					
12·2·86	98.	98.	120	120		Breathing more difficult this morning. He had a very restless night. Complains of no pain. Abdomen tight. Liver dulness increasing. Bowels loose. Whisky increased to 3vj daily. Pulse very feeble. Kidneys acting well. Skin moist & warm towards evening. Dry & cold earlier. He seems a little better towards evening — Eggs 3. Milk Oiij.
	Respirations. m. 40. e. 40					
	mist digitalis 10m every two hours.					
	pro 8th. Mist. 15m					
	Whisky 3vj					
13·2·86.	98.	98.	84	80		Had a better night. Breathing easier. Complains of pain over lower part of abdomen Ascites diminished. Bowels still loose. Linseed poultices applied. In afternoon the pulmonary symptoms rapidly got worse. Abdominal pain & ascites diminished. Death occurred at 10 P.M.
	Resp. — m. 40.					
	Mist Digitalis 10m every 2 hours. & 20m Egg & Sh. Nitro. & Potass Tart in purgatives done frequently					
	Whiskey 3vj					

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NAME, Donald Macpherson Stevenson No. 1887

Admitted, 28th October 1884 Pr. Ad.

Sex, Male Age, 23 Marriage, Single Occupation, Medical [Graduate

Education, Religion,

Private or Pauper, Private Where from? Lockerbie

HISTORY.

Disposition Cheerful and frank

Habits Steady & industrious. Medallist & Honours Mem Edin° Med:

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Hard work

Exciting Supposed to be the news of his fathers death

Causation.

Mental Depression

Bodily Sleeplessness

Symptoms. First.

Mental He has been irregular. Sometimes quite sensible & at other times dull

Bodily

Recent.

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack Three days

Other Facts or Remarks He broke down from overwork as a Student in July 1883 & has been more or less depressed since

Facts of Medical Certificates Melancholia of first. Sudden outbursts of excitement - Strong delusions E.g. that he is the Creator - Restlessness, incessant talking & swearing Refusal of food & attempts to get out at the windows

NAME Donald M. Stevenson

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Talking & Swearing. Restless & violent when admitted

Enfeeblement

Memory Confused

Coherence Impaired Can answer questions? Not definitely

Delusions

Other Abnormalities

Bodily.

Appearance Strong & healthy

Skin Healthy Hair Black

Eyes Good Pupils Equal & Contractile to light

Muscularity Good Fatness Fair

Nervous System—*Motor* System in a state of excitement, restless

Sensory Good

Reflex Action Good Special Senses Good

Retina

Lungs Breath Sounds harsh & voice hoarse from excessive talking. Respirations 22 per. min. Sonorous

Heart Healthy - Impulse at apex Strong

Tongue Covered with White fur Bowels Confined

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

Appetite Impaired

Urine S. G. 1022 Acid. No abnormal Constituents

Menstruation

Pulse 98 per min. Strong. Regular Temp. 101·2. 10. 2e a. m.

Height 6 ft. 1/4 in Weight 115 lbs 13 lbs

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.
	Yes							Yes	

NAME. Donald McPherson Stevenson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29.10.84		99.5		100	139	On admission was talking loudly & swearing & was in a condition of Acute Mania. He resisted forcibly when entering the door. He was placed in a strong room in the High West Gallery & after a short time, calmed down & slept fairly well. In the morning was quiet &, though somewhat confused, answered questions about his health well.
30.10.84		98.7		94.		Much quieter not talking but walking restlessly about. Came to table d'hote & ate well.
1.11.84.		98.4		90.		Is depressed but quite sensible. Is anxious to work at something. Is pleasant and well informed
3.11.84		98.4		78		To-day Dr Rutherford removed him to the R. C. A, where he is to share rooms with Dr Paton & assist him in some medical work.
5.11.84					143	Has made a good recovery from his excitement & is now returning to his natural disposition. which is cheerful Eats very well.
17.11.84						Discharged Recovered. He remained as Clinical Clerk at the R.C.A until

NAME.

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

NAME, Robert Sutton No. 1888

Admitted, 31st October 1884 Pr. Ad.

Sex, Male Age, 49 Marriage, Single Occupation, Farmer

Education, Religion,

Private or Pauper, Private Where from? Carlisle

HISTORY.

Constitution.

Disposition Reserved

Habits Steady & industrious

Previous Attacks—No. Kind

Duration Where treated York Retreat

Hered. History—Insanity

Other Disease Father died from Cancer in the lip

Predisposing

Exciting Excessive Medical treatment for Skin disease

Symptoms. Fixed.

Mental Depression

Bodily Excessive Salivation

Mental Delusions were added to the State of depression

Bodily

Insane Habits and Propensities

Suicidal Not aware

Dangerous No

Duration of Existing Attack Seven Months

Other Facts or Remarks He has been a voluntary patient here since 22nd July 1884 - On admission he was depressed. Improved in mental & bodily health for a time. During which he expressed many delusions as to his being visited by angels of Christ &c & declared that one day he felt an invisible presence block his way as he tried to enter his room

Facts of Medical Certificates He states that he has seen & conversed with Satan & Several angels & that they disturb his sleep that he has spoken with Christ & that Satans angels disturb him in every possible way - His facial expression indicates Mental disorder

NAME Robert Sutton

STATE ON ADMISSION.

Mental.

Exaltation

Depression Is afraid that he has lost all chance of Salvation That his heart is hardened - Has threatened Suicide

Excitement

Enfeeblement

Memory Good

Coherence Good Can answer questions? Yes

Delusions That he is visited by Christ, Angels & Satan at night & that they converse with him.

Other Abnormalities

Bodily.

Appearance Stout and flabby

Skin Sallow Complexion Eruption of Eczema on inside of thighs Hair Greyish black

Eye Grey Pupils Equal

Muscularity Moderate Fatness Considerable

Nervous System—*Motor* functions good

Sensory Functions good

Reflex Action Average Special Senses Hallucinations of hearing & and Sight

Retina

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

Heart Sounds somewhat weak but no organic lesion

Tongue Clean & moist Bowels Regular

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

Appetite Moderately good

Urine S.g. 1024. acid. deposit of urates No other unusual constituents

Menstruation

Pulse 82 per. min. Compressible Temp. 98. 7. 8 p. m

Height 5 ft. 7 in Weight 11 Sts 6 lbs

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.
		Yes						Yes	

NAME. Robert Sutton

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE
31·10·84		98·1		72	163	Is in a very melancholic state. Imagines that he is visited by Jesus Christ several angels & Satan every night, who counsel with him & advise him what to do
1·11·84		98·4		76		Passed a restless night: imagines that he has lost the Holy Spirit & that his heart is being hardened by Satan
2·11·84		98·		74		Stated that last night he was visited by "a presence" which advised him to fly before his soul was lost. Very much depressed. Not eating well.
3·11·84		98·3		72		Very melancholic. Sleep much disturbed
5·11·84						Is a little better though he has many delusions.
9·11·84		98·3		74		Sleeps badly & is much disturbed by visions & presences. Wishes to return home has been sent out to work in the garden
14·11·84						There is little absolute change in this gentleman's state. There are days when he is comparatively quiet & others in which he is much disturbed by delusions.
1·12·84		98·2		75	160	Is not so restless as he was & has not been so much disturbed by the presences at night. Eats fairly well.
2·1·85.		98·2		76		Is still depressed. Is hypochondriacal about a few spots upon his skin, which he considers are of serious import.
20·3·85		98·4		77	164	Remains depressed. States that the Devil enters into him and tears at his throat & lungs. He is hypochondriacal about his bodily health and asks continually for ointment for his skin, which he states is "awfully diseased", whereas there are only a few roseolar spots upon it.
12·5·85.						There is no improvement. In fact the opposite. He speaks of having lost the Holy Spirit some months ago. Of having broken an appointment which he had with Christ. Asks for ointment which he says he will take internally.

NAME. Robert Sutton

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9	85.					This man was visited by his brothers two days ago. They see no improvement. Mr Sutton is now more cheerful and has improved in every way since last report. He does not give prominence to the delusions. He can not exist without vaseline, which he call "Golden Ointment" This he rubs himself all over with and also takes some internally, greatly benefitting his spirits thereby. If deprived of it for a few days he mopes and groans and is quite miserable. Remains the same. When deprived of Vaseline for a day or two he becomes very depressed.
18	86					Mr Sutton is unchanged. He is very careful indeed of himself. When the weather is at all unfavourable he requests to be allowed to remain in the house. He objects decidedly to open windows and is fond of the fire. He does not express any delusions. He never asks to get away, seems quite contented here so long as he is not deprived of vaseline, or as he calls it "Golden ointment".
	1/9/86				185	
	1/12/86				181	
	1/13/87				184	
	1/9/87				176	Mr. Sutton is well, and is quiet and contented. He is still careful of his health, and dependant on the use of vaseline, believing in no other remedy. He consented to take arsenic, but would not dispense with the use of vaseline externally while taking it. He speaks sensibly, & expressed no delusions.
	1/12/87				173	No change in Mr Sutton's condition. He is quiet and contented, and speaks very pleasantly. He expresses no delusions. He still uses vaseline freely: the supply had run done just now, and he is in great anxiety lest the new supply should not arrive before his box is empty.
	6/3/88				180.	No change to report.
	6/7/88				168.	Is quiet, pleasant, and contented; very solitary in his habits. Spends most of his time in anointing himself with vaseline.

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NAME, Robert McNish No. 2770

Admitted, 31st October 1884 Pr. Ad.

Sex, Male Age, 50 Marriage, Single Occupation, Farmer

Education, Religion,

Private or Pauper, Private Where from? Kirkgunzeon (Corsons)

HISTORY.

Condition.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous At Times

Duration of Existing Attack Weak minded for many years; present attack lasted 4 weeks

Other Facts or Remarks

Facts of Medical Certificates I. 1. Imbecile expression of countenance, talks quite incoherently says he is three years of age. can answer no question satisfactorily, does not know the months or day of the week – tore his shirt in my presence. 2. His mother says that he aims at striking her. wanders about the house at night, and keeps talking as even to disturb neighbours in adjoining houses and often makes his water in bed. I. 1. I find him naked in bed, muttering to himself, incoherently and unable to answer questions rationally. 2. Has become troublesome to his mother, wife tells me that he is noisy, restless at night & occasionally violent to a mild degree.

NAME Robert McNish

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Sometimes when under the influence of his delusions he thinks some of the officials are persons who have injured him.

Enfeeblement Considerable; takes no interest in anything; does not comprehend questions; answers incoherently.

Memory

Coherence Incoherent Can answer questions? Not unless very simple

Delusions. Imagines some of the officials to be persons who have injured him in business matters.

Other Abnormalities

Bodily.

Appearance Thin & ill-nourished. Imbecile expression of face

Skin Erythematous rash on buttocks Hair

Eyes Pupils Normal

Muscularity Muscles much diminished Fatness

Nervous System—*Motor*. Impaired. Walks with knees bent & on the balls of his feet & with a slouching gait. Knees are flexed & cannot be straightened.

Sensory Impaired

Reflex Action Patellar reflex lost on left side & diminished on right. Special Senses

Retina

Lungs Normal - Respirations 16 per minute

Heart Sounds feeble otherwise normal

Tongue furred Bowels Constipated

Other Organs, Abnormalities, Bruises, &c. Under the skin of the extremities & trunk numerous swellings (apparently lymphatic glands) of various sizes from a pea up to a hens egg, are perceptible. Their consistence is that of a lymphatic gland. They are not attached to the muscles or bones. Spleen enlarged

Appetite

Urine Steady with large deposit of urates. There is a small Hydrocele of right Testicle

Menstruation

Pulse 84 feeble but regular. Temp. 98·4°F

Height 5 ft 6 in Weight 98-6 lbs.

Disease Secondary Dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME. Robert McRish

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1-11-84						on admission he had to be assisted on account of his weakness. He was muttering incoherently but was otherwise quiet. He slept fairly well & took his food. His habits are dirty; he urinates in bed &
2-11-84						Passed a good night. did not wet his bed. Ate well still talking a great deal.
3-11-84						Sleeps well. Is incoherent in speech & occasionally is violent; resisting his attendant, when he is taken out of bed to make water.
9-11-84						Is rather quieter. Does not talk so much. This morning reported to have passed blood in a motion during the night. The blood was a little dark, but almost normal in colour and in clots.
10-11-84						Blood still present in small amount
11-11-84						No blood. Appetite not good.
17-11-84						This afternoon took a strong attack of vomiting & purging some of the vomited matter or faeces was kept so no examination could be made. He continued in rather a weak state but improved towards night.
18-11-84						Slept well, seems better & more cheerful.
22-11-84						Appetite has increased considerably and he is now so much stronger that he gets up for some hours every day. There is no diminution in the size of the swellings. They occur in various parts of the body many being below the elbows but none below the knees. On examination the blood shows a slight increase of white corpuscles. The Spleen is not markedly enlarged.
						His habits have not improved as he still voids faeces & urine in bed or catches his faeces in his hands and flings them on the floor.
10-12-84						He still talks quite incoherently when spoken to & nothing as to his state of health can be got out of him. He now eats & sleeps well. His gait when walking continues as before i.e. with a stoop & with his knees bent & on the balls of his toes.
15-1-85						Shows no improvement mentally. Talks incoherently tells some story about having to pay some money for a bond which he signed in favour of some friend. He occasionally takes the attendants for this friend & is apt to strike them or seize them by the coat & shake them for no reason. He is a little stronger

NAME, Robert McIrish

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4.4.85						During the last three months he has improved at least in his habits which are not nearly so dirty as before. His general health is gradually improving. The glandular enlargements are diminishing in size & he is beginning to have more command over his muscles. Mentally he has not improved much except that for some time he has not been violent but his conversation hardly extends beyond "Fine thank ye" & "Its strange" in answer to enquiries as to how he feels.
8.[illegible].85						The improvement physically is continuing though slowly but there is none mentally. He is still delusive & incoherent as before. The glandular enlargements have again increased somewhat in size & are as before sometimes smaller & harder than at other times
7.[illegible].85						There is increasing mental & physical weakness accompanied by presence of delusions still to be noted
1-[illegible]-83						He is subject to attacks of exaltation but they occur only once every 6 or 7 weeks. The rest of his time is spent in great dementia.
5-[illegible]-86						A illusions of identity are impressed at times
2 Jan 1888						R. M. is still much the same but more demented. He is irritable at times & chatters nonsense. The tumours seem larger than they were.
30 Mar 1888						No change in this demented masturbator.
5 June 1888						He is the same incoherent fellow with times of excitement when he becomes dangerous & wd strike.
1 October						He is in his usual health which is not robust — ~~he~~ at night sometimes he is sleepless restless & very noisy, the result of delusions.
1 Decr						Still noisy at times & quite incoherent.
30 Mar 1889						He is an excitable fellow & shews no improvement.
1 July						Is in bed at present & rather asthmatic.

See p. 874

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NAME, [illegible] John Brown No. 2771

Admitted, 31st October 1884 Pr. Ad.

Sex, Male Age, 32 Marriage, Single Occupation, Solicitor's clerk [and medical Student

Education, Religion,

Private or Pauper, Private Where from? Rosewell District Asylum

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated C. R. I. 1873-74.

Hered. History—Insanity A paternal aunt insane

Other Diseases

Predisposing (?) Hereditary

Exciting Unknown

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 10 years

Other Facts or Remarks

Facts of Medical Certificates That he is in a condition of Dementia with Slovenly & depraved habits

NAME John Brown

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Is demented. Unable to talk rationally & connectedly Takes little interest in his surroundings

Memory Enfeebled. Cannot remember how long he has been here

Coherence Impaired Can answer questions? Occasionally

Delusions

Other Abnormalities He pays no attention to his personal condition & would eat his faeces if allowed

Bodily.

Appearance Pale Complexion - ill nourished

Skin Pale - Slight eruption of acne pustulation in forehead Hair Black

Eyes Brown Pupils Equal & regular

Muscularity Diminished Fatness Diminished

Nervous System—*Motor* Functions Sluggish. Incomplete control over the bladder & rectum

Sensory functions blunted. Tactile Sensibility diminished

Reflex Action Diminished Special Senses Mod: good

Retina

Lungs Chest narrow. Dulness & Enfeebled breath Sounds on the right Clavicular & infraclavicular regions. Resp^{n} 20 per min.

Heart The left Ventricle is hypertrophied. There is a Systolic murmur most audible at the lower end of the Sternum

Tongue Clean Slight tremulous Bowels Confined

Other Organs, Abnormalities, Bruises, &c. Teeth much decayed

Appetite Poor

Urine S.g. 1018. acid. pale yellow. No abnormal constituents

Menstruation

Pulse 78 per min. Weak Regular Temp. 98.7. 8 p.m.

Height 5-ft 8 in Weight 9 St^{s} 1 lbs

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME, John Brown

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1·11·84		98·4		76	127	Passed a good night, ate well. Is demented memory much impaired: speech incoherent; he cannot give his attention to anything for more than a moment or two: he mumbles nonsense to himself, smiling and giving his hand to anyone coming near him. He can answer simple questions.
2·11·84		98·5		72		Kept well and took plenty of food during the day. Is harmless and easy to manage though he is difficult to keep clean and is dirty and degraded in his habits.
6·11·84		97·8		70		To-day was found with his pockets full of foecal matter. There is no change in his mental state. He eats & sleeps well.
15·12·84		98·3		73	128	The habits of this patient have improved during the last month. He plays a little on the piano but otherwise takes little or no interest in anything.
12·1·85		98·		72	128½	Is unchanged mentally. His memory is much impaired: he states he has only been here half-an hour. His habits are now correct. He has a good appetite and sleeps well.
18·2·85		98·8		79		Has been mildly excited during the last few days: talking rapidly and incoherently, and gesticulating. His habits show a tendency to become degraded again. His appetite has diminished somewhat.
2·3·85		98·3		75	127.	Has returned to his usual listless apathetic quiet state. His appetite is good, but his bodily health is feeble.
13·4·85		98		72	128.	Remains unchanged mentally since last entry. He requires a good deal of attention to prevent his habits becoming inert and dirty.
29·6·85. 20·10·85						This man has made no improvement. He remains as above reported. A harmless demented, apt to be wet and dirty.

NAME. John Brown.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18·86						Has been mildly excited but only for a day. He is quiet & harmless, apt to be degraded. His bodily health is fair.
18·86.						Since last report he has been quite free from excitement. He is very easily managed is quiet and obedient. The only difficulty is to keep him clean, and he is very apt to be dirty.
14/9/86					123	
5/10/86.						Condition very little altered. Bodily health fair. Occasionally passes urine in bed. His memory is very defective for recent events but he remembers where he lived & what was his occupation before admission. Can not tell the day of the week or month or say how long he has been here. Rarely speaks. Reads badly at all but can write. Can dress himself. Walks out daily. Never indulges in any amusement.
2/12/86					121	
1/1/87						This patient is becoming more & more demented. He answers questions in a half whispered voice but never begins a conversation or carries on one. He has lost his affections, interests & almost all his interest in life. Takes hardly any note of what goes on around him. Bodily he is infirm health. Skin pale & emaciated & his circulation is feeble, hands & feet cold & blue extremities. His chest is flat & narrow but the lungs are healthy. He is addicted to masturbation.
5th Dec 1887.						Much demented – hard to get him to answer questions at all – he sits, a dull miserable mindless creature who does what he is told & is a mere machine. He probably masturbates still. At present he goes out & works with the squad in the garden.
19. July 1888						Discharged

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NAME, Robert Mc Naught — No. 2756

Admitted, 18th September 1884 — Pr. Ad. 2658

Sex, Male — Age, 27 — Marriage, Single — Occupation, Medical Student

Education, — Religion,

Private or Pauper, Private — Where from? Castle Douglas

HISTORY.

Causation.

Disposition Quiet & Studious

Habits Usually Sober; Masturbates

Previous Attacks—No. One — Kind Mania

Duration 1st Nov. 1883 – 14th August 1884 — Where treated Southern Counties Asylum

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Anxiety over work; masturbation

Symptoms. First.

Mental Restlessness; sleeplessness; inability to work

Bodily

Symptoms. Recent.

Mental Restlessness; tendency to wander; irritableness sometimes going on to violence; talks to himself

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Sometimes violent; Has struck his parents

Duration of Existing Attack Five years

Other Facts or Remarks Was first admitted in 1883 removed by his friends although not recommended as they thought a change might do him good. He remained quiet for some time & worked pretty steadily when the above mental symptoms developed & became so violent as to necessitate his being sent here again.

Facts of Medical Certificates

C. R. I. POST-MORTEM SUMMARY.

N.B.—To be inserted at end of Clinical Record by Physician who was in charge of Patient.

Name Robert Mc Naught

Died on 19.5.26 at 4.10 a.m. P.-M. on 20.5.26 at

Mental Disease Dementia Praecox

Cause of Death Uraemia following enlarged prostate & retention. Terminal pneumonia

General Survey.

P.-M. Lividity

P.-M. Rigidity

Nutrition

Pupils

Integumentary, Locomotory, and Hæmopoietic Systems.

Skin

Subcutaneous Fat

Bones

Joints

Muscles and Fasciæ

Lymph Glands

Thyroid Gland

Spleen (M. 6 oz., F. 5½ oz.)

Blood

Nervous System.

Peripheral Nerves

Spinal Cord and Column

Sympathetic Chain

Sense-Organs

Brain.

Scalp

Skull—Measurements

Vault of Cranium

Floor of Cranium

Hard Palate

Dura Mater

Pia-Arachnoid

Fluid in Cranial Cavity

Weight of Encephalon (M. 49 oz., F. 44 oz.)

Arteries at Base of Brain

Cerebrum

Cerebellum

Pons-Medulla

Ventricles

Choroid plexuses

Pineal body

Pituitary body

Circulatory System.

Pericardium

Heart (M. 11 oz., F. 9 oz.) 13 oz.

Cavities

Valves (A. ·9 to 1 in., P. 1·1 to 1·2 in., M. 1·2 to 1·4 in., T. 1·5 to 1·8 in.)

Muscle Hypertrophy of left ventricle.

Aorta and Vessels

Respiratory System.

Left Pleura

Left Lung (M. 21 oz., F. 15 oz.) 38 oz. Congestive stage of apical pneumonia

Right Pleura Adherent all round

Right Lung (M. 24 oz., F. 17 oz.) Signs of healed tubercle at rt apex. 34 oz.

Respiratory passages

Alimentary System.

Peritoneum

Liver (M. 53 oz., F. 44 oz.)

Gall-bladder Pancreas (M. 3 oz., F. 2¾ oz.)

Large intestine

Small intestine

Stomach

Upper alimentary passages

Urino-Generative System.

Left Kidney (M. 5½ oz., F. 5 oz.) 4 oz.

Right Kidney (M. 5¼ oz., F. 4¾ oz.) Pelvis dilated : atrophy of kidney substance

Bladder and ureters Bladder dilated & atonic

Generative organs and passages Enlarged prostate

Microscopical Examination.

Signature of Assistant Physician, WR

NAME Robert McNaught

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Sometimes much excited without any cause & will then strike out at any one near

Enfeeblement Considerable - Does not take any interest in any thing going on around him; Does not seem to comprehend even simple questions -

Memory Good

Coherence Incoherent usually Can answer questions? Yes but only simple ones

Delusions

Other Abnormalities

Bodily.

Appearance Thin but well nourished. Expression of suspicion. Anaemic

Skin Hair

Eyes Pupils ~~normal~~ Widely dilated. Sluggish.

Muscularity Moderate. Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs Normal

Heart sounds feeble. Systolic mitral murmur (probably functional) present

Tongue Large, pale, tremulous Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine Normal

Menstruation

Pulse 84 small & feeble Temp. 98·6

Height 5 ft. 7 in Weight 98·8 lbs.

Disease See Dementia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME, Robert McNaught

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24·9·84						Has been quiet since admission & has now been sent to work outside. He seems rather depressed. Never speaking unless spoken & then only shortly & often incoherently. He takes his food and eats well
4·10·84						Has lately been very irritable, striking at the other patients with little or no provocation. His quiet and inoffensive look & the tendency he has rather to shun company making one unsuspicious of his pugnacious tendencies. He has a peculiar slouch & usually walks looking at the ground. His habits only shew a slight improvement.
3·11·84						Shews no improvement and the case seems likely now to pass into dementia
15·12·84						It is only with difficulty an answer can be got from him & then it is only muttered in such a low voice that it is unintelligible. His general health has not improved although he has had regular out-door exercise.
31·1·85						Is still very quiet, not speaking unless spoken to. He is also very irritable, striking out at little or no provocation. He is inclined to be lazy & to get away by himself His general health remains good and he eats & sleeps well but he looks thinner than on admission.
6·6·85		97·3		74.		There is no improvement in this case. He mutters and laughs to himself. He will not answer questions, is unsocial and masturbates, whenever there is an opportunity to do so. His bodily health is poor, and he has varicose veins, which sometimes lead to unhealthy ulceration of the legs.
10-1-86						He is with difficulty induced to converse & when he speaks is rambling, suspicious and unchinal. He is unsociable & lazy and mutters & laughs to himself. Dementia is fast passing over him.
7-5-86						No change.
27/6/87.						Became suddenly excited today & attacked & knocked down a patient. The impulse passed off in a few minutes & he returned to his usual condition
Oct 1st 1887.						He is quiet & is with difficulty induced to speak – Slouches

NAME. Robert McNaught.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10.87						in the same way - always looks downwards - a dement.
Jan 1888						The same demented fellow. Will scarcely speak & then speaks nonsense. Is in good health & works in the garden.
30 mar 1888						At times irritable & strikes without provocation. Health good.
15 June						The other day this man was walking along with the Squads wheeling his barrow when the Matron passed - he put down his barrow, coolly walked up to her & gave her a kick on the leg & then went back to his barrow & continued wheeling - a dangerous fellow.
10 October						Still dangerous but at present quiet & pale.
21 Dec						This man is wintering & laughing a great deal - He talks nonsense & looks highly amused at everything he does not make much noise but then in this state is dangerous.
30 mar. 1889						He is quiet & not dangerous just now.
1 July						He is laughing a good deal just now and is therefore dangerous His bodily health is good.
10 Septr						He is quiet again though at times restless & dangerous.
15 March 1890						This man has not shewn himself dangerous lately - He is still however restless & ready to fight - Bodily health good.
10 June						Same state.
20 August						He is still a dangerous fellow & needs watching.
10 Novr						At present excited & smiles a good deal. Bodily health good.

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NAME, Walter Clark Hyslop No. 4662

Admitted, 6th November 1884 Pr. Ad.

Sex, Male Age, 29 Marriage, Single Occupation, Farm Servant

Education, Religion,

Private or Pauper, Private Where from? Bailie Hill Workhouse

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One or more Kind

Duration Where treated Crichton Royal Institution

Hered. History—*Insanity*

Other Disease

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Delusions – imagins inanimate objects answer him when he speaks to them Hallucinations of sight & hearing.

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Three months.

Other Facts or Remarks

Facts of Medical Certificates

NAME Walter Clark Hyslop.

STATE ~~ON ADMISSION~~ 10th February 1885

Mental.

Exaltation

Depression

Excitement

Enfeeblement Marked; takes no interest in his surroundings - makes no attempt to carry on a conversation.

Memory

Coherence Impaired Can answer questions? Yes; simple ones

Delusions

Other Abnormalities

Bodily.

Appearance Stout & physically well-developed

Skin Hair

Eyes Pupils Normal

Muscularity Good Fatness Considerable

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs Right side of chest expands rather less than the left & there is slight dulness on percussion all over the right lung specially towards the base posteriorly. No accompaniments

Heart Sounds pallid weak 1st Murmur normal

Tongue furred all over specially posteriorly Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine Normal

Menstruation

Pulse 70 per minute Temp. 98·8°F

Height 5 ft 6 in Weight 12 st 6 lbs

Disease Dementia (Secondary) *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME. Wallis Clark Hyslop

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21·3·85						Remains in much the same state as when admitted. Takes little intelligent interest in what is going on around him. Making no attempt to carry on a conversation when addressed but answering in monosyllables smiling blandly at the same time. For some time he has been employed at the Stores where he performs his work in a mechanical way requiring to be told to do even the smallest matters of daily routine. His appetite is remarkably good the bluepos well & seems altogether perfectly contented.
5·6·85		97·3		84	179	There is no improvement in this case. He is listless and apathetic: takes little notice of the passage of time, and if not spoken to, will never speak. He works with a garden party, but does his work slowly, and without enthusiasm.
11·7·85		98·7		86	170.	During the last few weeks this patient has been noticed to be more listless and to have lost flesh. Last week he commenced to cough. On examination this evening consolidation at the apices with roughened breath sounds were detected
16-12-85						He is very apathetic and listless. If spoken to he answers "Yes" in a whisper to any question no matter what it is. His intelligence seems to almost gone - He is facile & easily managed. His bodily health is very indifferent -
1-5-87						There is no change to report in this apathetic demented bodily health is indifferent.
18th Dec. 1887.						W. H. is a demented who sits by himself looking at the floor never speaking except when spoken to & with difficulty to get answers a question - He generally says "Yes" to any query but can be got to speak of his relations. At times he is violent. He works in the Gardens. His relations were anxious to get him out but he will be too anxious violent for them.

NAME, W. C. Hyslop.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
3 March 1888						No change.
1 June 1888						As a rule quiet but apt to be violent. He is quite demented.
1 October						This man works on the farm & is useful. He never speaks unless spoken to & is demented.
20 December						Still quiet & weakminded.
30 March 1889						No change in this case.
1 July						He works on the Farm and is in good health. His mental State is the same.
10 Septr.						This man is quiet & weak-minded - He is in good health
15 Novr						Still works as before & is quiet.
15 March 1890						He is quiet still & stupid but does not like to be interfered with. Bodily health good.
10 June						Same state.
18 August						He is quiet & demented & shews no excitement as a rule.
10 Novr						Still a dement.
25th Sept 1892						There is no change in this man's condition.
February 13th 1900						In good health at present: Quiet and very apathetic, works in the squad which carries goods to the houses from farm. He is no trouble looks after himself in everyway: Pays no attention to his surroundings and speaks little answering any direct question in monosyllables
July 28th 1900						In good health: Mentally as above. No change in any way: quiet and rarely speaks.
Nov 23rd 1900						Sent to Farm Annexe

SEE CHRONIC CASE Book

Died 3. 3. 95. See C. P. B.

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NAME, Thomas Nicolson — No. 4702

Admitted, 14th February 1885 — Pr. Ad.

Sex, Male — Age, 31 — Marriage, Single — Occupation, Farmer

Education, — Religion, Protestant

Private or Pauper, Private — Where from? Argyle & Bute District Asylum

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One or more — Kind

Duration — Where treated

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Unknown

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes

Duration of Existing Attack Upwards of nine months

Other Facts or Remarks. He's a transfer from Lochgilphead where he was considered a very intractable patient often violent & owing to his strength; dangerous.

Facts of Medical Certificates

He is in constant dread of some impending evil; that he frequently attacks those about him under the impression that they have injured him; and that he eats earth.

NAME Thomas Nicolson

STATE ON ADMISSION.

13-85

Mental.

Exaltation

Depression

Excitement

Enfeeblement Diminished power of self control. When spoken to answers in a sharp, nervous manner, moving about restlessly all the time & moving away altogether at the first opportunity.

Memory

Coherence Coherent Can answer questions? Yes but as shortly & sharply as possible

Delusions

Other Abnormalities

Bodily.

Appearance Strong, well built, muscular man. Complexion sallow

Skin Dark Hair

Eyes Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Normal.

Retina

Lungs Normal

Heart Normal

Tongue Clean & moist Bowels

Other Organs, Abnormalities, ~~Bruises, &c.~~ Mental He has a peculiar furtive expression, as if suspicious of his surroundings. Never looks one straight in the face

Appetite Good

Urine Normal

Menstruation

Pulse 78 strong & regular Temp.

Height 6 feet 2 3/4 in Weight 14 st 11 lbs

Disease Folie Circulaire *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple 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 Nicholson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19-2-85						Has shewn no symptoms of insanity since his admission. He was quiet on admission but had a furtive look about his eyes that shewed he would be easily roused. He did not seem at all distressed at being brought here. He has slept well since his admission & eats well. He now works outside regularly & has hitherto been quiet and well behaved.
21-3-85						During the last month he has been quiet & industrious but his manner is peculiar; he answers in a quick nervous way, moving about restlessly all the time & making no attempt to carry on a conversation. While outside his manner is childish, he likes to run on in front & wait for the others or try how far he can take a running jump occasionally &c. He has not shewn any of the temper for which he was famous at Greenock, since his admission. General health very good.
18-5-85		98.3		74	208	States that he has been persecuted and brought into an asylum, which was not required for him, but that God is on his side and will save him from his enemies. He is restless, irritable, solitarily inclined, idle and taciturn and suspicious.
18-8-85						Still remains as stated above. Since last report he has had frequent outbursts of violent temper during which he is certainly a dangerous lunatic as he seizes the first thing handy to strike with & even without a weapon his size & strength render him dangerous. This has been so marked that for some time, ever since he assaulted his attendant he has been kept in the house instead of going out to work. When spoken to he answers readily but in a jerky, nervous way; he makes no attempt to carry on the conversation.
26-10-85						It may be noticed that the periods of excitement, restlessness & irritability in this case come on at intervals of about a month & are followed by more or less depression. The periods have become more distinctly marked since admission.
18-12-85						Since the beginning of November no excitement or evidence of insanity has been manifest until today when he became restless & impressed the delusion that he was about to sail for Australia.
9-2-86						This slight restlessness passed off in a week and since then he has been a sanely conducted man.

NAME. Thomas McIolsen

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2 2-86						He has again become violent, suspicious, threatening and on one or two occasions violent. Unless left alone he is apt to make vicious attacks. His language is very obscene -
7 - 86						He is commencing to tone down & is less suspicious & less violent. Delusions of infidelity which have of late been justly imprinted on now disappearing. The patient has returned to work
8th Dec 1887.						T. M. is a tall dark melancholic; suspicious & watchful. He has very distinct suicidal tendencies & the other day requested to know the best & most painless method of suicide. He is unsociable & cannot settle down to anything - has no pluck or energy except when excited & then he is extremely dangerous. Complains of many ailments probably imaginary. He is lazy & full of delusions & is restless & cannot be depended on
30 March 1888						Seems to be getting stouter.
15 June 1888						Has become ~~fat~~ a very little stouter - is quite ~~de~~ reasonable at times - at other times full of all sorts of delusions. & is incoherent.
1 October.						This man is a most dangerous homicide & the other attacked an attendant & there was a great battle. He is 6ft 2 in. & is big-boned - A most excitable dangerous fellow.
20 December						This man is still violent & very dangerous - he is restless & cannot be spoken to with safety - the other day nearly murdered another patient & would have done so only that a third patient interfered in time.
30 March 1889						He remains delusional & excited.
1 July						He attacked the Head Attendant & was most homicidal yesterday fortunately 4 men were present.

see p. 876

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NAME, Robert McVittie — No.

Admitted, 21st February 1885 — Pr. Ad. 2689

Sex, Male — Age, 20 3/4 — Marriage, Single — Occupation, Vagrant

Education, Poor — Religion, None

Private or Pauper, Pauper — Where from? Dunvald & Lochmaben

HISTORY.

Causation.

Disposition Vicious; mischievous.

Habits Bad, known as a poacher, thief & vagabond.

Previous Attacks—No. One — Kind Imbecile

Duration — Where treated Dumfries Counties Asylum

Hered. History—Insanity

Other Diseases

Predisposing Congenital

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness; will not live with anyone; shows perfect happiness with his condition whether in jail or starving on the moor. Destructive tendencies.

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Some times

Duration of Existing Attack

Other Facts or Remarks Has been weak minded from birth; always among bad company and up to all sorts of wickedness & mischief. He escaped during his previous confinement here & was discharged without being found. He has just suffered 30 days imprisonment for breaking windows.

Facts of Medical Certificates. I. 1. Has an imbecile, silly expression, does not understand his position as a prisoner, or appear to have any moral responsibility whatever. Laughs and speaks in a silly stupid manner. 2. Reuben Clark, warder Maxwelltown prison says that he talks very little to anyone, but when he does speak, it is in a very silly childish way. he does not appear to think his position as a prisoner anything out of the way. II. 1. Has a very restless & yet vacant expression always appears on watching an opportunity to do something to himself or others; and is certainly not safe unless under supervision. 2. Dr Reid and the Inspector of poor, Lochmaben, inform me that he becomes violent when under no restraint.

NAME Robert McVittie

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Slight: In the presence of temptation he loses self-control & is unable to refrain from committing crime

Memory

Coherence Coherent- Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Strong & muscular, fairly well nourished

Skin Fair Hair

Eyes Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs Normal

Heart In the mitral area the 1st heart sounds is impure (probably functional)-

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Both left incisors are absent- the result of the kick of a horse some years ago

Appetite Good

Urine Normal

Menstruation

Pulse 76 per minute Temp.

Height 5 ft- 7 in Weight 831- 10 lbs

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME. Robert McVittie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25·2·85						Has shewn no positive signs of insanity. Is quiet & talks quite coherently. Says the Inspector of Poor wishes to send him to America to his brother & seems very pleased at the prospect.
						This morning he escaped by passing out of the open back door about 7 a.m. & gradually climbing the wall by the aid of a pole.
26·2·85						Telegram received from Lochmaben that he was there & for & brought back about 3·30 P.M. He states he is glad to get back just now as the Police have too many charges against him: also that he saw the door open & could not refrain from escaping but intended to come back himself in a day or two
4·3·85						No signs of insanity have been seen in this case. He has worked steadily since last report but says he will take the first opportunity he can get to escape. Has been notified to Inspr of Poor as to his case.
18·3·85						Reported at 3·30 as escaped from squad working at Jones near the farm.
23·3·85						Reported as being in Lochmaben where he had at once gone on escaping. Brought back by an attendant today. He states that he thought he had waited long enough for his clothes & had taken the first chance he saw to go off to Lochmaben where he easily got work.
24·3·85						No symptoms of insanity except those mentioned on the preceding page have been noticed in this case. He declares flatly he will not stay in any confinement if he sees a chance of getting out. Since admission he has always been quiet and industrious and has never been in the least degree violent. He is therefore discharged

Discharged recovered

NAME,

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

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NAME, Charles Hudson (Voluntary) No.

Admitted, 21st February 1885. Pr. Ad.

Sex, Male Age, Marriage, Occupation, Railway Guard

Education, Religion,

Private or Pauper, Where from?

HISTORY.

Causation.

Disposition

Habits Steady & industrious.

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Slight depression, fear that he would never be able to resume work.

Bodily Sleeplessness, loss of appetite, constipation.

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Charles Hudson.

STATE ON ADMISSION.

Mental.

Exaltation

Depression He is in a state of mild mental depression

Excitement

Enfeeblement

Memory Good

Coherence Average Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily.

Appearance Poorly nourished, anxious expression of countenance.

Skin A reddish papular eruption upon the back. Hair Brown.

Eyes Brown. Pupils Equal + regular

Muscularity Diminished Fatness Diminished.

Nervous System—*Motor* Functions moderately well performed. Slight tendency to stagger when walking.

Sensory Functions normal. Sensation of pain over left mammary region.

Reflex Action Moderately acute Special Senses Healthy.

Retina

Lungs Dulness on percussion and fine crepitations audible over right Apex. Respirations 20 per min.

Heart Apex impulse normal in position but feeble. Cardiac sounds weak

Tongue Flabby, tremulous indented Bowels Confined. require aperients occasionally

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

Appetite Poor.

Urine S.G. 1015. Acid. healthy.

Menstruation

Pulse 66 per min compressible the left radial is weaker than the right Temp. 98. 2° F.

Height 5ft. 6. Weight 9st.

Disease *Skae's Classification*

General Bodily Health and Condition Reduced

PREDOMINANT FEATURES.

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

NAME, Charles Hudson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22·2·85		98·		76·	126	Slept badly & ate sparingly and complained of giddiness when he tried to walk. No symptoms of mental unsoundness were observed.
24·2·85		98·2		79.		Still sleeping badly. The appetite is small. He is somewhat listless and apathetic. The bowels are sluggish.
28·2·85						The sleeplessness continues and the desire for food is still small. Has been allowed parole within the grounds with Mr Findley
4·2·85		97·9		76.		The sleeplessness is not so marked, and he complains less of being sick & headach.
10·2·85		98·4		75	130	There is marked improvement in this case. both mentally and bodily. He is eating with with an increased appetite
16·3·85		98·3		74		The improvement in this case continues. He is more cheerful and has lost his hinge of depression.
20·3·85						Discharged himself.

NAME,

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

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NAME, James Stearns Sprague No.

Admitted, 3. March 1885 Pr. Ad. 10 Oct 1883

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

Education, Good Religion Established Church of Scotland

Private or Pauper, Private Where from? Edinburgh.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One Kind Insanity of Adolescence

Duration Six months Where treated Crichton Royal Institution

Hered. History—Insanity It is said to be doubtful if any relation of his has been insane

Other Diseases

Predisposing Hereditary predisposition and the adolescent period of life

Exciting Overstudy

Symptoms. First.

Mental

Bodily

Recent.

Mental Maniacal excitement & violence on the refusal of his parents to sanction his engagement of marriage to an unsuitable person

Bodily Sleeplessness

Insane Habits and Propensities

Suicidal yes

Dangerous Yes

Duration of Existing Attack one week

Other Facts or Remarks

Facts of Medical Certificates I Great violence & acute maniacal excitement Delusions that the Millenium has come.

II. His facial expression indicates mental disorder. Had violent Mania in Edinburgh this morning so much so that it required several men to overcome him. He was in the Crichton Institution last year.

NAME James Stearns Sprague.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Restlessness, rapid & occasionally incoherent speech; excited expression of face & eyes. Lack of self control: speaks of all his private affairs to anyone who will listen to him

Enfeeblement

Memory Moderately good

Coherence Impaired at times Can answer questions? Yes.

Delusions

Other Abnormalities His manner is silly: he laughs without apparent cause & makes strange facial contortions

Bodily.

Appearance Spare but muscular: face flushed & expressive of excitement

Skin Hot & perspiring: increased deposit of pigment round the eyes Hair Black

Eyes Brown - glistening Pupils dilated but equally contractile to light

Muscularity Good Fatness Diminished

Nervous System—*Motor* There is general muscular restlessness.

Sensory Functions normal

Reflex Action Good Special Senses Good.

Retina

Lungs Healthy Respirations 18 per min The voice is slightly hoarse from excessive talking.

Heart Healthy. Cardiac sounds strong.

Tongue Clean but somewhat dry Bowels Regular.

Other Organs, Abnormalities, Bruises, &c. Other organs healthy. There is a bruise the size of half-a-crown on the right forearm, near the wrist & the skin is abraded over the toes on the right foot all these injuries being produced previous to admission

Appetite Good.

Urine Acid. S.G 1032 dirty yellow colour, contains excess of urates but no abnormal constituents

Menstruation

Pulse 76 of moderate strength, regular Temp. 98 F. 10:30 p.m.

Height 5ft 10in Weight 11st.

Disease Simple Mania *Skae's Classification* Insanity of Adolescence

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

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

NAME, James Stearns Sprague.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4·3·85	98.	97½	80	72.	154	On admission yesterday. was excited and spoke rapidly & incoherently. He wanted to go to bed immediately. He ate well during the night he slept fairly well To-day he is quieter, but is still talkative and restless. He wishes to engag. in all sorts of projects e.g. Farming & Medical Study, and thinks he has been badly used by his friends by being brought here.
5·3·85		98·		76·		Slept & ate well and played a game at football in the afternoon. He is talkative about his private affairs. His conduct at night was strange & meaningless he laughed at apparently nothing held up his fingers and looked steadfastly at them & cannot explain why he does so
7·3·85		98½		72.		Sleeping well He is forward in manner & does not appear to think that he should be under any rules. Takes fancies for changes of diet and nothing appears to please him
10·3·85		99.		82.	160.	This patient's manner and talk are strange. at times: when asked about the Millenium concerning which he had the delusion that it had come. he laughed foolishly and began to talk about a man holding out his watch for Dr Rutherford to look at & would be quite unaccountable to the latter.
20·3·85						The excitement has passed off in this case, but he is still unsettled & indecisive troublesome about his diet & occupation Is not so talkative, but is inclined to argue, upon all subjects especially upon those, which he has a slight knowledge of.
8·4·85						Is troublesome about receiving what he calls work; always demands to be supplied with work. but performs far less than he professes to do. He works upon the farm. and wishes to be allowed

NAME, James Stearns Sprague

DTE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						to go there before breakfast - He endeavours to break through the rules, by which the patients are, and when checked by his attendant for doing so, argues at great length about the necessity for his being allowed to do his "work". On one occasion when his attendant brought him back when he left his gallery during non parole hours, he became excited, lodged a complaint of being kicked, and ill-used by his attendant, who was physically much weaker than himself. No signs of the alleged ill-usage could be seen.
12·2·85.						Mr Sprague has had a period of depression since last report & it was thought advisable to keep him constantly under an attendant's eye. This depression now seems to be passing away.
19·2·85.						He is now in better spirits, joins in the amusements & is beginning to agitate about returning to his "work"
23·2·85.						Wrote a letter to the assistant Physician stating that he felt very suicidal, the cause being the thought of a fracture to be fomented in Low East or Low West, & that he did not wish to be so ungrateful for the kindness he received from his parents and home as to show his ingratitude by suicide.
26·2·85.						He is in better spirits, but lazy & restless; constantly agitating about something. His great desire now is to have parole.
27·2·85		97·3		76	159	So much improved. He is not so forward in manner nor so troublesome, but is quiet pleasant and modest. He shares a room with Mr Borland and gets on well with him
5·3·85.						Left on pass to accompany the Superintendent on a tour in Belgium & Germany.
19·3·85						Returned much benefitted by his trip. He seems a little excited. Very enthusiastic about work and play. Wishes to become a voluntary patient.
20·3·85						

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NAME, Thomas McAdam No. 4712.

Admitted, 18th March 1885 Pr. Ad.

Sex, Male Age, 39 Marriage, Married Occupation, Labourer

Education, Religion,

Private or Pauper, Pauper Where from? Kellon and Dumfries

HISTORY.

Causation.

Disposition

Habits Unsatisfactory; has been repeatedly "drunk & incapable"

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting "Not known" according to warrant

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness; excitability.

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes

Duration of Existing Attack A few weeks

Other Facts or Remarks Two years ago this patient had a stroke of apoplexy after which he says he lost the power of his left leg but probably there was hemiplegia of left side of the body. Two months ago he went to Edinburgh Royal Infirmary where the results of the Hemiplegia evidently were treated as the Battery was applied. He states that this was so painful that he left a fortnight ago. Since then he seems to have been almost constantly drunk.

Facts of Medical Certificates I. 1. Talks incoherently, seems in a morose state. Does not know the meaning of any question. Laughs idiotically when spoken to &c. 2. His wife states much the same as above, & that he has been assaulting her.

II. 1. His appearance indicating insanity & violent speech and actions. Tells me that he cannot control his temper & that he might with little provocation injure a person seriously. 2. His wife informs me that she is in constant terror from his violent actions.

NAME Thomas McAdam

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement He is in a state of weak-mindedness; taking little interest in anything; answering questions without any appreciation of their meaning

Memory Impaired. Does not know his age Repeats readily the same story when questioned about his treatment in Edinburgh

Coherence Coherent usually Can answer questions? Yes

Delusions

Other Abnormalities ~~His~~ habits are unsatisfactory.

Bodily.

Appearance Well developed & well nourished

Skin Hair

Eyes Pronunc. Brown Pupils Left larger than right. Both react to light

Muscularity Impaired on left side Fatness

Nervous System—*Motor* There is paresis of left side of body. Co-ordination is impaired in both lower extremities

Sensory Diminished on left side. The action of the Sphincters is impaired as he has incontinence of urine at night.

Reflex Action Left patellar & cremasteric reflexes Special Senses Normal

Retina [almost lost

Lungs Normal

Heart Sounds weak Murmurs normal

Tongue Coated with white fur. Protruded to left Bowels Regular (12.3.85)

Other Organs, Abnormalities, Bruises, &c. There are numerous small white scars on forehead due to fall on ice & resulting erysipelas two years ago. Articulation is thick & slow.

Appetite Good

Urine Amber coloured; acid; Sp gr 1022; containing no abnormal constituents

Menstruation

Pulse 76 per minute Temp. 98·4

Height 5 ft 6½ in Weight 11 st 12 lbs

Disease Secondary Dementia *Skae's Classification* Organic Dementia

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME, Thomas Mc Adam

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26·3·85						Since his admission he has remained in a quiet state taking little interest in what is going on & seemingly unable to fix his attention on anything. Requires to be told to perform even simple duties eg to make his own bed &c & takes no pains with his personal appearance. A good deal of this is due to laziness. His general health is moderately good. He eats & sleeps well.
1·4·85						Since last report he has been working outside at light work. There is no change in his mental state & his habits have shown little improvement.
10·5·85		98·2		74.	168	**This patient continues to work outside his mental condition remains the same. He is silly in conversation, laughs at very little and has a good idea of himself, states that he is quite fit to be away.**
14·8·85						There is no change mentally; he is quiet & inoffensive; likes to be taken notice of frequently states that he ought to get home. He likes to receive a visit from his wife particularly if she is accompanied by her children. His physical condition is becoming more unsatisfactory as seen in facial expression, shuffling gait & general lassitude.
26·10·85						Has become decidedly weaker since last report. Has therefore been withdrawn from outside work & put to hair teasing. He is much enfeebled mentally & is becoming more so.
1-1-86						He has still enough intelligence left to ask for work & to remark that it is a fine day but beyond that his intellect never goes. His physical enfeeblement is almost as great as his mental.
7-6-86						No change
2/1/87.						The patient is a harmless & contented demented. He retains his love for his wife & children & has a theoretical notion about going home & getting work but he is easily drawn off the subject & settles down contentedly. He is rather unsteady on his legs & sometimes when walking. He is short & well nourished & has a good appetite & digestion.
18th Dec 87.						A demented silly fellow who is a thief & liar. He takes care of the 2 idiot boys but takes care also to shew them off to

NAME. Thomas McAdam.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						Stampers when he gets the chance. Wants to get home but has no fixed ideas.
30	Mar		1888			Still a lazy weakminded fellow & a most cunning thief. He does not get very much tobacco but he never is in want of it – being such a thief.
1	June		1888			No change in this dement.
1	October					A weakminded fellow – a case of Senile Dementia – a great thief – abusive – dirty & lazy.
21	Decr					This man is much as before & lacks self control as in a case of Senile Dementia.
26	Decr		1889			Discharged

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NAME, James Ruddick No.

Admitted, 4th April 1885 Pr. Ad.

Sex, Male Age, 44 Marriage, Married Occupation, Travelling draper

Education, Religion,

Private or Pauper, Pauper Where from? Wigan & Maxwelltown

HISTORY.

Causation.

Disposition

Habits Formerly industrious; latterly addicted to alcohol

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Want of Work

Symptoms. First.

Mental

Bodily

Symptoms. Recent.

Mental Restlessness; suspiciousness; delusions

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack A few days

Other Facts or Remarks He is stated to have been worth £3000 at one time when a draper in Wigan must have been an industrious, steady man. Latterly owing to drink his business has become broken up & he left Wigan & came here. While here he has led a very steady life according to his own account. Seven weeks ago he had an attack of apoplexy & the whole of his left side was paralysed for some time. Since then he has not been in normal mental state

Facts of Medical Certificates I. 1. He is excitable, he says he hears voices at night, & imagines that there is some one in the room at night, He also accuses his wife with cohabiting with his brothers and others in the town. 2. His wife informs me that he cannot rest at night, as he imagines that some one comes to the house to annoy him. She also says he accuses her of being unfaithful to him.

II. His facial expression indicates mental disorder. He talks incoherently & imagines that he is still in Wigan. 2. I am informed by his wife that he had an apoplectic seizure some short time ago, & since then he has never been right. He is sleepless.

NAME James Ruddick

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory Good

Coherence Coherent Can answer questions? Yes

Delusions That he has been placed here by his father-in-law who wishes to cohabit with his wife. That he has heard, but never seen, persons who said his wife was unfaithful

Other Abnormalities Hallucinations of hearing

Bodily.

Appearance Thin & poorly nourished

Skin Hair Brown. Thin

Eyes Brown Pupils Equal but react sluggishly to light

Muscularity Impaired Fatness

Nervous System—*Motor*. Impaired on left side of body

Sensory Impaired on left side

Reflex Action Impaired on left side Special Senses Normal

Retina

Lungs There is dulness under left clavicle but no symptoms of active lung disease

Heart's action rapid & weak

Tongue dirty & protrudes toward left side Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite Moderate

Urine Excessive in amount & contains albumen

Menstruation

Pulse 104 per minute & regular Temp. 98·2°F.

Height 5ft 9½ in Weight 98·8 lbs

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

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NAME, James Ruddick

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6.4.85						He has a strange dazed expression sometimes amounting to fear. States that he became ill owing to his wifes conduct; That he was under a doctors care and should never have been brought here. He slept well and talks fluently & coherently about his family affairs. States that people from Wigan came to his house here and spoke about his wife being unfaithful with them but they never came into the room where he was. He is now certain these stones are true and that his brother in law wishes him out of the way.
14.4.85						Since admission he has not improved being restless & discontented, often asks why he is here & when he is get away. He worked outside for some days as he said he wished to be employed but can did it & had to be kept in the house a day or two but he is now again working as when in the house, became excited & troublesome sometimes even almost violent. Asserting that he must get away & one night declining flatly to take off his clothes as he wished to go home. His delusions as to his wifes ability remain as fixed as before but the hallucinations of hearing are not so apparent as he says the people have not followed him here yet.
21.4.85						During the last week all the symptoms of insanity noticed in him before admission have become very apparent. He is extremely restless and discontented, continually asserting that if kept here he would die, He has made several small attempts at escape; once getting the length of the Low Gate before being stopped. He is restless at night especially getting up stating that his wife is calling him & that is brother in law is speaking to her. He mentions the names of various persons in Wigan whom he hears frequently speaking of his wife. His general health is very unsatisfactory The albumen in his urine & the amount of urine passed are not diminishing. Today he was taken before the Sheriff Substitute (Hon) for warrant to transfer to England.
23.4.85						Discharged Not recovered

NAME,

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

187

NAME, James Arthur No. 4716

Admitted, 25th March 1885 Pr. Ad.

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

Education, Religion,

Private or Pauper, Private Where from? North Shields

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting "Financial difficulties & paralesis" given in warrant

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness; delusions; exaltation of ideas

Bodily General muscular weakness causing tremors

Insane Habits and Propensities

Suicidal

Dangerous Yes

Duration of Existing Attack Ten days

Other Facts or Remarks He states himself that he has lived a hard life & drunk a good deal but his relatives state that he was quiet, sober & industrious

Facts of Medical Certificates I. 1. Says he has killed the Earl of Stair, Marquis of Bute, Duke of Northumberland, &c &c, and given their money to the poor; asserts that to pour boiling water on plants will cause them to flower & justify immediately &c &c. 2. The same as above. Believes that he has got the Holy Ghost & that he all that is going on in every part of the world. &c &c.

II. 1. Talks incoherently & constantly. Has a dull look. very easily made angry. Enamulous ness of upper lip. 2. Threatened to kill Mr Maxwell his brother in law. Sleeps badly. Has the delusion that his face is covered with glass. Talks from morning to night & always incoherent.

NAME James Arthur

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Often becomes excited; talks loudly & rapidly; becomes very restless and has more than once attempted to strike

Enfeeblement

Memory

Coherence Incoherent sometimes Can answer questions? Yes simple ones

Delusions That he is worth millions sterling; that he cannot speak to anyone unless they have the Holy Ghost; that certain persons wish to get his money.

Other Abnormalities States that he has seen hundreds of men killed in the room in which he is at present.

Bodily.

Appearance Well nourished well developed, but with marked stoop

Skin — Hair

Eyes — Pupils Regular but contract very sluggishly to light

Muscularity ~~Good~~ Impaired — Fatness

Nervous System—*Motor* Impaired. *Sensory* Impaired } He shews symptoms of Genral paralysis

Reflex Action Impaired — Special Senses Normal

Retina

Lungs Normal

Heart Rapid but Murmurs normal

Tongue Coated with white fur & tremulous — Bowels Constipated

Other Organs, Abnormalities, Bruises, &c. There is a large bluish red mark on calf of right leg & numerous small cicatrices on left leg. There is marked antero-posterior curvature in dorsal region.

Appetite Moderate

Urine

Menstruation

Pulse 104 weak & sometimes intermittent — Temp. 98·8°F

Height — Weight

Disease Genral paralysis of the Insane — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple 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 Arthur

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26·3·85						Spent a restless night only sleeping a little. When seen in the morning declined to speak to the writer as he had not the Holy Ghost. He requested the attendant to kill the writer, offering him £1000 to do it. Took his meals moderately well and slept part of the day.—
28·3·85						Rather quieter; sleeping better but state inclined to get up out of bed and wander about. As Aperients in it had no effect a large enema was given with marked benefit as he slept some time after.
31·3·85						The tremulousness of the muscles seems to be increasing He is now very quiet but rather restless at times. Often lies for hours with his eyes shut but awake as he at once answers questions when they are put to him & in a much more sensible way than at first.
4·4·85						Since last report he has been often restless occasionally excited, shouting, calling for the Queen & making all sorts of impossible offers to persons & impossible things At other times he lies in a dull, heavy state with his eyes shut and declining to answer questions or take any interest in anything. Has flushed & restless more usually at night. Appetite remains moderate. Bowels regular.
14·4·85						Has shewn no improvement in fact rather the reverse. Most of his time is now spent in a dull, heavy, sleepless state, taking no interest in anything going on around him & seldom answering even simple questions. When he does answer there is marked tremor of the facial muscles & his articulation is becoming more indistinct. His appetite shews no improvement and is still too small. His bowels have been acting very irregularly since last report and shew marked tendency to become obstinately constipated. He has been confined to bed since admission. Has been reported to his friends as being in an extremely unsatisfactory state of health and that he probably would not survive many months
15·5·85	97·2		84			There has been no improvement in this case during the past month. He is exalted in feeling, believing that he is the finest architect in the world and has built all the buildings around here in

NAME, James Arthur.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						a single night. His habits are dirty and he undresses himself whenever he gets a chance.
19··85		97·8		80.		This patient has rather persistent delusions about being poisoned he accuses his wife and his attendant of having tried repeatedly to poison him but his "magnificent constitution" has baulked their object. His habits are unsatisfactory and his bodily health is weaker.
8·8·85						The power of co-ordination in all the muscles is becoming rapidly impaired: thus he often falls when he stoops forward, has great difficulty in walking & in articulation. Likes to be taken notice of & tries to attract attention. He is apt to snatch at any bright article such as a watch chain & then his hold is remarkably tenacious. He is very incoherent at times & the delusions of grandeur still remain
8·9·85						Is becoming decidedly weaker physically. His habit of seizing everyone that passes him renders him liable to blows from the more irritable patients. At present he has a rather severe bluise on the back of the left hand which is much swollen with considerable redness extending up the forearm. The power of locomotion is almost gone. —
9·9·85						The skin over the back of the left hand has broken in various places with considerable weeping & evidence of a large amount of effusion of blood & serum. He will allow no dressings to stay on the hand. The redness is not extending.
10·9·85				110		Much worse this morning from his having rubbed it & otherwise hurt it during the night. The greater part of the skin has begun to slough & the whole hand is much inflammed & angry looking. Put to bed. Right arm fastened to side of bed. Left arm on pillow. Ordered 30 drop doses of Tinct Ferri Perchlor. every three hours.
11·9·85			120			Kept a little this morning but was restless during the night: the pus was evacuated by two lateral incisions on dorsum. The arm to within 2 inches of elbow pits distinctly on pressure. Ordered ℥iv whisky in 24 hours as pulse is weak. His delusions as to being the "King of the World" "The richest man" &c as well as those that he is being poisoned &c remain & render him suspicious, talkative, restless & difficult to manage.
13·9·85			122			The slough on the dorsum is separating. The gland at the elbow is enlarged & the lymphatics can be felt up to the axilla. The forearm is red & oedematous. He is weaker & distinctly worse

See page 796

NAME, John . Russell No. 1817

Admitted, 20 august . 1883 Pr. Ad.

Sex, Male Age, 55 yrs. Marriage, Single Occupation, Tenant Farmer

Education, Religion, Protestant

Private or Pauper, Private Where from? Saughton Hall . Mains Edinburgh

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First attack Kind

Duration Where treated Colon Hill . Stafford.

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Heartless and cruel treatment by the owner of the farm

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Since 1879.

Other Facts or Remarks Since admission this patient has been in a condition of mild Dementia with Delusions, chiefly that he should have been very wealthy, but has been kept out of his money. Occasionally he becomes excited & talks & writes letters on the subject of his delusions. His bodily health has been good.

Facts of Medical Certificates He has a vacant appearance of countenance and the incoherent manner in which he talks about certain love affairs and the influence of those on the condition of his body.

NAME John Russell

STATE ON ~~ADMISSION~~ 9 Feb. 1885

Mental.

Exaltation At times becomes morbidly exalted loses his self control & makes reckless & unfounded charges against people, against whom he had never formerly spoken

Depression

Excitement At times becomes excited and is restless

Enfeeblement There is mild mental infeeblement; the volitional power is weak & there is little inclination to mental exertion.

Memory Slightly impaired

Coherence At times impaired Can answer questions? Yes.

Delusions That he should have been very wealthy but has been kept out of his money by unjust relations.

Other Abnormalities

Bodily.

Appearance Stout & well-nourished.

Skin Healthy Hair Grey & scanty.

Eyes Brown Pupils Equal & of moderate size

Muscularity Moderate Fatness Good.

Nervous System—*Motor* Functions good

Sensory Functions good

Reflex Action Good Special Senses Sight slightly impaired.

Retina

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

Heart Healthy. Cardiac sounds normal.

Tongue Whitish furred Bowels Regular.

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

Appetite Good.

Urine s.g 1018. acid. bright yellow. No abnormal constituents

Menstruation

Pulse 80 per. min. of good strength Temp. 98.4° Fh. 10 p.m.

Height 5ft. 8in. Weight 133lb.

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

NAME, John. Russell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6·4·85		98·4		72	184	This patient continues much as usual. He at times becomes excited about trivial matters, on one occasion lately the casus belli was the number of biscuits, which he ought to have for supper. When excited he is unreasonable and becomes angry at everyone and displeased with almost everything & sees offensive meanings in harmless words.
19·5·85.						For a week past this patient has been in an excited, irritable condition & very suspicious. His delusions are well marked. He is very unreasonable in his demands, one day lately he ordered dinner in his private room & because it did not come directly he went away in a huff, ordered out his horse & trap & went to Dumfries where he dined at an Hotel. He came back in the evening considerably intoxicated, having left the horse & trap at the hotel.
21·5·85.						He is now on better terms with himself and those about him but is still suspicious & moody. He ponders over the most commonplace remark made to him & takes hidden meanings from it —
21·6·85.						He is in a writing mood at present, & writes the most insane letters, to his friends, to the Superintendent & to his legal advisers.
21·8·85.						Left on pass for a trip to Orkney.
29·8·85						Returned from pass. Was pleased with his trip, but did not enjoy it as much as he expected. He continues quiet as reported above.
6·11·85.						Since last report this patient has been in very good health — He continues to enjoy himself. Drives out in his

NAME. John Russell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						dogcart daily - Takes an occasional day's shooting; Has his game at billiards regularly after breakfast, and his hand at whist after tea. His delusions are as numerous as ever and are fixed. They are seen when he puts his pen to paper.
18 .86						Mr. Russell is at present very well. At Christmas he went off the rails a little with drink, but a want of pocket money soon brought him straight again.
18 .86						Since last report Mr. Russell has been very well - He has grown stouter and less inclined for exercise, except driving. He is cheerful, contented, and happy, with his horse and dogs. He has full parole and does not abuse the liberty.
8/1/86.						Mr Russell is in excellent bodily health. He drives out a good deal. Is cheerful & happy & is excellent Company. Plays billiards & whist & attends the dances & card parties. Goes out Shooting occasionally. Has lately expressed a wish to take up farming again if he can get a suitable farm.
14/ /87.						Mr. Russell is still enjoying life here, and is in excellent health. He has still the same delusions, but does not speak of them unless led on to the subject.
5/1/87.						Last night Mr. Russell got mildly intoxicated in town, & was found by an attendant with whom he came back quite peaceably. He is rather touchy, and he had considered himself badly treated yesterday because his horse and trap were used
14/2/87.					202	by others. This he says was the cause of his conduct.
15/2/87.						Mr. Russell is in a troublesome mood at present. He makes many excuses to obtain a glass of whisky: he has had toothache, and considers whisky the only remedy. He has planned a "wake", and "private dramatic entertainment" to be held in his own room. Enclosed is the programme and a list of articles he ordered from town for the occasion.
5/ /88						Mr. Russell has quieted down completely.
7/ /88						He is troublesome at present. He came in drunk today, and was very abusive in his language.
20 Feb. 89						He is now cheerful & contented. occasionally indulges in alcoholic excess.

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NAME, Robert Carruthers. No.

Admitted, 27. April 1885 Pr. Ad.

Sex, Male Age, 41 y. Marriage, Married Occupation, Drainer

Education, Religion, protestant

Private or Pauper, Pauper Where from? Moniaive

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 Yes

Dangerous Yes

Duration of Existing Attack 4 days.

Other Facts or Remarks

Facts of Medical Certificates I. Has had a vision from God, through his child, incoherent statements. Thinks he has a mission to catch the Dynamitards.

II. His expression indicates mental disorder, he talks incoherently and states he has visions from God and has been appointed by God to track out the Dynamitards.

He told Dr J.H. Dryden to remove his wife + child as he was afraid of killing them.

NAME Robert Carruthers.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Is depressed and states that everyone is endeavouring to harm him

Excitement

Enfeeblement

Memory Confused as to recent events.

Coherence Impaired slightly. Can answer questions? Yes.

Delusions That his enemies are attempting to take his life.

Other Abnormalities His manner is suspicious and restless.

Bodily.

Appearance Strong and muscular

Skin Healthy Hair Brown.

Eyes Brown, restless Pupils Equal ... of moderate size, contract sluggishly to light.

Muscularity Good Fatness Moderate.

Nervous System—*Motor* Functions good

Sensory Functions good.

Reflex Action Moderately acute Special Senses

Retina

Lungs There is dulness on percussion in the right infraclavicular region but no signs of active lung disease.

Heart Cardiac action strong. No organic lesion.

Tongue Covered with a brown fur in the centre flabby & indented at the sides Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite Moderately good.

Urine S.G. 1020. acid. pale yellow. healthy.

Menstruation

Pulse 84. strong. Temp. 98. 8° F.

Height 5ft 9 in Weight 144 lbs.

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Moderately good

PREDOMINANT FEATURES.

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

NAME, Robert Carruthers.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28·4·85		98·4		72.	1414	Passed a restless night. Stated that people were coming to do him harm, and that the best way for him would be to jump out of the window. Ate moderately well.
29·4·85		97·8		74		Was restless and unsettled at night, having the delusion that there were people watching for an opportunity to destroy him. During the day he was calm and spoke rationally. He ate fairly well.
30·4·85		97·9		74		Attempted to escape from ✠ his imaginary murderers by the window. Did not sleep well.
1·5·85		98·3		70		Slept better. Complains of his legs being on fire and of his being 'shocked' through the back with electricity. Is dull and obstinate.
2·5·85		98·3		72		Is depressed and suspicious. States that he suffers a great deal from electricity passed through his back. Complains of being persecuted but will not state by whom. His appetite is fairly good.
3·5·85		98·4		76		Is not so depressed to-day: asked to be allowed to go out to work, and was put on the barrow party where he did well.
8·5·85		98·3		75	1444	There is considerable improvement in this case: he states that he no longer feels the electrical shocks and fires in his legs. He works well & sleeps and eats fairly well.
15·5·85		98		72		During the past week this patient has been quiet and has not expressed any delusions: he now states that they no longer exist. He has worked steadily and well at the building in front of the house. The expression of his face is franker and more open. He eats and sleeps better than he did.
1·6·85						Discharged Recovered.

NAME,

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

199

NAME, Thomas Gass. No.

Admitted, 13 May. 1885. Pr. Ad.

Sex, Male Age, 28 yrs. Marriage, Single Occupation,

Education, Religion,

Private or Pauper, Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks This man states that in order to avoid being tried by court martial. he pretended to be insane and deceived the doctors. and that, as he is now discharged from the Army, they cannot reach him and he no longer requires to feign insanity.

Facts of Medical Certificates I. 1. Indicisim of manner & look & general behaviour. Vague answers to ordinary questions. 2. Irregularity in behaviour, not amenable to ordinary discipline, tendency to suicide.
II. 2. vacant expression of countenance &c. 2, Am informed by a comrade that he has attempted suicide.

NAME Thomas Gass

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory Good

Coherence Average Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily.

Appearance Fairly well-nourished: complexion brown.

Skin Healthy Hair Light Brown.

Eyes Blue Pupils Of moderate size equal.

Muscularity Good Fatness Moderately good.

Nervous System—*Motor* Functions well performed.

Sensory Functions of average acuteness.

Reflex Action Good. Special Senses Of average acuteness.

Retina

Lungs Chest well formed. Lung sounds healthy. Respirations 16 per. min.

Heart Apex impulse in usual position. Heart sounds healthy.

Tongue Covered with a thin white fur, moist. Bowels Regular.

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

Appetite Good.

Urine Pale yellow. acid. s.g. 1020. Contains no abnormal constituents.

Menstruation

Pulse 66. of moderate strength. regular Temp. 96·4. 8 pm

Height 5ft. 9in. Weight 140 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

NAME, Thomas Gass

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14·5·85		96.6		66	140	Has shown no symptoms of insanity since admission. He states that he is willing to work and hopes that he will not be detained here long. He worked all day. He ate and slept well.
15·5·85		97.5		69		Slept well. Is quite orderly, industrious willing to work and clean. He speaks well and gives a clear account of himself and of his service in the army.
16·5·85		97.5		68		Slept & ate well: worked well, and seems to be willing to help the attendants in his ward.
26·5·85						Discharged Recovered

NAME,

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

203

NAME, Robert Johnstone No.

Admitted, 15 May 1885 Pr. Ad.

Sex, Male Age, 32 yrs Marriage, Married Occupation, Farm Servant

Education, Religion,

Private or Pauper, pauper Where from? Lochmaben

HISTORY.

Connection.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Suspicions that his wife was unfaithful to him, and fear that false accusations would be brought against him.

Bodily Gradual emaciation.

Recent.

Mental Fancies that everybody looked suspiciously at him and was accusing him of crimes, of which he was innocent. He threatened to commit suicide

Bodily Progressive Emaciation. Sleeplessness. He has lost 14lbs in weight during the last month.

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates. I. 1. He is excited and talking in a wild manner. Says that people are all laughing at him, that strange men are constantly coming after his wife, that some people are charging him with theft, perjury &c. all of which are delusions. 2. His wife says that he does not rest at night - and is getting up and going out, is constantly hearing footsteps and other noises, has nailed up his chest for fear of being charged by some one with theft, all of which are delusions. II. 1. His insane, excited appearance & rambling speach. Tells me that he is continually annoyed with the people about him, some charging him with theft, others making noises in his home at night. 2. Mr Mc Geachan informs me that he is at times very excited & unmanageable without a cause.

NAME Robert Johnstone.

STATE ON ADMISSION.

Mental.

Exaltation

Depression States that he has been feeling unhappy for five weeks; fears that he is being accused of crimes, which he has never committed and that everybody despises and ridicules him.

Excitement He becomes excited when speaking about his delusions.

Enfeeblement

Memory Moderately good.

Coherence Average Can answer questions? Yes.

Delusions That he is looked at disparagingly by everybody and that he is accused of crimes which he never committed.

Other Abnormalities He is irritable and suspicious.

Bodily.

Appearance Thin and poorly nourished.

Skin healthy Hair Brown.

Eyes brown Pupils of moderate size, regular & equal

Muscularity moderate Fatness diminished.

Nervous System—*Motor* functions moderately well performed: there is slight tremulousness of the tongue when protruded

Sensory functions well performed

Reflex Action acute Special Senses of average acuteness.

Retina

Lungs. chest narrow and flattened at the upper part in front: lung sounds healthy: respirations 18 per. min.

Heart. apex impulse of average strength: cardiac sounds healthy.

Tongue large, pale, indented at the tip & edges: whitish yellow furred. Bowels sluggish.

Other Organs, Abnormalities, Bruises, &c. The inguinal lymphatic glands of both sides are enlarged: but there is no history of venereal disease.

Appetite Meagre

Urine pale yellow, acid. s.g. 1023. contains no unusual constituents.

Menstruation

Pulse 76. of moderate strength, regular Temp. 97·2° Fh. 8 p.m.

Height 5ft. 6in. Weight 126 lbs.

Disease Mania *Skae's Classification*

General Bodily Health and Condition Reduced.

PREDOMINANT FEATURES.

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

NAME, Robert Johnstone

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16·5·85		98·3		76	126.	Slept altogether about three hours; states that he could not sleep on account of thinking of his wife and children who would never get on without him. States that there is nothing the matter with him and there was no necessity whatever to send him to an asylum. demanded to be liberated. Ordered ℥j. Ol. Monh every night. Ate fairly well
17·5·85		98·6		72		Slept badly again. Is irritable discontented restless and suspicious; states that he has been very badly treated by his friends, who had no right to send him here. Appetite good.
18·5·85		98·3		76		Slept better last night. Asks to be allowed to go home as there is nothing the matter with him. Was put out to work and did well.
20·5·85		98·2		70		Slept well. Is irritable and suspicious and states that his wife has been unfaithful to him, and was frequently visited by men, the marks of whose footprints he used to see outside the window
30·5·85		98·6		74.	127	Sleeps, eats and works well. Still holds to the idea that his wife has been unfaithful to him. Is not so suspicious nor exciteable
7·6·85		98·3		78	126	Sleeps, eats & works well. Becomes at times excited when speaking of the necessity for his detention here, which he says does not exist. Does not express the opinion that his wife was unfaithful to him & when asked about says that if he ever expressed that opinion it must have been 'a "notion" of his, as he never believed such a thing.
14·6·85		98·4		78	126.	This morning Johnstone refused to go out to work; & gave as a reason that he must at once be released; he stated that I knew everything that passed through his mind. Was restless & excited during the day & tried several times to escape.
15·6·85		98·8		78		Slept badly, and was full of fancies in the morning. Stated that one of his

NAME, Robert Johnstone

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						children had appeared to him saying that the whole family was in danger & that he must come at once to save them.
21.[illegible]85.		98		74.	127.	This patient for the last four days, since his wife visited him has refused to speak or to work. He however smokes as much tobacco as he can lay his hand upon, and has eaten & slept well.
28.[illegible]85		97.6		70.		Is now at work and conversing; he will not give any explanation of his silence last week.
18.[illegible]85						Since last report he has been quiet and industrious. He is taciturn & unsociable & it is difficult to get him to speak of his former delusions. He has a habit of walking with his shoulders raised, working his eyebrows up and down & of decorating his coat with various things he finds.
20.[illegible]85						The exaggerated sense of well being is increasing. He swaggers much & acts as if every thing were his but still remains taciturn & unsociable or returns some offensive answer to a simple question. He works well but in his own way & is very impatient under control.
26.[illegible]85						There is no change to report except that lately he has refused to do any work whatever. Is as morose, sullen, irritable as ever & has the same exaggerated ideas about himself.
1-[illegible]-86						He has again consented to work. He is suspicious & does not like to be questioned or interfered with & this latter condition is sometimes difficult to admit because he has a habit of stuffing his pockets full of rubbish & of decking himself out with plaited straws. Approaches to ascertain his mental state are guarded against by him & if made only result in angry threatenings on his part.
5-[illegible]-86						He labours as he has laboured for a long while under the delusion that his wife is unfaithful. He is very unsociable with men but takes great solace & apparent comfort in reading hymns.
2 Jan 1888						Quiet & dull
30 March 1888						This is an unsociable fellow, high minded & ill tempered - will do very little.
1 June 1888						No change
October						This man works in the joiner's shop & is sour silent & unsociable

see page 864

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NAME, H. John Borland. Voluntary. No. 4732. V.

Admitted, 19th May. 1885. Pr. Ad.

Sex, Male. Age, 19. Marriage, Single Occupation, Student

Education, Good. Religion, Protestant.

Private or Pauper, Private - Where from? Irvinfort. Closeburn.

HISTORY.

Disposition Rather reserved.

Habits

Previous Attacks—No. First attack. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Over study.

Conditions.

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 K. Borland.

STATE ON ADMISSION.

Mental.

Exaltation

Depression States that he fears he is a failure & has been a great expense to his friends.

Excitement

Enfeeblement

Memory Impaired. Has to think a while before saying how long he has been ill.

Coherence Good. Can answer questions? Yes, slowly & with difficulty.

Delusions

Other Abnormalities

Bodily.

Appearance Thin. Complexion fair.

Skin Healthy. Hair Brown.

Eyes Blue. Pupils Equal and sensitive.

Muscularity Impaired Fatness Greatly diminished

Nervous System—*Motor* Sluggish. Tongue protruded slowly and reluctantly & is tremulous.

Sensory Slightly impaired.

Reflex Action Increased. Special Senses of average acuteness.

Retina

Lungs Healthy.

Heart Normal in size and position. Second sound accentuated at apex.

Tongue Clean Bowels Slightly constipated.

Other Organs, Abnormalities, Bruises, &c. Other organs healthy. No marks of injury.

Appetite Fair

Urine Clear amber colour. Sp. Gr. 1024. Acid. No abnormal constituents.

Menstruation

Pulse 84, fairly strong, regular. Temp. 98. A. Fah. 9. P.M.

Height 5 ft. 7½ inches. Weight 9 Stones.

Disease ~~Hypochondria~~ Melancholia Acute. *Skae's Classification* Insanity of Adolescence.

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

NAME, John K. Borland.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19.5.85.	-	98.8.	-	88	122.	Walked in the grounds with attendant, & joined in a game at Tennis. He finds some difficulty in answering even the simplest questions & says he cannot find the proper words to use. He took his meals fairly well. He is to have porridge & an egg to breakfast, very little butcher meat & plenty of light pudding for dinner, & an egg to an ordinary tea, & porridge & milk to supper. Joined in dancing in the evening.
20.5.85.	-	98	88	80	85.	Slept well last night. Had a good hearty breakfast. Attended Chapel. Had a short walk in the afternoon. He says he has done wrong in coming here, because he gives so much trouble and upsets all our arrangements. Says he is a failure & has been a great expense to his friends.
21.5.85.		98	4	90.	93.	Said he had made up his mind to go home as this was no place for him, but very soon forgot all about this resolution. He cannot at once say how long he has been here but if allowed to think it over he can manage to say within a day of the time. He slept very well last night & takes his food well.
22.5.85.				108	119	Seems slightly better today. Had a very good night. Says he is spiritually lost. Joined in a game at cards last evening quite intelligently.
23.5.85.	99.1	99.4	110	121		This morning he seems more depressed, but he has had a good night. He talks of suicide, such as throwing himself under the wheels of an omnibus &c.
24.5.85.	99.3	100.3	112	120		He slept well last night. His face is flushed & he has a very anxious expression. He constantly mutters to himself. He answers questions correctly enough but takes a long time to do so. It seems as if he could

NAME.

DATE.	Temperat. Morn.	Temperat. Even.
25.5.85.	99.	99.2
25.5.85.	99	100
25.5.85.	99.	99.1

NAME, John K. Borland.

DAY.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						not find the words he wished to use. He is to have a room to himself & a special attendant. (Munro) He is to get the following dietary :- Breakfast :- Porridge and new milk, in bed at 7·45. Tea and an egg after he rises. A tumbler of milk at 11 a.m. Dinner :- Soup & pudding, with a tumbler of milk. Tea :- An egg to the ordinary tea. Supper :- Porridge and milk at 8 P.M. - His gallery is to be kept perfectly quiet. He is to walk quietly in the grounds in morning, afternoon, & evening ~~on~~ fine days. He is also to have the following pill after dinner. Rx: Ferri Sulph gr ½ Ext: Aloes Aquos gr 1. - Zingiberis q.s. Ft. pil.
25	·85.	99·	99·2	115	122	Slept well last night. Is still very flushed but does not mutter so much. Ate a good breakfast. He remained quietly in the house today, the only walk he had being in the Balcony for a few minutes. Towards evening he became very flushed. His bowels moved freely today. He walks with difficulty.
26	·85.	99	100	114		Has a good night. Not so flushed this morning and seems brighter. Ate a good breakfast & then asked to be allowed up.
27	·85.	99·1	99·1	122		Slept fairly well last night. Has some effusion into the left Knee joint which is swollen and hot & evidently painful. Fomentations applied. He is kept in bed today - He so required to be fed with the spoon this morning he would not feed himself and passively resisted when fed saying "I am unworthy of food." At noon he was persuaded to drink a tumbler of milk. Towards evening he seemed a little better being brighter & answering questions. The Knee swelling seems less.

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211 7/5/15 Miss Chaytor (obligant) 40 Palace Mansions. Kensington. London W.

NAME, Charles Chaytor. No.

Admitted, 21st May. 1885. Pr. Ad.

Sex, Male. Age, 36. Marriage, Single. Occupation, None.

Education, Good. Religion, Protestant.

Private or Pauper, Private. Where from? Croft near Darlington.

HISTORY.

Causation.

Disposition Rather reserved.

Habits Varying. Had Delirium Tremens in 1874.

Previous Attacks—No. Has been queer from time to time, never under Duration treatment before. Where treated

Hered. History—Insanity

Other Diseases Two great uncles drunkards.

Predisposing Had a fall followed by concussion of brain at the age of 4 years. At 19 was disappointed in love.

Exciting Not known.

Symptoms. First.

Mental Delusions of Suspicion. Such as there being poison in his food, which he sometimes refused. Violent weeping fits.

Bodily Sleeplessness.

Symptoms. Recent.

Mental Irritability. Delusions, such as that he is the Almighty. Fear of an earthquake mentioned in the Revelations.

Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous Has threatened violence vaguely.

Duration of Existing Attack Not known.

Other Facts or Remarks

Facts of Medical Certificates He has delusions, thinks he is the Almighty and his father the devil. Says his father and other relatives have frequently tried to poison him.—

NAME Charles Chaytor.

STATE ON ADMISSION.

Mental.

Exaltation Says he is omnipotent, being the Creator. anything he wishes to know the Spirit tells him &c.

Depression

Excitement Threatened his attendant with a knife. Becomes excited when spoken to about his communications with the Spirit.

Enfeeblement

Memory Good.

Coherence Good. Can answer questions? Yes.

Delusions Says he is God Almighty & his father is the Devil. Says the attendant got £3000 for bringing him here.

Other Abnormalities

Bodily.

Appearance Weather beaten. Thin face & body ill nourished.

Skin Healthy Hair Red.

Eyes Blue Pupils Contracted equally and sensitive.

Muscularity Impaired. Fatness Slight.

Nervous System—*Motor* Normal.

Sensory Good.

Reflex Action Moderately acute Special Senses Normal.

Retina

Lungs Healthy.

Heart Normal in size and position. Sounds pure.

Tongue Dirty from tobacco Bowels Constipated.

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

Appetite Good.

Urine

Menstruation

Pulse at 9 P.m. 21st 88 per min. Temp. 98·1 Fahrenheit.

Height 5 ft. 9 inches Weight 141 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition Fair

PREDOMINANT FEATURES.

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

NAME, Charles Chaytor.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21·5·85.	-	98½	-	88.	141.	Mr Chaytor arrived at 3·15 P.M. in charge of attendant Mc Whir. He gave some trouble on the journey, & at Carlisle the attendant had to get the assistance of a porter to get the patient placed in the train. When he arrived here he was searched and a revolver found in his pocket with one chamber loaded. He had ten cartridges in his pocket. He had also a knife with which he threatened to stab his attendant. He states that he is one of the righteous & that he hears every thing he wants to know from the spirit. He also states he is the almighty. He had a fair tea & went to bed quietly He is in the Infirmary.
22·5·85.	-	-	80.	85.	-	He had a capital night. ate a good breakfast this morning. Grumbles a good deal at detention here.
23·6·85.			77.	-		Slept well all night & seems pretty well & contented this morning. His only grumble is for an insufficiency of tobacco.
24·5·85.			82.	-		Seems quite contented. Says he is quite well. He sits apart from his fellow patients and smokes in silence. He gives but little trouble but does not seem inclined to exert himself.
25·5·85.			76.	-		He is grumbling a little this morning at having been visited by the spirits of one of the Physicians last night, & says he will do for it.
26·6·85.			72.	-		He is in better spirits this morning. Removed from Infirmary to Mid West Gallery.
27·5·85.						Seems to like his new apartments and is contented & in good spirits. He reads a little at times, but spends most of his time sitting apart from the other patients idle. —
28·5·85.						No change to report. Is very contented - The delusions remain and he is very

NAME. Charles Chaytor.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						reserved and suspicious. Does not enter cheerfully into conversation.
21·7·85.						He continues reserved & suspicious. Has threatened violence to his attendant and to fellow patients. He has once or twice joined at cricket. His delusions remain.
31·7·85.						There is no change to report. He continues moody and suspicious.
14·8·85						He is now a little more sociable, likes a game at billiards with some of the patients but does not join in any of the out door games with any spirit.
20·8·85.						There is no improvement in this case. He is utterly idle. Sits over the fire most of his time, smoking. Will not write to his friends, or read.
15·2·86						An attempt to get him to work with the gardening party has utterly failed. He went out with them unwillingly but would not work, stood looking on with his hands in his pockets.
19·3·86.					135.	There is no improvement in Mr Chaytor's condition
14/9/86					135	He is very idle. The hope of getting him to work in the garden proved vain and he is not now asked to go out with the party. He cannot be induced to interest himself in any amusement either. He will take a bat at cricket but in a lazy half hearted fashion, and he will not field.
8/1/86						Mr Chaytor is in a similar condition to the above. He is dull moody & rarely speaks except when spoken to. His brother from New Zealand visited him last week & seemed to rouse a little interest as Mr Chaytor spoke
14/2/86					141.	a little of his brother's hard work afterwards He reads the papers a little, will not work will not go to the billiard room or the
14/3/87					139	drawing room. Bodily health good.

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NAME, Robert Byers. No.

Admitted, 28th May. 1885. Pr. Ad.

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

Education, Good Religion, Presbyterian.

Private or Pauper, Private. Where from? Dunoon.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First attack. Kind —

Duration — Where treated —

Hered. History—Insanity His paternal grandmother was melancholic.

Other Diseases

Predisposing

Exciting Anxiety of mind regarding annual examination.

Symptoms. First.

Mental

Bodily

Recent.

Mental Great excitement- Incoherence. Refusal of food.

Bodily

Insane Habits and Propensities

Suicidal Has jumped through a window.

Dangerous Might be.

Duration of Existing Attack Three days.

Other Facts or Remarks

Facts of Medical Certificates

Sudden change of manner. Loud speech and violent actions. Refusal of food. Stubbornness. Following imaginary objects. —

NAME Robert Byers

STATE ON ADMISSION.

Mental.

Exaltation - Says he never felt better in his life. Is happy and contented with his situation.

Depression

Excitement

Enfeeblement

Memory Fair.

Coherence Good. Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily.

Appearance Complexion dark and sallow - Body fairly nourished.

Skin Healthy Hair Black.

Eyes Brown. Pupils Unequal but sensitive to light. Left contracted.

Muscularity Fair. Fatness Diminished.

Nervous System—*Motor* There is a considerable amount of muscular tremor which is general, but is most marked in the tongue & hands.

Sensory General sensibility is good.

Reflex Action Diminished. Special Senses

Retina

Lungs No disease revealed by percussion & auscultation.

Heart The area of cardiac dulness is normal. The heart sounds are pure.

Tongue Dirty white fur. Bowels Rather loose on admission.

Other Organs, Abnormalities, Bruises, &c. There is a laceration of the little finger of left hand. & a scratch extending from there up to the wrist. There is also a scratch on the right wrist.

Appetite Fair but capricious.

Urine Bright yellow colour, contains amorphous urates & a trace of albumen.

Menstruation

Pulse 120 per minute. Temp.

Height 5 feet. 7 inches Weight 150 lbs.

Disease Mania *Skae's Classification*

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

NAME, Robert Byers.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29·5·85.			120.		150.	Slept well last night but complained of thirst frequently. Bowels moved twice & are loose. This morning he is anxious to go back to Dunoon "to get funds and arrange his affairs before coming here to stay a while." He says he is a heavy smoker & is not a total abstainer, but denies having ever exceeded the greatest moderation in drink. He is very polite & affable & is perfectly quiet and tractable. He answers very intelligently all questions put to him. Says he supposes the clerk of the School Board thought he was doing a kindness in sending him here but that there was no necessity for it at all.
30·5·85.			100.			He does not seem so nervous & agitated this morning & his tongue is not so tremulous. Nor does the inequality of the pupils seem so noticeable. He sleeps well and has a fair appetite. —
31·5·85.			110.			He went yesterday to Kirkmichael with a picnic party & behaved well. He is in good spirits, seems happy & contented.
1·6·85.			120.			His tongue is still tremulous, markedly so, and the pupils unequal. —
21·6·85.						He is much better. His tongue is nearly right & the pupils are becoming more equal. He makes himself very agreeable at all times. He has parole in the grounds. Today he is liberated on pass for two days, to visit Dunoon. —
4·7·86.						Returned today. His absence on pass was prolonged at his own request. He seems better, but there is a marked tremor of his muscles in every part of his body, and also slight inequality of the pupils. He is quite happy

NAME, Robert Byers.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						and says he could not spend his holidays in a better place. He is a very keen bowler.
27·85			84.			He is much better. The pupils are now equal and sensitive. The muscles are still tremulous but it is not so marked.
28·7·86.						Discharged Recovered.

219

NAME, Samuel Skilling No. 4741

Admitted, 30 May. 1885 Pr. Ad.

Sex, Male Age, 13 y Marriage, Single Occupation,

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Hawick.

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 Has been threatening to injure himself.

Dangerous No

Duration of Existing Attack A few days.

Other Facts or Remarks Is stated to have had a severe attack of Chorea recently and was then partially insane.

Facts of Medical Certificates Excitement, incoherence, unmanageableness. fishing in a small jug for eels. tries to get out of the window.

NAME Samuel Skilling.

STATE ON ADMISSION.

Mental.

Exaltation marked. Talks and swears rapidly and almost constantly.

Depression

Excitement Runs about from place to place, whistling or singing: when spoken to he becomes excited and tells everyone to go to Hell and is violent

Enfeeblement

Memory Cannot be tested.

Coherence Impaired at times. Can answer questions? No

Delusions That he is being killed. He cries out Ye are killing me. I am dying. He also calls the officials by the names of his friends

Other Abnormalities His conversation is filthy and indecent; and he is destructive.

Bodily.

Appearance Pale spoorly nourished

Skin healthy. Hair brown

Eyes brown. Pupils dilated and contractile

Muscularity moderate Fatness poor.

Nervous System—*Motor* There is a great amount of general muscular restlessness.

Sensory Sensibility to touch is increased.

Reflex Action Increased Special Senses exalted and perverted.

Retina

Lungs The voice is hoarse from constant shouting: the lung sounds are puerile

Heart's action excited: sounds short & loud.

Tongue covered with a whitish fur. Bowels costive

Other Organs, Abnormalities, Bruises, &c.

Appetite poor

Urine amber coloured, clear. s.g. 1019 acid No Albumin Sugar. Bile no deposits

Menstruation

Pulse 92 compressible regular Temp. 98.8°F. 8 p.m.

Height 4ft. 2 in. Weight 66lbs.

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.
	Yes.							Yes	

NAME. Samuel Skilling.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
31·5·85	99·2	99·5	90	96	66lbs	Slept six hours. Was much excited during the day; he rushed about the ward with no apparent object, jumped on to chairs and tables gesticulated and swore in whispers almost continuously. He has evidently hallucinations of sight and sees imaginary objects for he will often stop for a moment, look at a particular part of the room where there is no one, curse in a whisper, saying "Go to hell you b——r. ye are killing me" and his face assumes at the same time a look of intense hatred and anger, and his fists clench, as if about to attack this imaginary presence. After he has sworn at this object for half a minute or so, always repeating the above mentioned phrase in a whisper, he will resume his running about and his expression then becomes one of anxiety, as if he were looking for something, which he cannot find. When asked to sit down or be quiet, he stops and commences to swear at the person addressing him, telling them to go to blazes and never come back and abuses them with great volubility applying every oath and indecent expression at his command to them, and threatening to cut their throats if they do not leave off trying to kill him. When he is lifted by his attendant and placed in a chair, he resists to the utmost, kicks, scratches bites and swears, and his expression becomes angry and threatening. When asked a question he returns no rational answer but tells his questioner to go to hell, and this phrase he repeats over and over again even after he has ceased to look at the person he swore at and has resumed his preoccupied restless look. His appetite was poor: he would only drink some milk.
1·6·85	99	99·6	88	94		Did not sleep at all last night, but shouted and swore all night. In the morning was very restless, running about and gesticulating

NAME.

DATE.	Temperat. Morn.	Temperat. Even.
2·6·85	99½	100
3·6·85	99·3	99

NAME. Samuel Skilling

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						He mistakes the identity of those about him: he calls the head attendant Dr Hamilton, and the assistant physician, James Henry: He accuses the latter of "using science" upon him and trying to kill him by means of magnifying glasses tells him to go to America and never return else he will expose him in public, as a liar, a thief and a murderer. Refused his food; said there was a bad smell about it, and poison in it, and puts it away whenever it is offered to him. His language has been coarse and indecent but there is not such a marked tendency to the repetition of a few phrases as was so noticeable during the last two days.
2·6 85	99·6	100·1	98	106		Slept only two hours. Sang snatches of hymns and swore by turns during the night and was restless, running about his room & knocking on the walls. In the morning moved about on his hands and knees, lay on the floor, and rolled himself over and over, shouting and making a hoarse barking noise. His appetite is perverted: he drank some dirty water in which flowers had been but refused to taste milk or clean water, and he puts gravel or earth into his mouth whenever he has an opportunity of doing so. His delusions of identity continue and he swears at everyone who speaks to him. In the evening he was persuaded to eat a good tea. The bowels were loose during the day, the motions being bilious.
3·6 85	99·3	99·6	92	98		Slept six hours. Is not so restless this morning, but is very foul and indecent in his language. Becomes angry and abusive when spoken to, and if touched he attacks the person who touches with all the violence of which he is capable threatens to cut the throats of all who have been trying to kill him. Is not so suspicious of his food, but eats more when no one is looking at him than when others are present.

See page 792

223.

NAME, John Larmont No.

Admitted, 6th June 1885 Pr. Ad.

Sex, Male Age, 69y Marriage, Widower Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Caerlaverock.

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 Yes

Dangerous Yes.

Duration of Existing Attack Four weeks

Other Facts or Remarks He states that he has had two attacks of Rheumatic Fever, and that he acquired syphilis at the age of 17yrs.

Facts of Medical Certificates I He was smashing at a railing & breaking it & could not be advised to desist: he ran away and stormed a great deal when interfered with; he speaks in a rambling incoherent way & has delusions as to his surroundings. (2) he threatened the lives of his son & daughter.

II. I found him restless & wandering about. He told me that a farmer was in hell before he died; that he was possessed of money, which is quite a delusion; he is sleepless & destructive

NAME John Learmont

STATE ON ADMISSION.

Mental.

Exaltation Talks almost constantly, and wanders from one subject to another with great rapidity. Has an unduly exalted opinion of his own power.

Depression

Excitement Is restless and wanders about.

Enfeeblement His power of attention is impaired. When asked a question he attempts an answer but rambles on to subjects, which are quite unconnected with the question asked, but which he states are necessary to elucidate it.

Memory Rather confused as to recent events

Coherence Impaired at times Can answer questions? Yes.

Delusions States that he was unjustly placed here, because he is a servant of Christ.

Other Abnormalities He is suspicious that harm is intended to him

Bodily.

Appearance Is poorly nourished, and sallow complexioned.

Skin There are a few maculae of a copper-red hue scattered over the skin Hair greyish black.

Eyes blue Pupils, equal small & contractile

Muscularity moderately good Fatness diminished.

Nervous System—*Motor* Functions fairly well performed.

Sensory Cutaneous sensibility is acute. Dull pain is complained of over the loins, coming on at times varying in severity & duration

Reflex Action is acute Special Senses Sight is impaired.

Retina

Lungs The thorax is transversely constricted at its lower part. breath sounds are healthy. Respirations 20 per min.

Heart's impulse is in its usual position: heart sounds healthy.

Tongue large, clean, slightly fissured & somewhat dry. Bowels regular.

Other Organs, Abnormalities, Bruises, &c. The teeth are moderately good; there is indurated enlargement of the inguinal cervical & epitrochlear glands. There are no marks of injury.

Appetite Good

Urine bright yellow, clear, acid. s.g. 1027. No Albumin, sugar nor deposit.

Menstruation

Pulse 80 of moderate strength, regular Temp. 97·4° Fh. 8 pm.

Height 5 ft. 7 in. Weight 140 lbs.

Disease Senile Mania *Skae's Classification*

General Bodily Health and Condition Moderately good.

PREDOMINANT FEATURES.

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

NAME. John Learmont

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7.6.85		97.8		82	1140	Was restless at night and did not sleep well. Is inclined to be talkative, & is very rambling in conversation, sometimes being quite incoherent. He states that he is the servant of Christ, and has been wrongly placed here: but will have all his persecutors brought into the Court of Session for it. Ate fairly well.
8.6.85		98.8		84		Was again somewhat restless at night and did not sleep well. This morning he admitted that he had contracted syphilis when seventeen years old, but in a minute or two denied vehemently that he had ever had it, & said that I would have to answer in Court for having said so. Was talkative and restless during the day.
9.6.85		98.3		82.		Slept better last night. In the morning he asked for something to do, and was put to chop sticks as a outlet for the energy of his destructive tendencies. He worked hard all day, and expressed his intention of presenting several people with the price of a cartload of sticks before he left. Ate well.
10.6.85		98.2		78		Slept well. Is not quite so talkative; worked hard all day chopping sticks. Has fleeting delusions mostly as regards his own power. States that he can put everyone here into jail & will do it if they annoy him.
11.6.85		98.		74.		Ate & slept well. Has shown a quarrelsome tendency to-day and has made several complaints against people, who he states annoyed & interfered with him at his work: he threatens to "do for them."
12.6.85		98.2		73		Sleeps and eats well and employs himself chopping up sticks. He is talkative and rambling and his memory is poor.

NAME, John Learmont

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24.[illegible].85		98.2		78		This patient is industrious and when not interfered with gives no trouble, but if crossed in any way, becomes angry & abusive. He is fond of tobacco, & eats & sleeps well.
1.7.85		98.3		78.		There is no change in this patients mental condition since last report. He is industrious and, when not irritated, quiet.
18.8.85						Since last report there has been little change in his mental condition; obstinate; dogmatic & self-opinionative to a degree he is sometimes troublesome to manage when not allowed to have altogether his own way as he has a habit of using whatever is handy to assist his arguments. He is thus a dangerous man on the other hand he is generally easily led. He is a good worker.
19.9.85						Has not improved since last report & has shewn signs of diminished moral feelings by thievish propensities total disregard for the truth &c. He has become so troublesome by his wandering propensities, chronic ill nature & tendency to be dangerous on slight provocation that he has to some extent been confined to the house.
17.10.85						Still very troublesome. Will persist in breaking the rules of the Institution by smoking in the Dormitory & sometimes in bed; wandering about the kitchen &c if checked he becomes abusive & frequently violent striking out at any one near. His letters shew his opinion of his treatment "Dear James, I write you a few lines to let you know that I am not so well as when Jane was down at this place seeing me. It is a terable place for any person to be in. A deplorable place for all plants whom ever any of them gets any unruycele, two or three of them will sease on a person & they will not let them go till they often hurt them. No more at present. .... please to write soon & let me know how all the Stirling people is coming on."
-1-86						He is an aggressive, impudent domineering robber fighting with everyone & stealing all he can. Every night his pockets have been emptied of booty. This is only effected after he himself has been secured by 3 or 4 attendants. He thinks nothing of pitching a match slight in to a bed & he takes no little pains to track patients how to escape.
3-[illegible]-86						No change lying, swearing, threatening, stealing, fighting & always in trouble.

Dead —

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NAME, James Henry Martin. No.

Admitted, 5th June 1885. Pr. Ad.

Sex, Male. Age, 50. Marriage, Married. Occupation,

Education, Good. Religion, Episcopal Church.

Private or Pauper, Voluntary Where from? London.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. Fixed.

Mental

Bodily

Record.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME James H. Martin.

STATE ON ADMISSION.

Mental.

Exaltation

Depression He is very depressed. Says it is all over with him. That he will never see his friends again &c.

Excitement

Enfeeblement

Memory

Coherence Good. Can answer questions? Yes.

Delusions He has delusions of suspicion. Says he has been the victim of some who pretended to be friends who sent him here.

Other Abnormalities

Bodily.

Appearance His complexion is sallow. There is a yellow tinge about the eyes.

Skin Healthy. Hair Gray. Head bald.

Eyes Brown. Pupils Equal & sensitive to light.

Muscularity Good. Fatness Considerable.

Nervous System—*Motor* functions well performed.

Sensory functions good.

Reflex Action Normal. Special Senses Good.

Retina

Lungs Quite healthy.

Heart The percussion is normal. The sounds are feeble rather.

Tongue Clean. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine Bright yellow colour. Sp Gr. 1024. No albumen

Menstruation

Pulse 68 rather feeble Temp. 97.8. at 5 a.m. & at 6th p.m.

Height 5 ft. 7 3/4 inches Weight 194 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition Fair.

PREDOMINANT FEATURES.

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

NAME, James H. Martin

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6·6·85.	97·8.		68.		194.	He slept very well. He was fidgety about his door, not wishing to be shut in & yet not wishing his door open fearing some one should enter the bedroom when he was asleep. In the morning he was restless & fretted a good deal. He went with a picnic party to Kirkmichael & seemed to pass the time pleasantly. In the evening he walked about for a while & went to bed early being more cheerful towards the close of the day than he was in the former part of it.
7·6·85.			66.			He is very depressed this morning. Says he has been sent here by some so-called friends who wish to get rid of him for their own purposes. He is suspicious of all about him.
8·6·85.						His mood this morning is a little more cheerful. He says drugs are put in his bed in order that he may inhale them & so be made to sleep. He says he smells them quite distinctly.
9·6·85.			72			He has partaken in a game at Golf & seems rather better today.
21·6·85.						He grumbles a good deal at all rules of the institution, especially at not being allowed out at pleasure. He writes letters of a very doleful character. Occasionally he joins at cricket, but only in a half-hearted way.
3·7·85.						He complains of some stuff being in the air of his room at night which affects his eyes. He cant explain what it is but talks of poisonous fumes.
10·7·85.			74			He still has the delusion that stuff is put into his room at night, the

NAME, James H. Martin.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						fumes of which injure his eyes.
23.·85.			78			This patient complains of smelling the paint in the gallery below his. and is dogmatic in his assertions as to the harm, which it does him. He declares that it is quite unnecessary for him to stay here as he is getting no good but rather harm. He is unsocial and suspicious and calls several of the patients doctors. He eats well + takes plenty of exercise.
11·8·85.						Discharged himself.

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NAME, Alexander Kennedy No.

Admitted, 19 June 1885 Pr. Ad.

Sex, Male Age, 47y. Marriage, Married Occupation, Policeman

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Gairlestown

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 Yes

Dangerous No

Duration of Existing Attack One day.

Other Facts or Remarks

Facts of Medical Certificates I Melancholic in appearance & speech: states he can never be saved: hymn singing drives him distracted: suicidal intentions at times he feels a strong impulse to kill himself: states that he is unable to think of anything for any length of time (2) He was caught when about to commit suicide.

II Melancholic in expression of face. speech hurried & tremulous states that he attempted at least on one occasion to drown himself & is still actuated by a strong desire of self destruction cannot pursue any line of thought or read. & heavy burden of sins which can never be forgiven. Suspicious family history

NAME Alexander Kennedy.

STATE ON ADMISSION.

MENTAL

Exaltation

Depression Feels that he has lost all hope of being saved on account of the innumerable sins which he has committed.

Excitement

Enfeeblement

Memory Moderately good

Coherence Average Can answer questions? Yes

Delusions That his sins are so innumerable that he has lost all chance of salvation; he cannot name any one sin, which he has committed.

Other Abnormalities

BODILY

Appearance Thin and poorly nourished; complexion sallow.

Skin Sallow, and dry Hair brown.

Eyes brown Pupils small and equal.

Muscularity diminished Fatness diminished.

Nervous System—*Motor* Functions are well performed.

Sensory Cutaneous Sensibility is fairly good. Constant gnawing pain extending from the spine along the right side between the costal margin and the iliac spine is complained of.

Reflex Action Good. Special Senses Of average acuteness.

Retina

Lungs Chest long and narrow. Breath sounds healthy. Respirations 15 per. min.

Heart's action feeble. Cardiac sounds diminished in force.

Tongue slightly furred Bowels confined; require purgatives to move them.

Other Organs, Abnormalities, Bruises, &c. The vertical dulness of the liver in the Mamillary line is diminished and only extends two inches upwards from the costal margin. The splenic dulness outline is increased slightly.

Appetite Increased. He states that he can eat & desires to eat almost everything.

Urine straw yellow coloured. s.g. 1026. acid. Contains Bile, but no Albumin nor Sugar.

Menstruation

Pulse 48 per. min. feeble, compressible Temp. 96° F. 3pm

Height 5 ft. 8 in. Weight 112 lbs.

Disease Simple Melancholia *Skae's Classification*

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

NAME, Alexander Kennedy.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20.6.85		96.8		48	112	Did not sleep last night at all on account of the continuous gnawing pain in his side. States that he has been an exceedingly wicked man though he cannot say in what way, and that he has lost all hope of salvation. Ate moderately well.
21.6.85		97		52		Slept badly. Speaks chiefly about the pain in his side, which he describes as being dreadful to bear, Is depressed and states that he has committed every possible sin.
22.6.85		97.1		54.		States that he did not sleep at all last night, whereas he slept four hours. States that his bowels have not moved and that this makes the pain in his side quite intolerable. Ordered. A Podophyllin pill every night.
23.6.85		98.		60.		Slept six hours although according to his own statement it was the worst night he has spent since he came here. The bowels were freely moved in the morning. Mentally he is very hypochondriacal; entering into long medical descriptions of his case and mentioning all the doctors, whom he has consulted, & the names they have given to his trouble. When further questioned he states that he feels aghast at the sins, which he has committed & for which it is impossible that he should obtain forgiveness.
24.6.85		97		54		Slept eight hours, but said it was only one. Complains of pain in his side & a feeling of pressure over the head. Ordered. ℥ij x of Ac. Nit. Hydrochlor. dil. in ℥ß. Inf Quass. b. d. s.
25.6.85		97.3		58		Slept five hours. Is very hypochondriacal complaining of various anomalous symptoms, unconnected with the hepatic pain, which is real. Wishes to try various medicines, which he names for his disorder. Ate well and took outdoor exercise.

NAME, Alexander Kennedy

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7.5.		97		56	113	Is now sleeping and eating better, but still dilates upon his bodily health. He converses about nothing else than the great pain, which he suffers, and delights in quoting all that the doctors have told him about it.
8.7.85						Has not improved. All his thoughts are concentrated upon his own "dangerous" state of health. He can speak of nothing else. The pain cannot be so severe as he says as he walks about a good deal & is sleeping much better than formerly. His bowels are very costive. Faeces containing very little bile & consisting chiefly of hard scybala. He seldom refers to his sins &c as mentioned in a previous report. —
25.2.85						Remains as reported above. He performs various duties in his gallery and occasionally works outside, but at once seizes upon any of the officials he sees and relates the tale of his misery explaining various points with unnecessary minuteness.
29.7.85						Has been induced to do some work outside but this has not made any mental improvement. He is still very persistent in relating his troubles & when he is once started it is very difficult to stop him. The pain does not appear to be quite so severe at present. His appetite is very poor as he says any food causes vomiting. He is sleeping well now.
6.10.85						Complains much of the pain yet & is quite as persistent in his recital of the state of his bowels, faeces, appetite &c.
13-1-85						Continues to make his own sufferings the stable subject of conversation. He is poorly nourished and cannot digest much food.
20-2-85						This patient beyond his hypochondriacal attention to his low disease — he has a certain low — & his general laziness is not insane although possibly he is suicidal.
28.4-86						Discharged

Recovered

NAME, James Telfer. No. 4753

Admitted, 24 June. 1885 Pr. Ad.

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

Education, Ordinary Religion, Protestant

Private or Pauper, Privati Where from? Gatehouse

HISTORY.

Causation.

Disposition Reserved

Habits Steady & industrious

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases Father died of Cancer of the bowels.

Predisposing

Exciting

Symptoms. First.

Mental Depression of spirits and fancies

Bodily Sleeplessness & falling off in flesh.

Recent.

Mental Talkativeness.

Bodily

Insane Habits and Propensities

Suicidal Unknown

Dangerous Unknown

Duration of Existing Attack About 3 yrs.

Other Facts or Remarks States that he had a gonorrhoea some years ago, and this ended in agleet, which frightened him; he read many quack books on nervous debility etc. which made him restless & miserable

Facts of Medical Certificates I His mode of life is entirely changed and he is in a continual state of excitement, continually talking to himself very wildly and incoherently. (2) Running out during the night sometimes for miles without his hat, addressing people who are not present, dancing & jumping over his counter. Sometimes becomes violent without reasonable cause. II. His incoherent conversation, assured me of hearing voices in the wall, and that he could read other people's thoughts; says he can't settle down to work.

NAME James Telfer.

STATE ON ADMISSION.

Mental.

Exaltation He is talkative. States that he was never in better health in his life than he is now and that he is a very clever fellow.

Depression

Excitement States that he is nervous & restless & cant settle down to anything, his expression of face is excited.

Enfeeblement

Memory Moderately good

Coherence Impaired at times Can answer questions? yes.

Delusions

Other Abnormalities

Bodily.

Appearance He is fairly well-developed.

Skin There is an eruption of Acne over the chest & face. Hair light brown.

Eyes blue Pupil equal & dilated.

Muscularity moderately good. Fatness average

Nervous System—*Motor* functions fairly well-performed.

Sensory Sensibility to touch acute.

Reflex Action moderately acute Special Senses Of average acuteness.

Retina

Lungs breathing sounds healthy. Respirations 17 per min.

Heart's action healthy.

Tongue covered with a white fur. Bowels sluggish.

Other Organs, Abnormalities, Bruises, &c. The cervical and inguinal lymphatic glands are enlarged. and over the front of the chest are numerous small, white cicatrices.

Appetite Fairly good.

Urine bright yellow. s.g. 1020 acid. Contains no unusual constituents.

Menstruation

Pulse 76. compressible. regular. Temp. 97·2 °Fh. 12·30 p.m.

Height 5ft. 5in. Weight 134 lbs.

Disease Mania *Skae's Classification*

General Bodily Health and Condition Below the average.

PREDOMINANT FEATURES.

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

NAME, James Telfer.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25·6·85		98·2		72	134.	Was exalted in the morning, demanding doctors to be sent to examine him as he was perfectly sane and it was a gross injustice and mistake his being sent here. Wishes to be liberated in order to procure witnesses against his insanity. Slept badly but ate well
26·6·85		97·8		70		Slept fairly well. Is quieter this morning his manner is abstracted, he frequently laughs to himself, and becomes excited when talking of his detention as a "lunatic".
27·6·85		98·5		74		Slept & ate well. Is now quieter and does not demand his release as loudly as he did. When left alone he speaks and laughs to himself, laughs loudly and gesticulates as if he were addressing an audience.
28·6·85		97·3		70		Slept well. Is rather taciturn when spoken to, but when alone and when he thinks that he is unwatched, he holds conversations with imaginary persons & then becomes excited. Ate well
29·6·85		98·3		80.		Slept and ate well. Refuses to work and sits all day, laughing, talking and gesticulating to himself.
30·6·85		97·1		80.		Slept and ate well. Was quieter and more taciturn than he has yet been. Was not so restless.
13·8·85						Still refuses to interest himself in anything or do any work. Spends much of his time walking rapidly up & down his gallery sometimes muttering to himself & again laughing without any cause. When spoken to he sometimes maintains a sullen silence or answers shortly & as if annoyed. He is very unsociable & taciturn.
28·9·85						Still remains in a state of chronic restlessness. Seemingly unable to settle any length of time. Has taken to reading lately but in fits & starts. Cannot be induced to interest himself in any work.
26·10·85						Remains as above. Wanders about restless, converses with no one but when addressed answers civilly. Seldom talks to imaginary beings now but when he does becomes much excited. He seems less guarded with & converses with them more freely than with his friends here.

NAME. James Telfer

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
12-1-85						This shoemaker still refuses to work at his trade or at ordinary garden work. For the sake of exercise he will however polish a floor or help to beat a carpet. He is very unsociable never speaking to the other patients and only conversing with officials in such a manner as to show that although he is pleasant he wishes the intercourse to be brief. His delusion of persecution by his friends persists. Physically he is in indifferent health being thin haggard looking and anaemic.
24-1-85						He has been seized with an attack of double pneumonia. Large doses of Quin: Sulph: are being given.
27-11-85						The attack of pneumonia has been aborted and the patient is now convalescent.
7-[illegible]-86						His physical health is about its average. Mentally there is no change: he is still unhappy and unsociable but laughing & speaking to himself at those times when he thinks himself unobserved.
13-[illegible]-86						He dislikes being spoken to or interfered with & is loud in his complaints about insufficient dietary
16. 18th Aug:						He is still unsociable and restless talks however when spoken to. Says he was not quite well when he came here but is quite well now if he could only get a little stronger. There is an impaired note and numerous moist sounds especially at the right apex. He is thin and haggard looking. Walks up and down the Gallery till he is tired then reads the Bible in an aimless way. Put on Cod liver oil.
18 7. Jan 3rd						No improvement in this patient. He is thin & anaemic. & has just recently recovered from a severe attack of tonsillitis. He still sits about the Gallery or walks up & down it in an aimless way. He expresses no delusions but appears to be suspicious of his friends. He does not associate with any of his fellow patients. He believes himself quite well & considers himself ill used by being kept here
1th Dec 1887.						A most unsociable man. Speaks to no one - sits by himself walks by himself; will do no work - is not excited at present but will answer if spoken to.

see page 858.

239

NAME, James Comline No. 4764

Admitted, 24 June. 1885. Pr. Ad. 1 June. 1882.

Sex, Male Age, 54 y. Marriage, Married Occupation, Busdriver.

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? Castle Douglas

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 Supposed to be.

Duration of Existing Attack 2 days.

Other Facts or Remarks

Facts of Medical Certificates I. Silent & morose interrupted by occasional fits of excitement. (2)

II. Talks in a rambling incoherent manner, fancies he is addressing individuals, who are not present and at times behaves in an obstreperous manner. (2) His wife states that he has been wild and uncontrollable for two days.

NAME James Comline.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement does not seem to comprehend the simplest questions: he repeats them and never makes any further attempt at a reply.

Memory Impaired. Cannot tell his age.

Coherence Impaired at times Can answer questions? At times.

Delusions

Other Abnormalities He is sullen and irritable,

Bodily.

Appearance He is moderately well nourished.

Skin Hair scanty

Eyes brown. Pupils small, equal, sluggish.

Muscularity diminished. Fatness moderately good.

Nervous System—*Motor* functions are feebly and slowly performed.

Sensory Sensibility to touch diminished.

Reflex Action diminished Special Senses dulled.

Retina

Lungs Lung sounds diminished in intensity. Respirations 16 per. min

Heart impulse diminished in intensity: Heartsounds feeble.

Tongue Covered with a white fur. Bowels sluggish.

Other Organs, Abnormalities, Bruises, &c. The right leg has been amputated just below the knee

Appetite poor.

Urine amber coloured. acid. s.g 1020. Contains no unusual constituents

Menstruation

Pulse 80. compressible. regular Temp. 97.5. 9.15 pm

Height 6ft. Weight 168lbs.

Disease Acute Mania *Skae's Classification*

General Bodily Health and Condition Moderately good.

PREDOMINANT FEATURES.

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

NAME, James Comline

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25.6.85		98.2		72	168	Was noisy and talkative during the night. In the morning was in a state of great restlessness, shaking his head to and fro, but refusing to speak. Ate well.
26.6.85		99		84		Slept badly; was restless and shouted a good deal during the early morning. talked incoherently during the day and was irritable and morose.
27.6.85		98.7		80.		Slept badly. Is elated and restless. States that he has been fishing all night and has caught a large number of fish. States that I am his son, and it was not right of me to bring him here.
28.6.85		98.9		86.		Did not sleep well. States that all night he was tormented by seeing horses' heads without bodies attached to them looking through the window at him. Ate well. and was quiet during the day.
29.6.85		98.		80.		Slept better, but complained of being disturbed by horses' heads grinning at him through the window, and is afraid that they will bite him. Ate well.
1.7.85		97.6		80.		Has improved greatly since last report. Is now quiet and talks sensibly. Sleeps well eats heartily and has gone out to day to work on the farm.
13.7.85						Discharged Recovered.

NAME,

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

243

NAME, Walter Mc George No. 4753

Admitted, 26 June 1885. Pr. Ad.

Sex, Male Age, 18y. Marriage, Single Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Private Where from? Lockerbie

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First attack Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms, Recent. Mental

Bodily

Mental

Bodily

Insane Habits and Propensities Violence & destructiveness.

Suicidal No

Dangerous Yes.

Duration of Existing Attack 7 months.

Other Facts or Remarks

Facts of Medical Certificates I. Nervous and restless manner; stating that he hears voices threatening him with violence during the night, & that he purchases and sells cattle for certain persons, which is untrue (2) he has frequently caused a breach of the peace, that he has attacked both his father & mother; has threatened other persons with violence & remained out all last night.

II. Constant muscular movement; he is always doing something & cant be at rest. He imagines he sees and hears people in his sleep, and states that he has been engaged for the purpose of buying and selling cattle, which is false.

NAME Walter McGeorge

STATE ON ADMISSION.

Mental.

Exaltation States that he was never better in his life both as to body and mind.

Depression

Excitement He is restless.

Enfeeblement

Memory confused about recent events.

Coherence average Can answer questions? yes

Delusions

Other Abnormalities He is confused & answers often at random.

Bodily.

Appearance He is a well developed & muscular young man.

Skin Hair light coloured

Eyes blue Pupils slightly dilated.

Muscularity good Fatness good

Nervous System—*Motor* functions are well performed.

Sensory Pain of a dull remitting character is stated to befell over the vertex of the head. Sensibility to touch is good.

Reflex Action Acute Special Senses There are hallucinations of hearing and tinnitus aurium.

Retina

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

Heart's action good. Cardiac sounds healthy.

Tongue covered with a thin white fur. Bowels regular.

Other Organs, Abnormalities, Bruises, &c. Over the 5th and 6th ribs on the left side of the chest are three old cicatrices produced by a kick from a donkey, and a some recent abrasions on both cheeks, the result of a fight previous to admission.

Appetite good

Urine bright yellow. clear. s.g. 1018. acid. Contains no abnormal constituents

Menstruation

Pulse 72. compressible, regular Temp. 97° 2·30 p.m.

Height 5ft. 6½in. Weight 140 lbs.

Disease Simple Mania *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.
	Yes.								

NAME. Walter McGeorge.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27·6·85		98·		74	140	Slept fairly well. Was restless during the day, and showed quarrelsome tendencies States that his head and heart were examined by Dr Gilchrist, who pronounced them all right and that it was a piece of nonsense his people putting him into a lunatic asylum. Says that a man owed him money but would not pay so he (McGeorge) beat him on the head with a stick, which he thought was the best way to obtain his money.
28·6·85		98·8		76·		Slept eight hours. Is excited in feeling says that he can box, fight, anyone in the county and that he is a magnificent fellow in every way, but is anxious to return to his wife and business.
29·6·85		98·2		76		Slept & ate well. Wishes to be allowed to work, and has been placed along with the masons. He is restless and unsettled and talkative about himself.
30·6·85		98·6		78·		Slept and ate well. Has a marked sense of well-being, states that he is a better workman, better mason, better fighter, etc than anybody here. Was not quite so restless & ate well.
1·7·85.		979		76		Slept well. Is restless & irritable this morning. States that he has a business to attend to and it will be much damaged by his staying here which is quite unnecessary as he was never was better in his life.
2·7·85.		98·		74.		Slept and ate well. Is talkative, asks permission to go home and when it is not accorded, states that he will go home without it.
28·7·85						Remains in a state of mild chronic excitement. Speaks to everybody he meets usually laughing all the time. He is extremely lazy & thus often gets into trouble as when told to do anything his language is anything but choice. If checked in any way his language is very threatening but he invariably says he will "do for" the person at another time when he meets him outside

NAME. Wa

DATE.	Temperat. Morn.	Even.
27	98	
28	98	
29		
30		
1		
2		

NAME. Wallie Mc George.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18·8·85						Shews no improvement; is as restless; noisy & impatient of restraint as before. He makes a great deal of noise & his threats are of a violent description but he has never attempted to injure any one. Is at present regularly engaged in outside work.
14·9·85						Has been working steadily & well outside since last report with the harrow party this being the only way in which he can be kept at work without getting into mischief or positively doing harm. He is as loquacious, self assertive self-suffecient & impulsive as ever mischievous, mirthful, irritating in the extreme in his conduct, threatening, abusive at the same time seemingly perfectly happy he is difficult to control & requires very firm treatment.
15·9·85					158	Removed at the instance of his father (the obligant) against the advice of Dr Rutherford. Therefore Discharged. Not recovered

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NAME, James Gold No.

Admitted, 27. June 1885. Pr. Ad.

Sex, Male Age, 16y. Marriage, Single. Occupation, Grocer.

Education, Religion, protestant

Private or Pauper, Pauper. Where from? Douglas

HISTORY.

Causation.

Disposition

Habits Industrious

Previous Attacks—No. First Attack Kind

Duration Where treated

Hered. History—Insanity One of his uncles is supposed to have committed suicide & another was a monomaniac.

Other Diseases

Predisposing Heredity

Exciting Puberty and Overwork.

Symptoms. First.

Mental

Bodily

Record.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates Rambling and incoherent speech. with grimaces Stated that he intended being a surgeon, veterinary surgeon blacksmith, merchant etc. in order to have something to fall back upon. He also stated that he could attract the birds from the air & reduce them to lameness. His mother stated that he was very unsettled and irritable, that he proposed making applications for all vacant situations that he saw advertised, that he recited pieces & played on an old drum in season & out of season & showed the greatest impatience on being interfered with. He demanded a knife from his brother to do something, but not to Commit Suicide

NAME James Gold.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory Moderately good.

Coherence Average Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily.

Appearance He is fairly well nourished and muscular.

Skin Clear and healthy. Hair brown.

Eyes Blue Pupils small and equal.

Muscularity moderately good Fatness average.

Nervous System—*Motor* functions fairly well performed.

Sensory functions of average acuteness.

Reflex Action acute. Special Senses acute.

Retina

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

Heart Apex normal in position & strength. Heart sounds healthy.

Tongue red, moist & clean. Bowels regular.

Other Organs, Abnormalities, Bruises, &c. The teeth are good. The thyroid gland is enlarged.

Appetite has increased of late.

Urine reddish yellow alkaline Contains no albumin

Menstruation

Pulse 72. of good strength, regular. Temp. 97° Fh. 8 p.m.

Height 5ft. 8in. Weight 120 lbs.

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, James Gold.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28·6·85		98·4		72	120	Slept and ate well. Converses sensibly and shows no signs of excitement. Stated the cause of his being brought here was a quarrel with one of the young men in the shop and that they wanted to get rid of him.
29·6·85		97·9		70		Slept and ate well. Wishes to be allowed to work. Was quiet rational.
30·6·85		98·3		74		Slept eight hours. Was sent out to work, and did well.
3·6·85		97·2		70		Sleeps and eats well. No more definite symptoms of insanity have been observed than slight mental dulness and apathy. He does not seem to comprehend or fully appreciate the meaning of what he says and often answers in automatical manner. He appears to be convalescing from an attack of Mania.
10·6·85		98		74		Sleeps and eats well. Works with the garden party and is not so dull as he was.
28·7·85						Has improved much since last report. He is perfectly quiet & rational. Appears to feel his position here & sometimes asks if he will soon be considered well enough to leave. He does this quietly & with no excitement. Says he does not wish to leave till well. He seems rather more sociable than before —
25·8·85						Since last report he has been a quiet, steady worker, till yesterday when he was noticed to be irritable, taciturn & unlike his usual. At night he became very restless complained of being annoyed by "Spirits" for which he searched below the beds &c. He talked to these Spirits in a blasphemous way. This morning he was quiet & went out to work as usual.
31·8·85						The period of excitement did not continue long. In some nights he was restless & sleepless complained of noises, Spirits &c but was quiet & industrious during the day. He told his friends that he had broken down but was improving again.
14·9·85						Has been quiet & orderly during the last fortnight & industrious shewing no return of the acute attack. His general health has been good except that he has suffered from indigestion & but is now quite well.

NAME, James Sold

DAY.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
2-10-85						Has shewn no recurrence of excitement. Is quiet, orderly & industrious but his conversation still indicates exaltation of ideas as he often refers to what he could do if he only got the chance. His general health remains good.
10-11-85						The patient has restored his mental health. When spoken to on the subject of his exaltation he replied in a rational and intelligent manner.
27-11-85						He was today discharged.

Recovered —

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NAME, James Allison No.

Admitted, 29. June 1885. Pr. Ad.

Sex, Male Age, 22 y. Marriage, Married Occupation, Labourer

Education, ordinary Religion, Protestant

Private or Pauper, pauper Where from? Stranraer.

HISTORY.

Causation.

Disposition

Habits Quarrelsome intemperate.

Previous Attacks—No. First attack. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Epilepsy.

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 His speech & gestures are not those of an sane person: & he threatens violence to those around him. Restlessness, Incoherence shouting at the top of his voice & laughing in a silly nonsensical way and without any reason. Has been repeatedly punished by imprisonment for outrageous conduct; has gone about the streets for the last week. Laughing and gnashing his teeth at every person he met.

NAME James Allison.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement His reasoning power is weak he cannot perform simple arithmetical operations; has a tendency to repeat the same phrase.

Memory Bad. Cannot tell how old he is nor what day of the week it is

Coherence Can answer questions? Yes.

Delusions

Other Abnormalities States that he "has been a very bad boy and deserves a good licking"

Bodily.

Appearance He is rather poorly nourished.

Skin healthy Hair brown

Eyes brown Pupils dilated and equal

Muscularity moderately good Fatness moderately good

Nervous System—*Motor* functions fairly good. He is subject to Epilepsy

Sensory sensibility to touch acute.

Reflex Action Acute. Special Senses States that he hears voices speaking to him at night.

Retina

Lungs healthy. Respirations 18 per. min.

Heart healthy

Tongue covered with a white fur. Bowels regular.

Other Organs, Abnormalities, Bruises, &c. The teeth are good. On the upper bone of the sternum is a small osseous protuberance, the size of a hazel nut. There is a scar on the left cheek, another on the lower lip, + several tattoo marks upon the forearms.

Appetite Good

Urine amber coloured. s.g. 1018, acid. No abnormal constituents

Menstruation

Pulse 72 compressible, regular. Temp. 98·3°Fh 12.30 p.m.

Height 5ft. 5in. Weight 140 lbs.

Disease *Skae's Classification* Epileptic Insanity

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME, James Allison

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30·6·85		98·4		78	140	Slept well. States that he has been a very bad boy and deserves to be trashed, but he intends to lead a better life. His mental power is weak, and he is unable to tell his age, etc. Ate with a good appetite.
1·7·85		98		70		Slept and ate well. States that he often hears voices speaking to him at night, but he cannot make out what they say.
3·7·85		98·6		78		Has slept and eaten well. He has shown no symptoms of excitement since admission.
5·7·85		97·8		80		Has had a sharp attack of Diarrhoea to-day, from overeating himself. Did not sleep well last night.
6·7·85		98·4		80		Slept better. Went out to work to-day and did well.
7·7·85		97·3		74		This morning had a slight difference of opinion with his attendant, and became excited; lost all control over his speech and threatened violence to all who spoke to him. Declined to work, and remained excited all day
14·7·85		98		72		Has shown considerable improvement during the past week. Has had only one epileptic seizure, which was not severe. His expression of face is not so dull and he answers questions more readily
8·8·85						Since last report he has had an excited period during which he had numerous severe epileptic fits. Between the fits he was restless & very irritable striking any one that came in his way. He has now become quiet;
18·8·85						is now quiet again working steadily outside; much more contented than before and so persistent in his requests for liberation.
9·9·85						Again under the influence of fits rendering him peevish discontented, & difficult to control, He is easily excited to violence & is therefore dangerous among the feeble patients in the dayroom
24·9·85						Quiet & industrious being at present free from fits.
24·10·85						Again becomes restless & peevish. States he will make his escape whenever he gets the chance. Fits regularly occurring on

NAME. James Allison.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26-11-87.						For some weeks he has been quiet, diligent & Mignig. Today, however he has become excited & threatning violence. Singing & dancing he waves his arms in the air offering in offensive language to fight all & anyday near him. Had a bad night.
28-11-87.						The short attack of excitement has passed off the has now returned to his ordinary quiet frame of mind.
8-12-87						Attacks of excitement occur about once the fortnight. Has fits on generally very severe -
12-12-87						No change.
16th Aug: 88.						Fits going on. Patient very violent during the intervals
17th.						Several fits today patient still violent, this condition lasting after the fits. Injured his right ankle by striking the cot. Something
1887. Jan.						Allison has had not fits since the last day of October. When after a single fit he was violent & quarrelsome & had to be confined for several days in a dark room. At present he is quiet now cheerful & happy & one of the most willing workers in the place. He is having Pot. Bromid grs 20. 3 times daily.
Sa 16th						Allison last night felt the epileptic aura but it passed off without a convulsion. Chloral 30grs & Pot. Bromid 60grs. were given he slept soundly.
Su 17th						As yet no fits. Patient is cheerful & good tempered
Mo 13th		1 fit.				Allison had a fit to night.
Tu 14th						Excited & quarrelsome. Put in dark room & given Chloral grs 30. & Pot Bromid grs 40. Slept well.
Fr 15th						Again excited treatment repeated as above. Sa dose of Castor oil given.
May 22nd						Has not got out of bed after a week of excitement following a severe fit
16/1/87.						Allison is excited suspicious & quarrelsome today.
12/7/87.						The usual prodromata of a period of excitement are appearing to day. Allison complains of sore lips & bumps on the inside of his cheeks also sore toes & skinned heels which prevent him working.
Sept 3. 1887.						J. A. is a very dangerous fellow at times - he struck a patient on the mouth the other day causing 2 or 3 wounds. he had a fit last week.

see page 834

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NAME, William G. Husband. No.

Admitted, 29th June. 1885. Pr. Ad.

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

Education, Excellent. Religion, Protestant

Private or Pauper, Voluntary Where from? Dublin.

HISTORY.

Causation.

Disposition Reserved.

Habits Has been a masturbator. Was a good student & took high honours.

Previous Attacks—No. Was "queer" two years ago. Kind

Duration Where treated

Hered. History—Insanity An uncle insane. Mother "nervous" & eccentric.

Other Diseases

Predisposing Hereditary Tendency,

Exciting

Symptoms. First.

Mental Two years ago fell in love, had all arranged to marry & then changed his mind because he thought he was impotent.

Bodily

Symptoms. Recent.

Mental Takes crying fits. Habitually sits in his room alone with the door locked. Is depressed, thinks he is impotent owing to excesses in youth.

Bodily Loss of weight. Insomnia.

Insane Habits and Propensities ~~Suicide~~ Eats voraciously, without mastication.

Suicidal

Dangerous

Duration of Existing Attack Said to be about a month.

Other Facts or Remarks

Facts of Medical Certificates

NAME William G. Hubard.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Yes. Took crying fits. Said he had disgraced the whole family. asked those about if they would ever forgive him.

Excitement Yes.

Enfeeblement

Memory Good.

Coherence Good. Can answer questions? Yes, readily & intelligently.

Delusions Thinks he is important and unfit to marry owing to excesses in earlier life.

Other Abnormalities

Bodily.

Appearance He has a vacant look. His eyes are tender, conjunctivæ congested.

Skin Healthy Hair Brown.

Eyes Gray. Pupils dilated equally, contract to light

Muscularity Fair. Fatness moderate

Nervous System—*Motor* functions pretty good. The pupils are sluggish. The tongue is not tremulous to any marked extent.

Sensory Good.

Reflex Action moderately good. Special Senses acute.

Retina

Lungs The chest is well developed. The lungs are healthy.

Heart The heart is normal to percussion and auscultation.

Tongue Clean. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c. Liver dulness normal. He has a varicose vein in the calf of the left leg for which he wears a stocking, He has done so for 20 years. The left spermatic veins are enlarged

Appetite Large. He eats ravenously & without proper mastication.

Urine Sp. Gr. 1030. Contains copious amorphous urates. Very acid. No albumen or sugar.

Menstruation

Pulse 82 & good character Temp. normal.

Height 5 ft. 7½ inches. Weight 154 lbs.

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

NAME, William G. Hubard.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
29.6.85.	98.6.		82		154.	He went for a long walk into the country with his attendant. Ate a good dinner. Had several crying fits in the afternoon, without many tears. Came out to Cricket in the evening, & lay in the grass in front for some time, on account of a full bladder, being ashamed to ask his attendant (who was close at hand) to take him to a place to empty it.
30.6.85.			84.			Had a fairly restful night. Ate a very hearty breakfast this morning in a ravenous manner. Hopes he will be forgiven for the disgrace he has brought on all about him. Drove & walked.
1.7.85.			78.			He had a good night, and seems a little better this morning. Ate a hearty breakfast & went for a two hours carriage drive.
2.7.85.				80.		He slept well last night. Attended chapel after breakfast. Declined to have a drive & also to play Tennis in the evening although he previously asked to be allowed to do so. He says the chaplain refuses particularly to him in prayer in the morning, which is not the case. Says Tennis is too frivolous when this is the state of matters. He has a first rate appetite & gets plenty of exercise, being out of doors for the greater part of the day.
3.7.85.						He had a long visit from his sister today. He is much the same. Played tennis in evening.
4.7.85.			72.			He seemed better this morning. Went to Kirkmichael with picnic party and enjoyed the day, played tennis with great spirit in the evening. So much better.
5.7.85.			74.			He is making good progress towards recovery. He complains of soreness across the toes of the left foot, probably owing to a corn being slightly inflamed.
6.7.85.			74			He continues to improve. He looks much brighter, is active & energetic.

NAME. William G. Huband.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						eats very well and sleeps well and likes to take long country walks, tiring out his attendant.
11.7.85			72			He continues to improve. He joins in bowling every afternoon and at Cricket or Tennis in the evening. He attends Chapel regularly.
20.7.85						Seems to have considerably improved since last report, is not depressed now: but querulous and discontented. especially about his food, which he still eats "ravenously and without proper mastication". He calls for food at all times and bolts it rapidly. His conversation does not indicate even average reasoning capacity and is chiefly occupied with trivialities
10.7.85.						Discharged himself.

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NAME, William Burgess No.

Admitted, 15 July 1885 Pr. Ad.

Sex, Male Age, 28 y Marriage, Single Occupation, Labourer

Education, Religion, protestant

Private or Pauper, pauper. Where from? Lochmaben.

HISTORY.

Condition.

Disposition

Habits Intemperate and unsettled

Previous Attacks—No. First Attack. Kind

Duration Where treated

Hered. History—Insanity

Other Disease

Predisposing

Exciting Injury to head

Symptoms, First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Ten months

Other Facts or Remarks

Facts of Medical Certificates Rambling incoherent speech. Delusions that he is possessed of a house and money and that he was proclaimed yesterday restlessness, excitement when spoken to; burning everything that he could get.

NAME William Burgess.

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Mental: Enfeeblement He rambles in his discourse; is unable to tell how old he is, and says four and two make ten
Memory Cannot tell the day of the week, or month.
Coherence Impaired at times Can answer questions? Yes.
Delusions That he has six horses and a carriage.

Other Abnormalities He often laughs in a silly childish way without apparent cause and is slovenly and untidy
Appearance He is pale and poorly nourished
Skin muddy coloured Hair brown
Eyes blue Pupils of moderate size and equal.
Muscularity diminished on the left side of the body Fatness poor.
Nervous System—Motor The Motor power on the left side of the body is weakened. Articulation is indistinct and the tongue points to the right side when protruded. Takes epileptic fits.
Sensory Sensibility to touch increased on the left half of the body

Reflex Action increased on left side. Special Senses of average acuteness.
Retina

Bodily: Lungs The chest is narrow; the lung sounds are normal. Respirations 19 per. min.
Heart healthy
Tongue clean, red & moist. Bowels regular.
Other Organs, Abnormalities, Bruises, &c. His teeth are considerably decayed.

Appetite Increased
Urine bright yellow. S.g 1020, acid. Contains no Albumin
Menstruation
Pulse 76 of moderate strength, regular Temp. 97·6° Fh. 9·40 pm
Height 5 ft. 1 in. Weight 114 lbs.
Disease Epileptic Paralysis. Skae's Classification Traumatic Insanity.
General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME. William Burgess

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16·7·85.		98·3		74	114	Slept well. He is dull and apathetic laughs without apparent reason; his memory is confused and he can be led to answer questions in whatever way the questioner desires. Ate heartily.
17·7·85		97·9		70		Slept and ate well. Is quite contented with his present position. States that he has "lots of horses and carts". He states that he is fine and wishes to remain here.
18·7·85.		98·1		72.		Passed a good night and ate heartily Is weak minded and silly in his behaviour. States he is going to gives us a drive with his horses this afternoon. Ate well.
19·7·85		98·4		76		Ate and slept well. Is rather more stupid this morning and does not understand what is said to him.
29·7·85						Has not improved during the last ten days There is increased difficulty of distinct articulation. & a marked interval between the question asked & his answer. Sometimes answers correctly at other times says "Aye" to any thing. Still imagines he is the possessor of numerous horses & sheep &c. When visited by his mother lately he failed to recognise her for a considerable time, but did so later His expression is becoming more vacant; the eyes having a fixed stare & he takes less interest in his surroundings. Sometimes he becomes irritable and then threatens to shoot whoever he thinks annoys him.
8·8·85						Seems to be becoming more & more weak minded with diminishing power of comprehension. His movements are slow & methodical but more & more show a distinct tremulousness. His ideas of grandeur are not now so apparent as he more often answers any questions by a vacant smile. —
18·8·85						Is not improving in the least; rather the reverse. His memory is much impaired. He cannot remember his age a the time he has been here or recent events but knew some former companions that visited him. His gait is becoming more & more unsteady & requires to have his clothes put on & off &c. He is harmless to himself & others but requires a great deal of careful attention

NAME. William Burgess

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10·9·85						There is no improvement to report in this case. The muscular tremor specially of the tongue, is becoming well marked. He speaks freely to his mother when she visits him but in a rambling way & is quite unable to exercise any judgement or express any decided opinion as he contradicts himself freely. The slow difficult, imperfect articulation assists in giving the impression of great mental enfeeblement. He sometimes states he is perfectly contented & then wishes home the next minute. He is very seldom irritated now as that seems to imply too much mental exertion. His appetite continues good.
18·1·85						Remains in much the same state as previously reported. Unable to take an intelligent interest in anything or carry on a conversation. His general health remains as before.
13·1·85						All voluntary movements are characterised by marked tremors. Attacks of excitement appear at times but his general condition is one of quiet restlessness with extreme mental enfeeblement and incoherence. In reply to a General Board of Lunacy letter assent his liberation to home it was stated that he is in a state of extreme mental enfeeblement affecting all his intellectual faculties, his volitional power & the more complex of his feelings. He labours under considerable exaltation & expresses transient delusions of grandeur. He is subject to frequent attacks of excitement during which he would be violent to others if he had sufficient bodily strength. His physical condition is one of general debility & paresis. He requires help to walk, to use up or to set down & all his voluntary movements are characterised by marked tremors. Articulation is thick & slurred his pupils are dilated & irregular in outline & his facial impression has a wiped out appearance &c.
17·1·86						He is now suffering from a mild attack of dysentery & has become very weak in consequent of loss of blood in stools. His temperature has now been 104°.
20·1·86.						Although very weak he is now free from dysentery that affection having been checked by Mr Lean's Spreaman treatment. His mental enfeeblement is very extreme.
6·6·86						Phthisis pulmonalis is now present. The patient is merely dragging out the miserable final stage of GP.
Aug. 1. 86.						Congestive attacks two days ago from wh. patient is recovering. Takes no interest in anything. cannot talk or protrude his tongue &c.
6·9·86.						This patient about a fortnight ago got much worse there were signs of lung affection and medular bottling died 27th Sept 86.

See page 807.

NAME, Alexander Brown No. 4702
Admitted, 20th July 1885 Pr. Ad. 2522
Sex, Male Age, 26 Marriage, Single Occupation, Shoemaker
Education, Religion, Protestant
Private or Pauper, Pauper Where from? Ringford - Jongland

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. One Kind Delusional insanity
Duration 23 Jan/82 — 24 April/82 Where treated Southern Counties Asylum
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms, First.
Mental Restlessness - Irritability
Bodily

Symptoms, Second.
Mental Increased restlessness & irritability; taciturnity; diminution of attachment towards relatives; became subject to delusions.
Bodily

Insane Habits and Propensities Masturbates
Suicidal
Dangerous Said to be ill-tempered towards mother & sister
Duration of Existing Attack Nine months "off his usual"
Other Facts or Remarks This is the second time this patient has been in this Asylum. Reported, on the first, as being preoccupied, given to muttering to himself & being a case of Insanity of Masturbation. His bodily condition impaired but improving. On admission weight 98 lbs on discharge 105 lbs.

Facts of Medical Certificates No I (1) Mutters constantly to himself. Intense restlessness & irritability Shows disinclination to answer questions put to him.

(2) His mother says he is very irritable & cross to herself & sister; that he wanders over the fields by day & night; that he suffers from delusions of various kinds one of which is that he supports the family by his work; that he is sleepless & is constantly talking to himself. No II (1) Keeps talking to himself in a low muttering voice; seems stupid & sullen when asked questions & sometimes refuses to reply.

(2) His mother says he wanders about both by day & night; is much excited at times & once when one has attacked in somewhat furious manner herself & sister. Was under treatment in Southern Counties Asylum about three years ago.

NAME Alexander Brown.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement He is in a state of weak minded ness; talks in a low voice to himself & often laughs without any definite cause.

Memory

Coherence Coherent Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Fair & average build.

Skin Hair Light brown; scanty

Eyes Brown Pupils Normal

Muscularity Good. Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs Normal.

Heart Sounds regular but weak

Tongue Pale & flabby Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine Clear Amber coloured. Sp gr 1015 - No abnormal constituents.

Menstruation

Pulse 70 per min, weak but regular Temp. 98·2

Height 5 ft 4 in Weight 8st 5 lbs.

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

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

NAME. Alexander Brown

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE
21-7-85						Has been quiet & slept well during the night. Was quiet & composed during the physical examination & answered all questions readily enough. —
28-7-85						Has been out working regularly since last report & has conducted himself quietly & in an orderly way but tends to be taciturn & unsociable. Seems to like to get away alone & then talks in a loud tone & laughs to himself.
18-8-85						For some time he has been employed in the shoemakers offices. This seems to be work he likes and it also brings him under more direct supervision. His conversation is quite coherent his manner is more staid than formerly but there is much room for improvement.
14-9-85						Has not improved since last report. His conduct at times is quiet; orderly & rational at other times he talks to himself laughs from no observable cause is irritable with those around him & is generally irrational. Physically he is not improving the constant indoor employment rendering him pale & thin.
8-10-85						Is becoming if anything more apathetic mentally. Performs his work mechanically but shows no intelligent interest in his surroundings. Will not write to his friends &c. His general health is as good as at last report but is not improving. When he can get away from his work he begins laughing, making faces, gesticulating, muttering to himself & throwing himself into all sorts of grotesque attitudes, tumbling about on the floor &c. If attended to he is a good steady worker.
22-10-85						
1-1-87						His habit of speaking to himself continues. He dances about when not with his knowledge observed & appears at an imaginary opponent. During working hours he is most diligent as a shoemaker. It is difficult to get him to take sufficient exercise outside.
18-5-87						He has become very suspicious & irritable of late muttering to himself. About a fortnight ago he suddenly & without known cause butted at the Head Attendant & broke two of his ribs.
10/1/87.						Working steadily at shoemaking although dull & shy when spoken to, appears fairly contented. He has parole in the grounds. When he believes

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						himself unobserved he pulls faces fights with imaginary enemies & mutters & swears to himself –
28/8/87.						Made his escape today by climbing over the wall
31/8/87.						Telegram received announcing his arrival at home –
2/8						Discharged on Probation –

NAME, David Blues Mearns No.

Admitted, 21 July 1885. Pr. Ad. 20 Jan. 1886

Sex, Male Age, 35 yrs. Marriage, Married Occupation, Minister

Education, Religion, Free Church of Scotland

Private or Pauper, private Where from? Glasgow Royal Asylum

HISTORY.

Causation.

Disposition

Habits He was a vegetarian

Previous Attacks—No. "Not first attack" Kind admitted into Inverness Asylum, 18-10-84

Duration Where treated - - Gartnavel Asylum 10-2-85

Hered. History—Insanity His mother and his mother's brother said to have been weakminded

Other Diseases

Predisposing

Exciting

Symptoms, First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Doubtful

Duration of Existing Attack 10 months.

Other Facts or Remarks This patient was admitted as a Voluntary patient into this Institution on 20 Jan. 86. Next day he obtained leave to visit a friend in town, and did not return. but wrote a note stating that the House was a Hell. Previous to his admission he is said to have been depressed and restless; in weak physical health and sleepless.

Facts of Medical Certificates "That he is demented and incoherent.

NAME David Blues Mearns.

STATE ON ADMISSION.

Mental.

Exaltation States that he is very happy and very well and will make everybody else so.

Depression

Excitement

Enfeeblement He rambles in conversation, and cannot answer questions coherently, and his power of attention is lessened

Memory Weakened. Cannot say where he came from.

Coherence Impaired Can answer questions? Not as a rule

Delusions He states in a rambling manner that women are put into his bed at night.

Other Abnormalities

Bodily.

Appearance He is well nourished and well developed.

Skin is dark Hair black

Eyes brown Pupils of moderate size, equal.

Muscularity good Fatness good.

Nervous System—*Motor* functions are well performed, with the exception of articulation which is blurred. The tongue is tremulous.

Sensory functions are of average acuteness.

Reflex Action acute. Special Senses of average acuteness.

Retina

Lungs The chest is well developed. The lung sounds are healthy. Respirations 14 per. min.

Heart healthy.

Tongue clean, red. moist. Bowels regular.

Other Organs, Abnormalities, Bruises, &c. The teeth are good. There are no marks of injury.

Appetite good

Urine turbid, whitish yellow. s.g. 1028 acid. Contains a deposit of urates but no albumin

Menstruation

Pulse 76. of average strength, regular. Temp. 97.8° Th. 10 p. m.

Height 5ft. 7½. Weight 158 lbs.

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.
								Yes	Yes.

NAME. David Blues Mearns

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22·7·85		98·1		76	158	Slept six hours. Stated that men and women were put into his bed last night and he would not stay if that were to continue. Is rambling and incoherent
23·7·85		98·		74.		Slept seven hours but was restless in the morning. Stated that eleven elders of his church were ready to give him £500. each in return for his services. Ate well.
24·7·85		97·6		70.		Slept seven hours. Restless during the day. Says he is ready to go, and must not be detained. Is rambling in conversation and unable to converse rationally upon any subject. Ate heartily.
25·7·85		98·3		74.		Slept seven hours: in the morning was restless and talkative; to-day the tremulousness of the tongue and the blurred and indistinct articulation are well-marked, and he talks about being Lord and Master of all.
26·7·85		97·9		72.		Slept five hours and was awake from four o'clock onwards. Is inclined to wander about. He mutters to himself, and smiles and states that all is well with him.
27·7·85		98·		78		Slept seven hours. Is exalted in feeling and effusive in behaviour this morning. Says he will "make a hundred people Masters of Arts and if that is not enough I will make a thousand"
4·8·85		97·		74	157½	Sleeps and eats well. His articulation is slow and he slurs over "r's", the tongue and upper lip are markedly tremulous; he has numerous sexual delusions; e.g. that women are placed in his bed every night and that he has begotten three thousand children.
25·8·85						Sent to the Second House
14·9·85						Has not improved since admission to Second House. He is restless, loquacious, incoherent & markedly exalted in feeling. Quotes passages of Scripture in an excited tone & with a marked quaver in his voice. Likes to be taken notice of but cannot engage in conversation. He takes his food well & is quiet & orderly during the day but sleepless & restless during the night.

NAME. David Blues Mearns

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6.10.85						Still very restless; has occasional outbursts of acute excitement when he shouts, runs about & cannot settle. He seldom talks of his delusions which appear to be fading. His speech is becoming very indistinct. Appetite remains good.
12-1.85						Diffuse phlegmonous erysipelas has affected his left leg. Mentally the chief symptoms are incessant restlessness, incoherent talkativeness grasping of his clothes to his chest and reflex movements of defence if approached suddenly. His articulation is very indistinct. Ordered large doses of Tr: Ferr: Perchlor:
13-1-85						Free incision made into the leg - abundant purulent discharge. Carbolic oil dressing applied. Sensibility to pain is greatly impaired.
28-1-86						Considerable slough having separated the wound is now rapidly closing & the patient has been able to get up today. Since the 24th he has slept fairly before that he was very restless both by day & night.
20-1-86						He is now up all day. His restlessness & tendency to get out of doors & his destructive habits e.g. breaking windows, tearing books wh cause much annoyance. In his incoherent chattering he talks in a monotone as if preaching & frequently uses religious expressions such as 'eternal rest' is 'absolute rest'. So his preaching & praying he adds a constant habit by night & day of scribbling on walls, books, paper, slates etc. He is dirty in his habits. In his bodily condition he is weak. There is a marked tendency to the formation of sloughing sores and his power of coordinated movement is rapidly failing. Confined to bed
28.1.86						Removed to 1st House. So in a very weak condition. Has a very nasty sloughing sore with ragged undermined edges on the right buttock, and a smaller and more tractable one on the left. Poultices of linseed & charcoal applied.
30.1.86.						The sores are cleaner now and the surrounding parts not so red. Vaseline applied as a dressing.
4.2.86						He is gaining strength, uses the night stool is cleaner. The sores are healing. Sulphate of Zinc lotion applied on lint.
18.2.86						Much better, up & walking about.
15.5.86.						Has a small sore on the left heel and one on the ankle, both healing satisfactorily.

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NAME, William Sinclair No.

Admitted, 31 July. 1885. Pr. Ad.

Sex, Male Age, 51y. Marriage, Married Occupation, Draper.

Education, Ordinary Religion, protestant

Private or Pauper, private Where from? Melrose Asylum.

HISTORY.

Causation.

Disposition

Habits Correct and industrious

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

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME William Sinclair

STATE ON ADMISSION.

Mental.

Exaltation

Depression He is hypochondriacal as regards his bodily health, and depressed in the morning.

Excitement

Enfeeblement

Memory Fairly good.

Coherence Average. Can answer questions? Yes.

Delusions That people come at night and try to shoot him.

Other Abnormalities

Bodily.

Appearance He is moderately well nourished.

Skin healthy. Hair brown

Eyes brown. Pupils small, and equal

Muscularity average Fatness average.

Nervous System—*Motor* functions are well-performed.

Sensory Sensibility to touch of average acuteness.

Reflex Action of average acuteness Special Senses good.

Retina

Lungs healthy. Respirations 19 per. min.

Heart healthy

Tongue large, whitish furred. Bowels regular.
indented at the edges

Other Organs, Abnormalities, Bruises, &c. The teeth are moderately good.

Appetite below the average.

Urine bright yellow. s.g. 1020 acid. Contains no albumin nor deposits

Menstruation

Pulse 80. of average strength, regular Temp. 97.4° Fh.

Height 5ft. 7in. Weight 154 lbs.

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Below the average.

PREDOMINANT FEATURES.

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

NAME. William Sinclair.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
1·8·85		97·7		74	154.	Slept 5½ hours. Was mildly depressed in the morning but became brighter and more talkative in the afternoon evening He talked in an hypochondriacal manner about the bodily ailments which he states that he has had. Ate fairly well.
2·8·85		97·8		72		Slept 6 hours. The mental depression is more marked this morning, he states that he awoke in terror last night as he heard someone coming to shoot him. Ate fairly well and took exercise
3·8·85.		97·2		70		Slept 7 hours and was quiet during the night. He is solitarily inclined, unwilling to converse, looks miserable and says that there is no escape for him and that he is lost altogether. Did not eat well
4·8·85.		97·7		78.		Slept 8 hours and was quiet. States that his end is come and that he will be shot to-night. Was depressed and unsociable all day. Ate poorly
5·8·85.		97·7		77		Slept 8 hours. Was awake and restless at times. Is depressed and will not speak this morning. Did not eat well, and was always trying to turn away from the day room to his own bedroom.
6·8·85		97·8		74		Slept eight hours. Is much brighter mentally to-day. States that he is quite fit to go home and must not be kept here longer.
20·10·85.						Since last report had a fit of depression lasting a week, from this he quite recovered and remained well a month. He then had another but slighter attack of depression lasting only a few days. From this he now seems to be recovering.
4·11·85.						He is not improving, he is bright perhaps for a few hours and then depressed for days.

NAME. William Sinclair.
(Melrose)

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1·2·86.						There is no improvement in this case. He is very suicidal indeed, requires very careful watching. He is constantly on the look out for an opportunity of making his escape.
12·2·86						More cheerful again and hopeful of his discharge.
8·3·86.						He is just recovering from an attack of very intense depression during which he was always on the watch for an opportunity of killing himself. This attack lasted three weeks. His bodily health is fair.
16·6·86.						This patient is now quite well, and will probably continue a week or two in good spirits.
14·9·86.					143.	
22/12/86						Mr Sinclair is in good spirits talkative & asking when he is to get home. He has just recovered from a period of depression lasting six teen days.
14/2/86					143	
12/1/87						Mr Sinclair is again depressed very reticent. Will
14/3/87.					143	answer no questions. Attached to gardening party,
2/4/87.						has been depressed all travel.
13/4/87.						Depression beginning again.
14/9/87					143	
17/9/87						For the last two months Mr Sinclair has been in good health and spirits, and has shewn great interest in Cricket. He has been very hopeful of speedy discharge. For the last day or two he has been less cheerful, and this morning he is very depressed. He sits looking moodily at the ground and answers questions very reluctantly. He hints that there is something wrong with the food here, but will not say whether he thinks there is poison in it or not. His parole is stopped.
27/9/87						Mr. Sinclair is becoming less depressed. He is very anxious to get away, chiefly because he is suspicious of the food.
4/11/87						Mr. Sinclair is again greatly depressed. He never thoroughly recovered from his last attack.
29/11/87						Yesterday he brightened up wonderfully, and said his long depression had been mainly due to news he had got of the death of a brother. He spoke anxiously of getting home. When spoken to about his depression he makes light of it, and says he is naturally a thoughtful man. He is again depressed today.

(continued on page 846)

NAME, William Steel No. 4768

Admitted, 5th August 1885 Pr. Ad. 1824 & 2726

Sex, Male Age, 56 Marriage, Married Occupation, Tailor

Education, Religion, Protestant

Private or Pauper, pauper Where from? Regg of Gretna

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Four Kind Melancholic

Duration of 1st 16·12·73–23·7·74 – 18·6·84–22·10·84 Where treated Southern Counties Asylum

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Despondency is given as cause of first attack

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes at first attack

Dangerous ditto

Duration of Existing Attack 2 or 3 weeks

Other Facts or Remarks

Facts of Medical Certificates

NAME William Hall

STATE ON ADMISSION.

Mental.

Exaltation

Depression In a state of mild depression; listless; taking little interest in what is going on.

Excitement

Enfeeblement

Memory Weak on recent events. Good of more remote

Coherence Coherent Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Well developed & muscular, somewhat anaemic

Skin Sallow; moist Hair

Eyes Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Good

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs Normal

Heart Sounds weak but pure

Tongue pale & flabby Bowels Regular

Other Organs, Abnormalities, Bruises, &c. Teeth bad Breath foul.

Appetite moderate

Urine Reddish yellow Sp. gr. 1020 Slightly acid; deposit of phosphates only

Menstruation

Pulse 82 per minute weak Temp. 97.8° F.

Height 5 ft 5 in Weight 104. 3 lbs

Disease Recurrent Melancholia *Skae's Classification*

General Bodily Health and Condition moderately good

PREDOMINANT FEATURES.

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

NAME, William Steel

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
7·8·85						Since admission he has remained quiet & listless speaking readily enough when spoken to but making no attempt to carry on a conversation. States he has been feeling unwell sometimes & that his stomach has been out of order & this has caused headaches & sleeplessness. He says he has always got quickly better here before & therefore wished to come here whenever he felt "queer". Slept little the first night but better last night. His appetite is good. –
18·8·85						He has improved lately & more so since he was sent outside to work as this has had the effect of changing the tenor of his thought & also made him sleep better. He is still unsociable & taciturn performing his work mechanically & evincing no interest in it.
28·9·85						Has been working steadily since last report. Is quiet almost to taciturnity, seldom speaking unless pointedly addressed but answering questions readily & quite coherently. He is still peevish, discontented & ill to please. General health good.
1-1-86						There is very little to report in this patient. He is inclined to be dull & to take a gloomy view of things but there is little or no positive insanity about him. He declines to be discharged saying that if he is he will do something to secure his return to the hyhum. He is very lazy & requires primes to be kept at his work.
3-4-86						He grumbles a good deal about his food but refuses to go outside & work for him self
1 Oct 1887.						W.S. is quiet & dull – he will not speak much even when spoken to – The other day he wrote a very sensible letter to his daughter He evinces no interest in work or anything else.
2 Jan 1888						A quiet & dull old man who had the an attack of rheumatism lately – He is now better.

NAME. Wm Steel

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30 March 1888						This man has been very violent & abusive on the subject of his discharge He has had to be removed from the Hall & has at other times been violent abusive & under the greatest excitement.
15 June 1888						Has been quieter of late.
9 August 1888						Sent out on Probation till 8 February 1888

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NAME, George Henry Brown — No. 4773

Admitted, 10th August 1885 — Pr. Ad.

Sex, male — Age, 24 — Marriage, Single — Occupation, Labourer

Education, — Religion, Protestant

Private or Pauper, Pauper — Where from? 93 High St. Dumfries

HISTORY.

Causation.

Disposition Restless & unsettled

Habits Usually Sober

Previous Attacks—No. One — Kind

Duration — Where treated Kelley, Southampton

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Restlessness

Bodily Sleeplessness

Recent.

Mental Restlessness; incoherence of speech; delusions

Bodily Sleeplessness

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack A week

Other Facts or Remarks The previous history of this youth is bad. He has been apprenticed to various trades never did any good. In 1880 he enlisted for three years deserted from the 21st Regiment.

Facts of Medical Certificates

NAME George Henry Brown

STATE ON ADMISSION.

Mental.

Exaltation Restless; unable to concentrate his ideas; sometimes incoherent in speech.

Depression

Excitement

Enfeeblement

Memory Good

Coherence Coherent usually Can answer questions? Yes

Delusions That he is persecuted by various persons who state that he has seduced a girl.

Other Abnormalities Has hallucinations of hearing. is annoyed at night by his persecutors knocking at his window at night & accuse him of crime.

Bodily.

Appearance Strong well formed

Skin fair Hair

Eyes Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Special Senses Hearing acute

Retina

Lungs Normal

Heart Slow Sometimes irregular Second sound accentuated in pulmonary area

Tongue Dry; coated with a whitish fur Bowels

Other Organs, Abnormalities, Bruises, &c. Suffered from Chancre in 1880 after which a stricture appeared for which he says he was cut States he has impediment to flow of urine, whenever he has been exposed to any cold. No history of Secondary Syphilis can be obtained

Appetite Good

Urine almost colourless & transparent Sp gr. 1004 Slightly acid. No abnormal constituents

Menstruation

Pulse 64 per min Sometimes irregular Temp. 98·8°F

Height 5 ft 7 3/4 Weight 10 St

Disease Senile & Mania *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME. George Henry Brown

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11·8·85						Slept well last night. Was not disturbed by persons knocking on the window accusing him of various sins. He speaks quite rationally on the subject of his delusions. States that when he found he was being followed by the girls friends he went & asked her if she was going to have a child & she said "no". On being asked if it was possible for him to be the father of her child he said "yes; but they need not bother me so much about it."
18·8·85						During the week that he has been resident he has been quiet almost to taciturnity. He does not mix with the other patients but when addressed answers readily and perfectly rationally. His expression is preoccupied & he often sits staring fixedly before him for a long time but will give no clue to his thoughts. He has been sleeping pretty well but is still annoyed by hallucinations. Today he has been complaining of a sore throat. His voice is husky & has been so some time.
25·8·85						Since last report he has been more restless & irritable and the hallucinations of hearing are marked; thus yesterday he suddenly left the Hall & would not take his dinner because he said the man next him was insulting him although he had never spoken. He has been especially restless at night & sleepless. He goes out regularly with a working party but is unsociable & taciturn. He is neat in his dress & cleanly probably from army training.
2·9·85						There has been little change during the past week. His stomach is out of order & his bowels constipated. This may be the irritating cause of much of the excitement. He has been steadily employed at Harness work. The restless ness due to the hallucinations is specially marked during the night & causes him to spend many hours threatening and swearing at the people who speak against him. His appetite is good and his general health is up to the average.
9·9·85						Shews little or no change. The hallucinations are still present rendering him restless & sleepless to some extent during the night. They are not so pronounced during the day but still are sufficient to render him taciturn, morose, unsociable at times. It is very difficult to get him to speak of his delusions as he laughs & says "it does not matter now" or "he has had enough of that" whenever they are alluded to. He remains in moderately good physical health.

NAME. George Henry Brown

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9.9.85						Is at times restless & impatient of control. Swears at & threatens those who placed him here using abusive language to the Drs who conspired with his landlady as he says. Generally quiet at night he has periods of sleeplessness & irritability. There seem to be indistinct ideas that liberties are taken with his person during the night.
2.10.85						There has been no improvement in this case.
11.85						Becoming if anything worse. Becomes suddenly excited at times; starts up swears at large gesticulates violently & generally behaves exactly like as if drunk —
8.11.85						Since the last entry he has been quiet & working well. But again a burst of excitement has appeared today with marked inattention & irritability. His language is foul, boastful & irritating violence being threatened but not performed.
9-11-85						The patient has now recovered his quiet mental state.
8-12-85						Another attack of excitement has come on. His language is exceedingly abusive and is always worst when he finds himself in company or likely to attract attention. In the dining hall when he has finished dinner he starts from his seat uttering the foulest language at his command. These attacks are accompanied by a flood state of the face which precedes as well as is concomitant with them — A purge & hot bath relieve them severely.
-1-86						Another attack has come on but has been cut short with treatment
-6-86						Attacks of excitement are frequent. He himself has the sense to request to be kept indoors whilst they are affecting him & if sent outside he breaks a number of windows or some such freak he indulges in to secure his ends. He is by no means violent & is very fond of showing off. At all times even when excited he is a hard worker provided he has his wish — a dose of castor oil every morning.
20.9.86.						Is in much the same state subject to violent attacks of excitement. He seems to be always subject to hallucinations of hearing but these are more marked during the period of excitement. He will sit and talk for half an hour at a time with some imaginary person at the other end of the table generally about the child.
1887. Jan 2nd						This patient is in excellent health & spirits & is fat & strong. He has had no attacks of excitement since
Jan 14					144	the end of August.

See page 821

NAME, George Balmer No. 4775

Admitted, 23d August 1883 Pr. Ad. 1832·1752·1919·1781

Sex, Male Age, 56 Marriage, Married Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Sunny brae: Kirkmahoe

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Four at least Kind

Duration 15·1·67 to 8·3·67. The last 12·1·74 to 20·10·74 Where treated Southern Counties Asylum

Hered. History—*Insanity* A cousin is at present in Mr Asylum.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness; irritability; incoherence of speech

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Two months

Other Facts or Remarks

Facts of Medical Certificates

1st (a) Using threatening language & offering violence to the members of his household

(b) Threatening to knock his wifes brains out with a hammer & also threatening to cut her throat with a razor

2nd (a) Patient talks incoherently. States he came from Moniaive this morning & talks in a general rambling way

(b) He has been using threats against his wife.

NAME George Balmer

STATE ON ADMISSION.

Mental.

Exaltation He is in a state of mental exaltation; talking a great deal, rapidly and incoherently on many topics. Laughing and gesticulating at the same time

Depression

Excitement

Enfeeblement

Memory Impaired; stated he was 28 years of age & was here four years ago

Coherence Can answer questions? Yes simple ones

Delusions

Other Abnormalities

Bodily.

Appearance Small, thin, moderately well nourished

Skin Complexion pale Hair Black only slightly grey

Eyes Pupils Normal

Muscularity Moderate Fatness

Nervous System—*Motor* Acute

Sensory Acute

Reflex Action Special Senses Normal

Retina

Lungs Normal

Heart's action Strong & regular. Sounds pure

Tongue Red & irritable Bowels constipated

Other Organs, Abnormalities, Bruises, &c. The right clavicle was broken some years ago & has not united in a good position.

Appetite Moderate

Urine Red; Sp gr. 1015 Reaction acid. Contains no abnormal constituents

Menstruation

Pulse 70 per minute Temp. Normal

Height 5 ft 2½ in Weight 8 st 8 lbs

Disease Recurrent Mania. *Skae's Classification*

General Bodily Health and Condition Moderately good

PREDOMINANT FEATURES.

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

NAME. Geoge Balmer

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25·8·85					120	Is mildly excited restless, always ready with an answer to every question and trying if possible to be sharp. Likes to be taken notice of & then carries on the conversation in a silly way, moving about restlessly & gesticulating, laughing at his own speeches as if they were very clever. There is an exaggerated sense of well being. He is specially noisy at night & given to singing "to the patients" he says. He goes out with a working party.
28·8·85						Has not yet improved. Still flighty in manner and conversation. Does his work well but is fond of playing jokes on the other patients sometimes annoying them much. He is still noisy at night & talks early morning.
8·9·85						Has been getting gradually quieter since last report but is still restless, impatient of control & mischievous. He is not so talkative as before and appears to be beginning to appreciate his position. He has worked steadily & well since last report & this may be the cause of the better sleeping power & better appetite noticed.
29·9·85						Is now quiet & shews no mischievous tendencies. Coherent & rational in conversation. He is steadily industrious at the farm. He takes his food well & now sleeps much better.
26·10·85						Has been generally quiet & industrious since last report occasionally complaining of pains in the head & nausea which has sometimes gone on to vomiting. He is sociable when well but surly & morose when ill.
27·10·85						Intimated to the Inspector as being fit for discharge
30·10·85						Discharged recovered
27th Sept 86.						Readmitted today.
6·10·86.						Since admission has been very unsettled. Is very talkative about his own affairs. Last night was employed for about an hour shouting and swearing at the top of his voice though alone in his own room.
1887. Jan. 2nd						This patient is in a state of simple mania. He is talkative & very lively. dances vigorously & does a good days work as a labourer. At night he is almost always restless & noisy especially towards morning when he lies & swears at

NAME, George Balmer

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						the top of his voice for hours at a time. He [illegible] gets violence to those around him. & when he does he is more than usually excited & the motive for violence appears to be suspicion - He is fond of playing draughts, but has not power of observation to some of the patients play with him in a most extraordinary fashion, taking his men in any direction they please without to any remonstrance on his part. He is exceedingly credulous & the other day donned an old
Jan 14th					128.	dress suit in the belief that he had been invited out to supper at the first house.
15/6/87.		99.5°		66		Last night G. Balmer had an attack of what is apparently renal colic. with pain in the left loin running down to the testicle & down the thigh, observing the passing of a large amount of blood in the urine. Morphia given hypodermically checked the spasm - He has had a similar attack but some years ago. Ordered Sol. Ergot Liq. 3ij every 4 hours.
16/6/87.	99°		63.			Still passing blood which is assuming a dark colour. No calculus has been observed to pass none was found by sounding the bladder. Patient seems none the worse of the profuse hemorrhage.
17/6/87.						Still some blood in the urine
20/6/87.	98°		66			Urine free from blood. Patient is so restless during in bed that he has been allowed up.
21/6/87						Ordered a mixture of Acetate & Bicarbonate of Potash. up all day. no return of the hematuria -
13/7/87						No return of the hematuria. has been in excellent bodily health since.
1 Oct 1887.						G. B. is in good bodily health, for him - No hematuria - signs of atheroma of vessels marked. The other day he became very violent & caused an attendant to sprain his foot severely in a struggle with him. Has not cooled down yet. He had a fit at the dance.
2 Jan 1888.						Quieter but not in good bodily health. His kidneys bother him.
~~30 October 1888~~ 23 March 1888						Discharged Recovered

NAME, Michael Coulter No.

Admitted, 4th September 1885 Pr. Ad.

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

Education, Religion,

Private or Pauper, Pauper Where from? Airds - Inquest

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 three days

Other Facts or Remarks

Facts of Medical Certificates 1 (a) He is restless & excitable & cannot talk coherently; he is continually praying & quoting Scripture, & believes that the end of the world is to take place today (b) His master (Mr Brown) says he has been excitable & restless for the last few days & has delusions. 2 (a) Has a very excitable & restless appearance. Has not slept for some nights; fancies the end of the world is now & says he is to be married today which is a delusion (b) His master tells me that he has been praying these last few days because the end of the world is at hand & that it will happen in a minute or two.

NAME Michael Coulter

STATE ON ADMISSION.

Mental.

Exaltation In a state of excitation; restless; violent at times, striking & hitting, talkative

Depression

Excitement

Enfeeblement

Memory

Coherence Incoherent usually Can answer questions? Simple ones

Delusions That he has been a very disobedient boy & is in torment for his sins. That he was to be married at two o'clock today & he has been taken here instead. ~~Other Abnormalities~~ to be taken out of the way

Bodily.

Appearance Strong well developed

Skin Tanned- Hair Brown

Eyes Grey Pupils Normal

Muscularity Good Fatness

Nervous System—*Motor* Excited

Sensory Acute

Reflex Action Special Senses

Retina

Lungs Healthy

Heart's action rapid, rather weak but regular, no bruit can be detected at present

Tongue flabby coated with a white fur Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite poor

Urine

Menstruation

Pulse 96 per minute weak but regular Temp. 98°7

Height 5 ft 10½ (14·9·85) Weight 108 lbs 6 lbs (14·9·85)

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. Michael Coulter

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5-9-85 6 Pm		98		96		Passed a restless night. at 10 P.M. 4-9-85 found standing with no clothes on in the corner of the room, when asked to lie down possibly refused & when laid down struggled to rise calling on God to save him & evidently under some great dread of impending evil. Said he could not lie as he had been a very disobedient boy. Refused his breakfast: In the afternoon received 2 drops Croton oil, having in a previous effort to get him to take it become much excited & struck out at every body. The Croton oil acted well & he is now lying quiet.
6-9-85		72				Passed a quiet night. drank a pint of milk at breakfast — would not take any dinner was fed with a pint of milk & two eggs with the feeding bottle in the afternoon. walked in & out of his room & was quiet.
7-9-85		62				Passed a quiet night: took his milk at breakfast and soup at dinner himself. Says this bed is to be his death bed in this very excitable starting up when his room is entered & trying to get out. Physically he is much weaker than when admitted. Refused his supper.
8-9-85		68				Quiet night. was troublesome with his breakfast but took nearly a pint of milk & some bread: Basin of soup for dinner was readily taken & nearly a pint of milk for tea.
9-9-85		62				Quiet night. Answered readily enough when spoken to this morning but soon became incoherent saying that the end of the world was the beginning of another &c Took same food as yesterday
11-9-85						Is becoming quieter Taking his food much better. Answers questions more readily but has wild periods when he dances sings & is sometimes violent.
13-9-85						Is now in the day room. He is quiet, dazed but answers all questions readily & coherently but takes a long time to think before he answers. Takes his food well. Sleeps better than formerly.
20-9-85						Has been working at the farm for three days & is steadily improving. The visit of a relation yesterday had a good effect as he was becoming restless & impatient & wanting to get home but is now satisfied that he has not been forgotten
28-9-85						Has improved much. Working well at the farm. Physically becoming stronger steadily. Mentally he is quiet, coherent & rational.
22-10-85						Remained well, quiet, diligent & obliging from last entry till this morning, when after a restless night — he is showing symptoms of relapse. Expression restless & vigilant

NAME. Michael Coulter

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Eyes glistening; manner restless & effusive; He is talkative but not rambling or incoherent.
6-10-85						Has been very restless since last report & occasionally violent striking the patients on slight provocation. He laughs & cries without reason & is quite unable to work.
7-10-85						The relapse has been complete & he is now wildly maniacal; restless; sleepless; incoherent in speech & very noisy especially during the night; shouting, laughing, crying singing alternately.
1-11-85						Becoming gradually quieter. Takes his food well.
2-11-85						Sent to walk out every afternoon for two hours
3-11-85						Very much better talks rationally & is quieter in day room. Appetite very good Sleeps much better.
4-11-85						Made his escape today from a working party for 4 hours. The reason he gave for going away was that he wished to explain matters to his last master - the answers were considerable improvement He is quiet and works well -
8-12-85						Slight mental exaltation has been present for two days but it has again disappeared.
						His patient having steadily improved & may now be very well healthy & strong mentally as he has ever been was today discharged.

Recovered

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NAME, Ebenezer Stewart Wallace. No.

Admitted, 18th September, 1885. Pr. Ad.

Sex, Male. Age, 43. Marriage, Married Occupation, Stockbroker

Education, Good Religion, Protestant.

Private or Pauper, Private Where from? Greenock.

HISTORY.

Causation.

Disposition

Habits Intemperate.

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 Ebenezer Stewart Wallace.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Is in low spirits about his bodily health.

Excitement He is very irritable about trifles. When annoyed he works himself into a furious passion and swears a great deal.

Enfeeblement

Memory Impaired. Forgets by which line of railway he came.

Coherence Good. Can answer questions? Yes.

Delusions Says some men of business have formed a conspiracy against him.

Other Abnormalities

Bodily.

Appearance Emaciated. Sunken cheeks. Sallow complexion.

Skin Thin but healthy Hair Dark brown.

Eyes Brown. Pupils Equal & sensitive to light

Muscularity Impaired greatly Fatness There is none

Nervous System—*Motor* A considerable amount of muscular tremor. Great muscular weakness. Difficulty in walking. Impaired motor functions.

Sensory functions good. Cutaneous sensibility normal.

Reflex Action Good. Special Senses Moderately acute.

Retina

Lungs Slight dulness on percussion over right apex with diminished respiratory murmur, increased vocal resonance. Cough troublesome, muco-purulent sputa.

Heart Apex beat in normal position. No heart murmur.

Tongue Clean, soft, & flabby Bowels Inclined to looseness.

Other Organs, Abnormalities, Bruises, &c.

Appetite Fairly good. He eats a hearty meal frequently followed by dyspeptic symptoms

Urine Bright yellow colour. Sp. Gr. 1022, Acid. No albumen No sugar.

Menstruation

Pulse 80 per minute. Weak. Temp. 99.2 Evening.

Height 66 inches. Weight 110 lbs.

Disease Chronic Mania *Stout's Classification*

General Bodily Health and Condition Much impaired.

PREDOMINANT FEATURES.

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

NAME. Ebenezer Stewart Wallace.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
19·9·85		992		85.	110	Last night he slept 7 hours. He ate a very good breakfast. He is very weak, walks with difficulty. The weather being wet he remained indoors today.
20·9·85		986		80.		He had a good night's rest, has been mixing a little with other patients and is quite cheerful and contented. Walked a little in the grounds. The cough is a little troublesome especially at night.
21·9·85.		99.		76.		He seems to get stronger daily. Can walk further and enjoys the fresh air.
22·9·85.						He complains of having caught a little cold, & is coughing a good deal.
23·9·85			84			He is better today. He has shown no signs of insanity in speech but in his letters he seems to lose himself especially on business matters.
24·9·85			80			His appetite is large and he is constantly troubled a little by dyspepsia. He takes a tablespoonful of Malt Extract three times a day.
25·9·85			76			He is a good deal stronger. Can walk very well.
30·9·85.						Improving rapidly in bodily health.
20·10·86.						He has fallen off again in bodily health; is much troubled with the cough and hoarseness. He is much better mentally.
4·11·862			82			He has again improved considerably. His throat is still troubling him but the cough is better and he seldom sweats badly at night. He takes 5 min. Tincture of Belladonna at bed time, and drinks ad. lib. water in which some tar is placed, so that the water is impregnated with the principles contained in the tar.
24-11-85						Bright pretty blood appeared in his sputum this morning.
26-11-85						Last night - 2.15 pm - he was seized with a severe attack of haemoptysis bringing up fully 3 ozs of blood -

NAME, Ebenezer Stewart Wallace.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Ergotine was injected and an astringent mixture of Gallic + Melphinic Acids which had been prescribed on the preceding day was freely administered. Rest in bed with elevation of the shoulders, warmth to the feet, Turpentine to the chest, + cold light diet were ordered. On examination a large cavity was made out in the right lung near the apex. For some time a phthisical sore throat has been causing much trouble. Vespr. Slight haemoptysis has occurred during the day at intervals.
9 .12.85						He is now able to go about again. He is very irritable and difficult to manage. The cough is not troublesome at present and the throat is a good deal easier. The sputum contains no blood. On auscultating the chest the cavernous breathing is distinctly heard, and hollow gurgling rales, under right clavicle.
.1.86.					141	His bodily health has wonderfully improved as will be seen from the accompanying record of his weight, a gain of 31 lbs. since admission.
.1.86.						Discharged recovered.

NAME, Hugh Maron — No. 4784
Admitted, 19th September 1885 — Pr. Ad.
Sex, Male — Age, 27 — Marriage, Single — Occupation, Granite Hewer
Education, Defective — Religion, Roman Catholic
Private or Pauper, pauper — Where from? Penninghame

HISTORY.

Causation.
- Disposition: Melancholy, for some time
- Habits: Unsettled and intemperate
- Previous Attacks—No. — Kind
- Duration — Where treated
- Hered. History—Insanity: Sister, insane for that time
- Other Diseases
- Predisposing
- Exciting: Mode of life, drink & misconduct in youth: Syphilis

Symptoms, First.
- Mental
- Bodily: Syphilitic attack believed to have been beginning

Symptoms, Recent.
- Mental: Her fancies about the state of her inside had almost disappeared but he fancied there was something in his head & that his illness was a punishment for his misconduct &
- Bodily: [& that his soul was lost

Insane Habits and Propensities
Suicidal: Tried to get at jugular vein with nails biting his fingers, knocking his head against end of bed [& mauling out to drown himself
Dangerous: No
Duration of Existing Attack: Two days but in Desponding state for 18 months.
Other Facts or Remarks

Facts of Medical Certificates: 1. (a) His excited insane appearance & rambling incoherency of speech States that he wishes to destroy himself.
(b) Alexander McMillan informs me that during the last 48 hours he has been quite unmanageable, frequently attempting to commit suicide
2. (a) Evidences of attempts to injure himself in nailmarks about his throat & jugular Veins Attempts to bite his own fingers. Religious despondency considers he is beyond all hope of redemption hence he wants to do away with himself.
(b) Attempts to choke himself by putting fingers in his mouth (Mr Johnston) Attempts to bite Robertson injure Constable McMillan. Smashed entirely the window of his room this morning. History of insanity in family

NAME Hugh Maron

STATE ON ADMISSION.

Mental.

Exaltation Excited; restless; shouting; moaning for hours together

Depression

Excitement

Enfeeblement

Memory

Coherence Incoherent usually Can answer questions? Yes after a long interval

Delusions

Other Abnormalities

Bodily.

Appearance Stout, flabby, rather anaemic & unable to walk

Skin pale Hair Brown

Eyes Grey Pupils Left smaller than right but both react equally [to light

Muscularity poor Fatness

Nervous System—*Motor* Cannot stand without support but there is no paralysis

Sensory Complains much of pain but cannot specify where it is

Reflex Action Special Senses

Retina

Lungs healthy

Heart's action rapid, weak but regular. No bruits can at present be detected

Tongue flabby & covered with a white fur Bowels Constipated

Other Organs, Abnormalities, Bruises, &c. There is a slight scratch on right side of neck where he is said to have attempted to injure himself with a nail.

Breath is extremely foul & he has evidently wanted sufficient food some time

Appetite poor. Requires artificial feeding.

Urine Red; neutral; 1030; contains phosphates

Menstruation

Pulse 86 per minute Temp. 97°.4 F

1·10·85 Height 5 ft 4 3/4 in Weight 16 st 2 lbs

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Impaired

PREDOMINANT FEATURES.

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

NAME. Hugh Mahon

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20·9·85						Passed a very restless night & required a Catheter. Required much trouble to get him to take any food. Generally quiet he sometimes suddenly began moaning & repeating Jesus: for an hour at a time. asked repeatedly for a minister as he said he was just dying.
21·9·85						Another restless night: Required artificial feeding in the morning after a free purge from two drops of Castor oil. Very noisy at times moaning as if in pain. Eyes have a fixed stare: pupils markedly irregular. He generally repeats the question when addressed & answers after a distinct interval coherently enough.
22·9·85						Fed three times - Restless & noisy at intervals still wearing the jacket. at night was quieter & spoke rather more coherently. Stating he would by & bye take his food rather than be fed
23·9·85						took his porridge this morning; complained of great pain in stomach & head. Seems to becoming more conscious to pain.
25·9·85						jacket removed during the day. He takes his food well & much more satisfactorily. Refers to his sins & specially to his ill usage himself as he terms it when a boy.
28·9·85						Is better this morning. Talks a great deal. Requests the Catheter to be left on as he cannot help urinating himself but has made no attempt in that direction as yet.
2·10·85						Still rambling in speech & showing marked tendency to reminiscentially & religious subjects & would talk on for hours about his sins; self abuse; aptitude for prayer &c. Takes his food well & is quiet at night when he still wears Catheter
8·10·85						Has improved since last report: Complains of pain in the head & stomach but his description is circumscribed He states in answer to how he feels that he is "the same as before when his prayers were returned" & will give no further explanation.—
26·10·85						Shows no improvement. Is depressed & miserable likes to get away by himself. Will engage in no conversation except it be about his illness &c He then talks fluently but almost incoherently in a way that leads to the suspicion that a considerable part of it is put on. Takes his food well & is quiet at night.
4·11·85						Was sent out with the barrow party. Seemed to enjoy the change much but after a little complained bitterly of the weight of the loads; his sore hands & knees. Talked incessantly in a loud voice but all the time wheeled the barrow & then laughed at the men patients for their

NAME, Hugh Marron

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						slowness & the small amounts they carried.
11-85						Falling into the regular routine well.
-11-85						Masturbates freely. He complains of severe pain in his legs, back etc and of a feeling of coldness. Attitudes expressive of pain are assumed even when he imagines himself alone.
7-12-85						He has been sent to work in the fields and since this form of occupation has been found him he has been fairly happy
-1-86						There is little change to report. He is stupid, dull and hypochondriac. He works - wheeling a barrow etc - fairly well. His bodily condition is rather poor considerable anaemia very present & his circulation very defective i.e. cold hands & feet & tendency to blue discoloration from cold. At times he continues to shout out almost & attitudinise.
-2-86						Considerable improvement is being effected in his bodily condition. Mentally he is full of delusions about his body. If spoken to he will give a fairly intelligent answer to the question following his remark with an oath and saying that his head is made of green cheese or his teeth are all one with blacking or his eyes are made of paper or some such silly statement. He recognises his sister's presence (Mrs Hanley) but never takes any interest in her or her prospects.
-6-86						"The pains is favourable" now. He is much improved in physical condition & he has given up all his fanciful delusions. His only complaint refers to pains in his leg. He works well & behaves well.
11/12.						This patient is quiet & does a fair days work as a labourer. He still complains of internal pains & in fact of pains in all parts of his body but his face though of a slightly melancholic cast does not look like that of a man who has pains. He is slightly demented. Has very low volitional power. Has not much wish to phone or much affection for his friends. He still masturbates.
-ch July:						As High shows old cicatrices in his groin and there is no history of Iodide having been tried it was begun this morning with Mercury
	℞ Potass Iodid				℥ii.	
	Hydrog Perchlor.				gr 1.	
	Amaron Carb:				℥iii	
	Aq.				℥vi.	
Sig.	℥ss every 6 hrs.					

See page 832

NAME, George Yule No.
Admitted, 30th September. 1885. Pr. Ad.
Sex, Male Age, 46 years Marriage, Married Occupation, Flax Merchant
Education, Fair. Religion, Protestant
Private or Pauper, Private Where from? Royal Edin. Asylum.

HISTORY.

Causation.
Disposition Reserved. Suspicious.
Habits Steady.
Previous Attacks—No. First attack Kind
Duration 4 3/4 years. Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting

Symptoms. First.
Mental
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities
Suicidal No.
Dangerous Not in an Asylum.
Duration of Existing Attack 4 years 09 months.
Other Facts or Remarks

Facts of Medical Certificates Dr Clouston certifies that he labours under delusions of suspicion, that he is persecuted by imaginary enemies and that his wife was unfaithful to him. His conduct is eccentric and unreasonable.

NAME George Yule.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Says he has suffered more than his share in this world. That he has not enjoyed life as he should have done.

Excitement

Enfeeblement

Memory Good.

Coherence Good. Can answer questions? Yes.

Delusions That he is persecuted and ill used by enemies. That his wife has been unfaithful.

Other Abnormalities

Bodily.

Appearance He appears to be a strong man in robust health.

Skin Healthy. Hair Brown.

Eyes Blue, eyeballs prominent. Pupils Small, equal, sensitive to light.

Muscularity Good. Fatness Considerable.

Nervous System—*Motor* The motor functions are well performed

Sensory functions good. Cutaneous sensibility normal.

Reflex Action Normal. Special Senses Normal.

Retina

Lungs Quite healthy. He has a large well formed chest.

Heart Normal to percussion. There is no heart murmur.

Tongue Coated with a brown fur. Bowels Constipated.

Other Organs, Abnormalities, Bruises, &c. He chews tobacco, and this probably accounts for the dirty tongue.

Appetite Good.

Urine Normal.

Menstruation

Pulse 76 per minute. Good. Temp. 98·6. evening.

Height 67. 3/4 inches. Weight 166 lbs.

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

301.

NAME, George Yule.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20·9·85		98.		76.	166.	He expresses himself pleased with the quarters provided for him - Retired to rest early.
1·10·85.						Complains of not having slept owing to the bed having springs under the mattress. Says he prefers the old wooden beds - Walked out twice with attendant.
2·10·85.			66			Rested better last night - Comes to table d'hote, eats very well. He leaves the table as soon as he has finished regardless of whether those sitting at table with him are ready to rise.
3·10·85.			72.			Persists in rising from table as mentioned yesterday although requested to sit till all rise.
4·10·85						He is eccentric; and suspicious he is also cunning.
5·10·85.						He says he is glad he was removed to this Asylum, but hopes soon to get home.
6·10·85						He now attends the dances but only as a spectator.
13·10·85.						Remains the same.
4·11·85.			74.			This gentleman enjoys excellent bodily health - Mentally he is reserved, and suspicious. He is eccentric and a little discontented. He now has parole within the grounds. His habits are most cleanly.
19·12·85.						This patient is better but is still suspicious of everyone. Says he is annoyed by the spirits of people with whom he had to do in business.
26·1·86						Made his escape today when in Dumfries on parole. He went to Station and booked to Stirling, as he had not money enough to buy ticket to Dundee for which he asked first. The booking clerk

NAME. George Yule.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE
						remembered this circumstance and thus Mr Yule was easily traced - A telegram to Stirling police caused them to await the arrival of the train, and Mr Yule was easily recognised by his description telegraphed and detained at Stirling. My Attendant Lewis went for him.
7·7·86						Mr Yule returned today.
1·2·86.						Mr Yule is going on in his old way. Has parole within the grounds - Says he would like another trip.
1.5·86.						This patient seems less suspicious - He now occupies rooms in the mid north. He is desirous of change of any kind, but is more contented than he was - He has parole within the grounds, and has been allowed out to church with another patient. -
4/5/86					172	
4/9/86.					169	
4/11/86.						Mr Yule is becoming more sociable. He now attends
24/12/86					169.	the dances + card parties seems to enjoy dancing.
14/3/87					166	but he does not yet associate with any of the other patients. He never speaks of his delusions; but he is constantly wishing to go home.
14/9/87					169	Mr. Yule is as desirous as ever to go home, or if that is impossible, to get away to live by himself, and asks every day if there is any hope of this. He thinks he would be able for business. He expresses no delusions, except when questioned, but he is reserved and suspicious in manner. He thinks that the letters he receives from friends are less cordial than formerly, and still considers that their treatment of him before he came here was unkind. He considers himself a martyr, and says that doctors are most unsympathetic.
7/12/87					171	No change to report. He busies himself in copying paragraphs from newspapers and writing sample letters to "keep his hand in", in view of the return to business for which he still hopes. His mental condition is decidedly enfeebled.
30/3/88					177	Mr. Yule was allowed a pass several times lately; but on the last occasion he visited the Sheriff, and complained of his detention here,

(continued on page 856)

303.

NAME, Ephraim Percy — No.

Admitted, 1st October 1885 — Pr. Ad. 2373 - 2594

Sex, Male — Age, 34 — Marriage, Married — Occupation, journeyman Baker.

Education, — Religion, Protestant

Private or Pauper, Private — Where from? 28 English St Dumfries

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Two at least — Kind Maniacal

Duration 30-5-80 to 24-7-80 — 1-2-83 to 24-7-83 — Where treated Southern Counties Asylum.

Hered. History—Insanity A brother is at present an inmate here. Mother was insane & [ultimately committed suicide

Other Diseases

Predisposing Heredity

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Rough with others but not dangerous

Duration of Existing Attack Ten days

Other Facts or Remarks ~~Certificates~~ 1. (a) His insane appearance & actions. He is continually talking in a rambling & incoherent manner (b) His wife informs me that he is quite unmanageable & that he has been [illegible] an inmate of an asylum

2 (a) He is excited & noisy, walking about shouting & singing and gesticulating wildly & when questioned answers incoherently.

(b) By his wife That he has been an inmate of an asylum twice before.

Facts of Medical Certificates

NAME Ephraim Percy

STATE ON ADMISSION.

Mental.

Exaltation Restless; talkative; incoherent in speech. Passing rapidly from one subject to another when an object attracts his attention. Answers irrelevantly

Depression

Excitement Restless & unable to fix his attention

Enfeeblement

Memory Impaired Required time to tell his age residence &c

Coherence Incoherent usually Can answer questions? Yes if simple. Usually irrelevantly

Delusions

Other Abnormalities

Bodily.

Appearance Thin & poorly nourished

Skin Sallow & unhealthy looking Hair Brown

Eyes Blue Pupils Equal; react though rather sluggishly to light

Muscularity Moderate Fatness

Nervous System—Motor There is diminished power of co-ordination with tremulous movements of the limbs when specified movements are performed. Has difficulty in walking a line

Sensory Moderately acute

Reflex Action Special Senses Normal

Retina

Lungs Fine sibilant rales heard at end of inspiration. Respiration at right apex Lungs are Otherwise healthy

Heart 1 action rapid but regular No murmurs can be detected at present

Tongue Tremulous & covered w brownish white fur Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite Moderate

Urine Reddish yellow; acid; 1022; Contains no abnormal constituents

Menstruation

Pulse 112 per minute weak but regular Temp. 98°.8 F

Height 5 ft 5½ in Weight 10st

Disease Recurrent Mania *Skae's Classification*

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

NAME. Ephraim Percy.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3·10·85			80			Still restless & talkative. A coherent answer can only after much trouble be got from him as he usually laughs & speaks about something totally irrelevant. He is boisterous but not violent. He expresses himself in a pompous manner using big words & affected speech. He takes his food well & sleeps a considerable part of the night.
5·10·85						Still restless & boisterously noisy; unable to settle to anything. Conversation rambling & disconnected.
7·10·85						Improving. Can now talk rationally though in a quick nervous way. Likes to be noticed & is very communicative. His appetite is good and he sleeps better.
9-10·85						Discharged recovered by authority of Dr Rutherford to allow of his being employed at the Bake house.

NAME,

DTE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Wright. lbs.	PROGRESS OF CASE.

307

NAME Montgomery Archdale. No.

Admitted, 19th Oct. 1885. Pr. Ad.

Sex, Male — Age. 28 Marriage, Single Occupation, Solicitor

Education, Good. Religion, Protestant

Private or Pauper, Private Voluntary Where from? Kingstown

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

NAME Montgomery Archdale.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Says his mind is in a bad state and that this is the cause of indigestion from which he suffers.

Excitement

Enfeeblement

Memory Good.

Coherence Good. Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily.

Appearance Fair complexion. Thin sharp features

Skin Healthy Hair Brown

Eyes Grey. Pupils Equal and contractile.

Muscularity Fair. Fatness Diminished.

Nervous System—*Motor* functions well performed

Sensory Sensibility to touch normal

Reflex Action Good Special Senses Normal.

Retina

Lungs Chest small. No disease revealed by percussion and auscultation.

Heart Apex beat in normal position. No heart murmur.

Tongue Slight coating posteriorly. Bowels Rather constipated.

Other Organs, Abnormalities, Bruises, &c. He complains of a bad taste in his mouth in the mornings, and of unpleasant feelings after food.

Appetite Fair

Urine

Menstruation

Pulse Temp.

Height 5 ft. 7 inches Weight 134 lbs.

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

NAME, ~~Montgomery~~ Archdale.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19.10.85.		98.	76		134.	He says his mind is wrong and is the cause of the dyspepsia from which he suffers. His bodily health is not at all robust, and he needs "setting up." He is fond of exercise, walks a good deal, and plays football.
20.10.85			76			He is to have a tonic containing nux vomica, and Pills of Cascara Sagrada with plenty of nourishing food and open air exercise.
21.10.85.			68.			He is contented here, makes himself quite at home. Spends most of the day out of doors, has parole. —
22.10.85			74			He is doing very well. Remains a good deal by himself but is cheerful in conversation. He attends table d'hote.
30.10.85.			72.			He occupies himself in the garden and on the farm, in the company of two gentlemen of similar tastes. He is contented, very quiet, and cheerful.
6.11.85.			80.			He has delusions, such as that by eating he injures people. For this reason he often leaves a meal unfinished and goes to his room. He is very unsociable. Says his head is all wrong.
15.11.85.						Since last report he has remained in much the same condition. He has been changed to a room nearer the dining room and now has his meals alone. This he likes better. The delusions are still present.
19.12.85.						There is not much change to report in this case. He lives now in the West Gallery. He is restless, sleeps badly, has most absurd fancies about his bodily health.
4.2.86.						He is a good deal better. Works four hours daily with gardening party. He is still restless at night. Likes his food better.

NAME, Montgomery Archdale.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Wright, lbs.	PROGRESS OF CASE.
1·5·86.						This patient has passed through a period of considerable excitement lasting two months. During this he was very restless, singing and whistling night and day. He refused food for three days, but began to eat when he was threatened with the tube. He is becoming very weakminded. Laughs without cause, mutters to himself. The excitement has now passed away. He is quiet, often restless at night.
4/9/86					143	This patient is becoming more & more weak minded.
1/1/87						He rarely gives a rational answer to any question
4/12/86					143	but usually laughs in a childish way. Seems quite contented to stay where he is. He is indolent & will not work, but he occasionally plays football though not in a very energetic manner. His bodily health is excellent.
6/1/87						To day Mr Archdale made a violent & unprovoked attack on Mr Steers a fellow patient & also attacked the attendant who went to rescue Mr Steers.
4/3/87					142	He gives no reason for his behaviour & is now (7/1/87) in his usual quiet condition.
4/9/87					161	Mr. Archdale is in capital health, is quiet and pleasant, but rarely coherent.
4/12/87					158	Mr. Archdale is gradually becoming more demented. He is perfectly idle, and interests himself in nothing. His conversation is quite incoherent; he talks volubly when started. He laughs a great deal without cause. He is in capital health.
0/3/88					152.	No change to report.
0/7/88					142	Mr. Archdale occasionally eats too much and makes himself sick: otherwise he is in good health. No change mentally.
5/9/88					141	
July 30th 89.					130	Mr Archdale has been eating apples & made himself ill for a time is not doing well. No change mentally
Sept. 30th 89.						No change to report in mental or physical state.
July 90.						No Change

contd on p. 893

311

NAME, John Mc Murray. No.
Admitted, 26th October. 1885. Pr. Ad.
Sex, Male. Age. 34. Marriage, Single. Occupation, Farmer
Education, Fair. Religion, Protestant.
Private or Pauper, Private. Where from? Part of Spittal. Stoneykirk.

HISTORY.

Causation.
Disposition
Habits
Previous Attacks—No. Two. Kind 1st Depression followed by dementia.
Duration 7th June – 5th Nov. /81. 5 May /82 – 26 June /83. Where treated
Hered. History—Insanity An Aunt and a Sister have been insane.
Other Diseases
Predisposing
Exciting Death of a younger brother.

Symptoms. First.
Mental Rambling conversation. Delusions about papists. Excitability.
Bodily

Recent.
Mental Shouting, running about at night. Threatening violence to his friends. Lies in bed all day.
Bodily

Insane Habits and Propensities
Suicidal No.
Dangerous Yes.
Duration of Existing Attack 2½ years. Has never been well since 1st attack.
Other Facts or Remarks

Facts of Medical Certificates I. Lying in bed in the day time, covered with clothes talking to himself, or holding conversation with some imaginary person. Wild appearance. Looks at one with furtive, shy glances. Not able to sustain a conversation. Talks incoherently. Became violent about Papists &c. 2. Violence, has threatened his father and mother. II. appears in a very unsettled condition and rambles considerably in his conversation. Seems to be easily excited. Has delusions such as there is mutiny on board ships which he sees passing.

NAME John McMurray.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Says his bodily health is very bad, which is not the case.

Excitement

Enfeeblement Cannot converse intelligently. Simply answers questions or ~~says~~ speaks of the weather.

Memory Impaired. Cannot say when he was here previously.

Coherence Fair. Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily.

Appearance Well made. Body fairly nourished.

Skin Healthy. Complexion ruddy Hair Dark brown. Beard fair.

Eyes Blue. Pupils Equal.

Muscularity Fair. Fatness Diminished.

Nervous System—*Motor* functions sluggish. Twitchings of eyelids complained of. Sometimes so severe as to impair vision.

Sensory Cutaneous sensibility good

Reflex Action Good. Special Senses Normal.

Retina

Lungs Healthy.

Heart Normal to percussion and auscultation.

Tongue Slightly coated posteriorly. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine High coloured. Sp. Gr. 1032. Contains mucus & amorphous urate ~~Menstruation~~ but no albumen nor sugar. It is very acid.

Pulse 88 per minute. Temp. 97·4 Fah. morn.

Height 70 inches. Weight 161 lbs.

Disease Dementia (Secy) *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

NAME. John McMurray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
27·10·85.	97·4		88.		161.	He had a good quiet night. Says he has been very ill, bodily. Says he has a very poor appetite. Does not remember when he was here before. Has a stupid appearance. Does not speak unless to answer a question.
28·10·85.						Complains of having no appetite. whereas it is very fair, a mixture of Nux vomica & Quassia prescribed.
29·10·85.						He remains quiet and seemingly quite contented.
30·10·85.						He has not asked when he is likely to get away, Does not seem to mind being here. He is eating and sleeping well, and has walks daily.
4·11·85.						Removed from Infirmary to Mid. West gallery. He remains as reported above. Has shown no excitement nor delusions since admission, but is stupid.
4·2·86.						He is very indolent. Do sent out every afternoon with garden party when weather permits, but instead of working he stands with his hands in his pockets all the time. Says he is weak and unable to work, that he has scurvy, that he is paralysed. &c.
10·5·86.					147.	This patient is very weak minded. He has delusions, carries on conversations with imaginary beings and makes strange gestures when he thinks he is unobserved. He is very indolent. His bodily health is very good. —
14/9/86.					142½	This patient is not improved. He will not work because he is (he) says too weak. He even asks
2/1/87.						to be allowed to stay in during the hours of exercise
2/14/12/86					143.	for the same reason. He sits continually with
14/3/87					140	the bible in his hand, usually reading or appearing to read Genesis or Exodus.

NAME, John Mc Murray

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4/9/87					142	Mr Mc Murray remains in the same idle, listless condition. He lies dozing on the Sofa, or reading the Bible, and considers himself much too weak to do any work. He is very weak-minded, but represses no delusions.
2/12/87					144	Mr. Mc Murray is as lazy as ever. He is usually quiet and pleasant, but occasionally becomes excited about his being kept here. When excited he talks in a rambling incoherent manner, and quotes Scripture texts which he thinks apply to his circumstances.
10/3/88					144	No improvement. He remains idle and listless, and has no interest in anything.
20/7/88					137	
10/8/88						Mr. Mc Murray has been occasionally noisy at night of late.
15/9/88					133	
6 Feb. 89						no change.
5 April					139	no change
July 30th 89.					036.	Is still very idle, listless and excitable. Very noisy at times, especially at nights and often chatters in an incoherent manner.
Sept. 30th 89.						Much the same. Physically pretty well. Has sore foot occasionally. Still noisy sometimes at nights.
July 90						Delusions not obtruded now. Eczema of Scalp lately cured by Zinc & Bismuth & Lard.
26th July 1890						Discharged

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NAME, John French No. 4798

Admitted, 28th October 1885 Pr. Ad. 2335

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

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Poorhouse Shaunan
chargable to Portpatrick

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One Kind Mania supervening on Dementia

Duration 8-1-80 Where treated Southern Counties Asylum

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes

Duration of Existing Attack Five years

Other Facts or Remarks

Facts of Medical Certificates 1.(a) He talks incoherently has wild delusions & hallucinations to kill certain inmates of the Asylum ward here

(b) The attendant states he cannot control him even in his presence he has assaulted other inmates by hitting with his fists

2.(a) Appears in a very unsettled state & rambles very much in his conversation. (b) The Attendant states that for some time he has been very troublesome & dangerous. At times he attacks & strikes other inmates.

NAME John French

STATE ON ~~ADMISSION~~.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Cannot take an intelligent interest in anything or carry on an intelligent conversation. Facile can be easily made to contradict himself

Memory Impaired cannot tell his age &c

Coherence Coherent Can answer questions? Yes simple ones

Delusions

Other Abnormalities

Bodily.

Appearance Well developed & well nourished

Skin Healthy Hair Sandy coloured

Eyes Grey Pupils Contracted but react to light

Muscularity Good Fatness

Nervous System—*Motor* Normal - Speech slow & drawling.

Sensory Normal

Reflex Action Special Senses Normal

Retina

Lungs Dulness in both infra clavicular regions chiefly the left: No accompaniments

Heart Normal

Tongue Centre coated with brown fur - tip & Bowels Constipated
edges red & irritable.

Other Organs, Abnormalities, Bruises, &c.

Appetite Moderate

Urine pale yellow; 1006; acid; no abnormal constituents

Menstruation

Pulse 74 per minute Temp. 98·4°F

Height 5 ft 8 in Weight 108 1-10 lbs

Disease See Dementia *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, John French

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30·10·85						Has been quiet since admission & evidently pleased with the change. Stating that there is much more liberty here & the food is better & more of it. Does not appreciate his position in the least.
1·11·85						There is much mental apathy he answers carelessly & therefore contradicts himself. When an attempt is made to carry on a conversation he either simply walks away or says "I'm an idiot; good day" He has been quiet, sleeping well & taking his food well.
6·11·85						Has shewn no excitement probably because he gets regular work outside that keeps him from coming into collision with the other patients.
29-12-85						He is very civil to officials and salutes like a man of war's man. When asked he was able to give an intelligent account of crossing royal yards, of the nature of a sheep shank & gammoning. He states that he was once a sailor in the City of Edinburgh but whether he refers to a vessel of that name or is talking incoherently is difficult to make out.
4-6-86						He is an extremely hard working man. Of late he has given trouble by his attempts to go to bed for a woman. His malfeasance is considerable. According to himself he gets £2000 a day for his work. He is a much shrewder man that he cares to admit
2/1/87.						Very little change in this patients condition. He is in good bodily health & works well & enjoys the weekly dances thoroughly. He is quiet & contented & appears to have no wish to be out of the asylum. He answers questions at random as a rule. Says he was a doctor & cured many people.
2nd Sept. 87.						This man is a steady worker & is quiet & well behaved - he thinks he is a doctor but the only person he ever cured is himself - He speaks when spoken to & answers civilly but will not carry on a conversation long with anyone - he is unsociable & says very little.

NAME. John French.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2 Jan 1888						At present quiet – becomes much excited at times & wants to fight anyone who will accomodate him. Says he is an idiot.
30 Mar. 1888						Quiet & well-behaved.
15 June 1888						Works quietly in the Garden & is useful – he remains just the same.
10 October						This man is on some days quiet & on others excitable & incoherent saying the most absurd things & often wanting to fight.
20 Dec.						This man is quiet at present – he has not much self control.
30 mar. 1889						John French is a very excitable fellow & often ready for a fight. He is very silent.
1 July						This man is at times excited and restless but not always so – As a rule he is quiet.
10 Septbr.						He remains much the Same & is pale & thin but in Good health.
18 November						Continues quiet & is very odd in his manner. Bodily health Good.
15 March 1890						This man is very peculiar. He has hallucinations of hearing & is at times ~~like~~ excitable & restless & strips his coat off for a fight quite without reason. He is always pale. His manner is at times like that of a boy of 12 years of age.
10 June						Hears "voices" & threatens to murder those who, as he imagines, abuse him.
18 August						No change.
10 Novr.						He asks absurd questions frequently & E.g. "Has the world come to an end?"

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NAME, Hugh Dickson Mowbray No. 4802

Admitted, 30th October 1885 Pr. Ad. 2592, 2759

Sex, Male Age. 35 Marriage, Married Occupation, Labourer

Education, Religion, Protestant

Private or Pauper. pauper Where from? Dumfries

HISTORY.

Disposition

Habits

Previous Attacks—No. ? Kind Maniacal

Duration 18-1-83 – 26-3-83 & 25-9-84 – 20-10-84 Where treated Southern Counties Asylum

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

Facts of Medical Certificates 1. (a) His delusions & dangerous statements. States that all the horses about Dumfries belong to him & to preserve it he will murder somebody

(b) George McLean Sergeant of Police informs me that he was found in the streets this morning almost naked having an open knife in his hand threatening somebody

2 (a) Patient states he has had a message from God giving the horses of Dumfries to him & that he has carefully to watch them & see that they are not pulled down & if any one touches them he is to murder them

(b) Sergeant McLean of the Burgh Police Dumfries. States he was apprehended this morning almost naked with an open knife in his hand threatening someone

NAME Hugh Dickson Morrbray

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Dull, heavy, restless, mentally apathetic & unable to concentrate his ideas or take an intelligent interest in anything

Memory Bad for recent events

Coherence Coherent Can answer questions? Yes

Delusions

Other Abnormalities

Bodily.

Appearance Strong & healthy

Skin healthy Hair Brown

Eyes grey Pupils Left pupil seems slightly smaller than right (myosis)

Muscularity good Fatness

Nervous System—*Motor* Complains of general weakness but there is no distinct paresis &c

Sensory Complains of Aphalgia

Reflex Action Special Senses

Retina

Lungs Dulness on percussion & crepitations on auscultation in right infraclavicular region. Left lung normal

Heart Action slow & regular. No murmur can be detected

Tongue dry & furrowed Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite Moderate

Urine Straw coloured; 1018; acid; contains no abnormal constituents

Menstruation

Pulse 64 per minute Temp. 98·2°F

Height 5 ft 5½ in Weight 118 lbs 2 lbs

Disease Recurrent 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.
			1						

NAME. Hugh Dickson Mowbray

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1·11·85						Has been quiet almost depressed since admission. Stated, at that time, that he would write at once to the Queen about his illegal detention here but has shewn no exaltation since. He likes to explain his illness as being due to the blow he received on the head but he never mentioned it at his last admission although the blow occurred previous to that.
6·11·85						As usual he has shewn no definite symptoms of insanity since the day or two after his admission. He is daily engaged with the painter & behaves in a quiet, orderly, rational manner; perhaps a little dull & stupid & forgetful but generally diligent & useful
10-11-85						"Happy Hughie" as he is called has become much depressed and wants to be killed. Last night he made a rope to hang himself with. He sits apart from the rest of the patients and often weeps. Ordered work in the ward. Bowels confined. Given a purge.
12-11-85						The desire to be alone continues but the depression last noted is not now so marked. He is careless about his personal appearance
10-12-85						He is now about as well as can be expected from one in his enfeebled mental state.
22-1-86						Not being much inclined for work outside he frightened an attendant with bringing him in today by making a show of cutting his throat.
15-2-86						Since the last note he has behaved excellently & has been given charge of a small labouring squad. He is although somewhat feebleminded in a state of what is to him mental health.
						This last noted condition of health having continued without interruption he was today discharged recovered although retained in the Asylum as a labourer.

Discharged Recovered

NAME, Hugh Dickson Mowbray-

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
						Readmitted certified as. Remanded till 1887. & was during that time quiet & well behaved till April 15th 87. when he accompanied by a fellow patient G. H. Brown. left the grounds & were found later intoxicated. Mowbray made a desperate resistance when he was being brought back & had to be tied down to the machine. He was intoxicated when brought back & his stomach was then pumped out. Next day he was quiet & reasonable. Discharged. 1887.

NAME, John Hodgert. No.

Admitted, 4th November. 1885. Pr. Ad.

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

Education, Good. Religion, Protestant.

Private or Pauper, Voluntary. Where from? Johnstone, near Paisley.

HISTORY.

Causation.

Disposition

Habits Intemperate.

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental Restlessness, excitement.

Bodily Insomnia. Great muscular tremor.

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME John Hodgert.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Has a great dread of some impending calamity, such as that he will be murdered, or beaten.

Excitement He is very restless, will not remain in bed. He is sleepless.

Enfeeblement

Memory

Coherence Quite incoherent. Can answer questions? Sometimes.

Delusions Hallucinations of sight and hearing. Innumerable delusions of a fleeting character, such as that his throat is cut &c.

Other Abnormalities

Bodily.

Appearance Very pale, eyes hollow & sunken, cheeks flabby.

Skin Healthy. Hair Very bald. Fair.

Eyes Gray. Pupils Equal, sensitive to light.

Muscularity Impaired. Fatness Much reduced.

Nervous System—*Motor* Great restlessness, General muscular tremor, great difficulty in holding a small object.

Sensory General sensibility to touch exalted.

Reflex Action Special Senses Disordered. Hallucinations.

Retina

Lungs Healthy.

Heart Pulse very rapid, 120 — 131. Weak. Systolic bruit.

Tongue Coated posteriorly. Red. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine Muddy yellow. Sp. Gr. 1010. Trace of albumen. Neutral reaction.

~~Menstruation~~

Pulse 120 per minute. Weak. Temp. 99·6 Fah. Morn.

Height Weight

Disease Acute alcoholic Insanity *Skae's Classification*

General Bodily Health and Condition Much Impaired.

PREDOMINANT FEATURES.

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

NAME. John Hodgert.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
4·11·85	99·6.		120.	125.		This patient has a very characteristic general muscular tremor. He has difficulty in holding any small object, or in performing any action requiring the use of only one or two fingers, such as opening his watch, or the blade of a pocket knife, or the turning over of the page of a book. He is very restless and sleepless. He has a fair appetite. Had a well marked epileptic fit at noon today, and another in the afternoon. — He has hallucinations of sight and hearing, and delusions of identity.
	40 gtts. Ammon Brom. at 10 P.M.					
5·11·85.			114	120		Had another fit at midnight. Did not sleep, and continually sought to leave his bed. Very restless and excited all day. Fed well. 40 gtts. Ammon Brom. at 10 P.M.
6·11·85.			108.	100.		Another sleepless night but no fit. He is not quite so excited, but can scarcely be kept in bed. He made a pretty good breakfast. He has numerous hallucinations, sees his mother, sisters &c. all about, and introduces people to them. 10 drops Tinctura Digitalis, thrice daily. His bowels continue in good order and he feeds well.
7·11·85.			130.			He is very excited this morning, talks rapidly and is utterly incoherent. His heart is acting in an irregular manner. The pulse can scarcely be counted. He has constant hallucinations of sight and hearing. He dreads various things are going to befall him, such as that he will be killed to death, that he will be beaten with canes &c. He feels as if he was in the act of falling from a height, as from a balloon. He did not sleep last

NAME. John Hodgert.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7·1·85				100.		night - He fed well today, but could not be kept in bed without a constant struggle, so was dressed, but confined to a ward room. At 7. P.M. he was put to bed and very soon became quiet and dropped off to sleep.
8/1·85.			128	110		Slept only one hour and passed a very restless active night, shouting loudly and violently resisting every effort to keep him in bed. He became quieter in the afternoon part of the day. He had four hearty meals. His bowels were freely moved. Towards evening he became very quiet, and at 10 P.M. dropped off to sleep in his arm chair - He was immediately put to bed, and fell asleep directly.
9/11·85.			88	84		He slept 12 hours, and on awaking was quite sensible. He ate a hearty breakfast and lay quietly till midday when he dressed and went out for a walk. Very well in the evening.
10·11·85.						Slept all night and feels much better.
13/11·85.			74.			He is improving in bodily health steadily. Mentally he is quite well.
1/12·85						This patient is quite well mentally. His bodily health is improving. He is still pale and thin.
2/12·85						Suffered from diarrhoea yesterday, which was relieved by a little laudanum in whiskey.
23/12·85						Has been abusing his liberty by drinking in town. Parole stopped.
27/1·86.						He is now better. Has given up his daily bottle of beer.
2/1·86.						Discharged himself.

NAME, Ephraim Percy No.

Admitted, 10th. Novr. 1885. Pr. Ad. 2373-2394-

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

Education, Religion, Protestant

Private or Pauper, Private Where from? 28, English Street, Dumfries

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Three at least. Kind Recurrent Mania —

Duration 30-5-80 to 24-7-8; 1-2-83 to 24-7-83; 1-10-85 to 9-10-85. Where treated 2nd House Crichton Roy. Instit:

Hered. History—Insanity Brother Robert Percy is at present in an Asylum.

Other Diseases

Predisposing Heredity

Exciting Not known.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous He has threatened to do injury to others.

Duration of Existing Attack About 6 weeks.

Other Facts or Remarks

Facts of Medical Certificates I. He is insane; excited appearance, and rambling incoherent conversation. His wife informs me that she cannot live with him. He has threatened to kill her, and to stab with a knife one of his fellow workmen.

II. He is excited and restless and talks incoherently, also he nods, winks knowingly and makes absurd grimaces.

His wife states that he is very excitable & that she is afraid to live with him

NAME Ephraim Percy

STATE ON ADMISSION.

Mental.

Exaltation Slight exaltation of a religious type is shewn in his conversation and manner.

Depression

Excitement Very talkative, laughing and speaking to himself when not speaking to others. Restless

Enfeeblement Rather facile.

Memory for recent and remote events slow and considerably impaired.

Coherence Frequently incoherent Can answer questions? Yes freely but in an irrevalant, disconnected and often perfectly incoherent manner

Delusions Of being only able to support his life naturally by taking a number of deep inspirations every few minutes during which time he must close his eyes and neither speak nor move

Other Abnormalities Power of concentrated voluntary attention to internal stimuli diminished. Association of ideas chiefly verbal. Diminished inhibitory power.

Bodily.

Appearance Poorly nourished and unhealthy looking.

Skin Pale Hair Scanty, colour brown. Becoming grey.

Eyes Blue Pupils equal, respond slowly & slightly to light & distance regular in outline.

Muscularity Fair Fatness Poor

Nervous System—*Motor* Voluntary motion is accompanied by slight tremors in the execution of delicate movements. Speech is not impaired.

Sensory Normal.

Reflex Action Ankle clonus is increased. Special Senses Normal.

Retina

Lungs Respirations 14 when breathing is quiet but owing to his delusion they are frequently made long and sighing in character. No dyspnoea. A few fine crepitant râles can be heard over both lungs.

Heart Cardiac impulse very distinct. First sound impure at the apex.

Tongue Slight white fur Bowels Open.

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

Appetite Good

Urine Sp gr 1018. Normal.

Menstruation

Pulse 100, weak, regular. soft. Temp. 98°.6 F.

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

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, Ephraim Percy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
11-11-85.						Slept well and took his food in a satisfactory manner.
12-11-85.						Slept well. Commenced to work in the ward. He occupies himself fairly but often stops to breath according to the prompting of his delusion. Much of his talkativeness has disappeared.
16-11-85						For two days this patient has been at garden work. His mental state has improved very rapidly. He is quiet coherent, free from delusions & able to recognise people whom he has previously known.
10-12-85.						The patient is now convalescent but his physical condition although much improved is lower than it ought to be.
19-12-85						A tendency to excitement and exaltation is again manifest. Fibrillar trembling of the facial muscles of impression & of the tongue is present. The face is pale and covered with a clammy perspiration.
17-1-86						He is now better & is rapidly improving in his bodily health.
30-1-86						He was today discharged

Recovered

NAME,

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

331.

NAME, Cuthbert Harold Bainbridge. No.

Admitted, 11th November. 1885. Pr. Ad.

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

Education, Very good. Religion, Wesleyan Methodist.

Private or Pauper, Private. Where from? Dr Eastwood's
Trinidad Park. Darlington.

HISTORY.

Causation.

Disposition A little reserved

Habits Quite steady and fairly industrious.

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity An uncle intemperate. Mother died of

Other Diseases paralysis following puerperal fever.

Predisposing

Exciting Over study.

Symptoms. First.

Mental Fancied he was ill, going to die. Depression & excitement of a religious type. Fits of violence at night.

Bodily Insomnia. Heat in head. Blood shot eyes.

Symptoms. Recent.

Mental Disappearance of the violent fits.

Bodily He is said to have improved physically.

Insane Habits and Propensities

Suicidal Says he had better be destroyed.

Dangerous Occasionally violent.

Duration of Existing Attack Six weeks.

Other Facts or Remarks

Facts of Medical Certificates I. He is dull and depressed. He has delusions about himself. He says he is in a state of living decomposition. He imagines that he is about to die &c.

II. He says his spirit is living in a body which has been dead for five weeks, and he is just waiting on the translation of his spirit and therefore it is no use eating.

NAME Cuthbert Harold Bainbridge.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Says his body is in such a fearful state, through changes occurring which should only take place in the tomb that he should be destroyed.

Excitement He occasionally shows trace of excitement. Shouting & throwing himself on the ground.

Enfeeblement

Memory Good

Coherence often incoherent. Can answer questions? Yes

Delusions That he is possessed of devils. That he is decomposing rapidly. That his body is really dead. &c. &c.

Other Abnormalities Refuses to eat, unless in presence of a medical man, and then only under protest.

Bodily.

Appearance Face pale. Fair complexion

Skin Marks of blistering on neck & face Hair Brown.

Eyes Blue. Injected conjunctivæ. Pupils Dilated equally. Sluggish.

Muscularity Impaired. Fatness diminished.

Nervous System—*Motor* functions tolerably good. There is sometimes difficulty in swallowing, probably hysterical.

Sensory Tactile sensibility normal. He describes various peculiar sensations in different parts of the body, such as of heat.

Reflex Action Tendon reflexes normal Special Senses Hallucinations of smell & taste. Sight & hearing moderately acute.

Retina

Lungs Healthy.

Heart Healthy.

Tongue Coated posteriorly. Bowels loose.

Other Organs, Abnormalities, Bruises, &c. On the nape of the neck and on the left cheek there are scabs, the result of blistering and application of Croton oil. Small cicatrices on legs for straps.

Appetite small. He refuses to eat unless under protest.

Urine Sp. Gr. 1030. High coloured. ~~Normal~~. No albumen no sugar.

Menstruation

Pulse 78. Of good character. Temp. 98·2

Height Weight

Disease Acute Melancholia *Skae's Classification* Insanity of Adolescence.

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

NAME, Cuthbert Harold Bainbridge.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12·11·85.			88.			He slept fairly well last night - Refused to get up till seen by a Doctor - Salivated very copiously until he was compelled to rise - He made a small breakfast eating only under protest. Drove and walked greater part of the day.
13·11·85.			84			Got up & dressed without compulsion today - Had a restless night - Walked and drove a good deal & played billiards. He is feeding badly. Salivated copiously for 1 hour after breakfast -
14·11·85.			78			Slept a little better. Ate very sparingly at breakfast. Walked out in forenoon. Played billiards. Seems a little better, but is still full of delusions - Has hallucinations of smell.
15·11·85			84			He is better today. Had a fair night. Got up & dressed willingly and ate his breakfast without the presence of the doctor - Walked in the grounds a great deal, and attended chapel - Says the roof of his mouth is giving way owing to the decomposition.
16·11·86						Died at Kirkmichael from gunshot wound of the head inflicted accidentally.

NAME, Cuthbert Harold Bainbridge.

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

NAME, James Alexander Keiller No.

Admitted, 13th Novr. 1885 Pr. Ad.

Sex, Male Age, 27. Marriage, Single Occupation, None

Education, Good Religion, Church of Scotland

Private or Pauper, Private Where from? 21 Queen St. Edinburgh

HISTORY.

Causation.

Disposition Cheerful

Habits Unsteady and idle

Previous Attacks—No. None Kind

Duration Where treated

Hered. History—Insanity Maternal Aunt in C R I with , Sister suffers from Recurrent Mania

Other Diseases

Predisposing Heredity

Exciting Drinking

Symptoms. First.

Mental of feeling towards relatives, threats to Mother Father + sisters. Assault on Mother.

Bodily Sleepless. Craving for drink

Recent.

Mental Has grown violent his daily getting worse

Bodily

Insane Habits and Propensities

Suicidal – Said he would kill himself

Dangerous Assaulted his mother + threatened to a knife into his mother

Duration of Existing Attack A year at least.

Other Facts or Remarks

Facts of Medical Certificates I Peculiar listless manner + occasional vacant expression. Delusions that his parents are leagued against him + deprivation of his rights &c &c Fits of violence during which he threatens his parents with . Great violence of conduct + language.

II Absolute apathy as to his present position in a police cell – delusions as to constant unkindness from childhood on the part of his parents. He confesses to suicidal impulses and interviews. Shaw known for years he was a confirmed smarter tailor.

That he had attacked his mother with a knife (by Dr Keiller) + that in presence of Dr Little John he made similar threats against both Father + Mother (by Dr Littlejohn)

NAME James Alexander Keiller

STATE ON ADMISSION.

Mental.

Exaltation

Depression Slight. States that he is being fatally weakened by spermatorrhoea & is dull in consequence of this. Confuses to having wished to end his misery by suicide.

Excitement None.

Enfeeblement

Memory Good

Coherence Good Can answer questions? Yes but rather slowly

Delusions Considers that he has been for years ill treated by his people and that his father has refused to give him sufficient food to support life with.

Other Abnormalities He expresses no distaste to entering into an Asylum and seems to be perfectly indifferent to his surroundings.

Bodily.

Appearance Healthy looking man of dark complexion

Skin Natural — Hair Abundant, dark in colour.

Eyes Blue Pupils Active & regular

Muscularity Good Fatness Good

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses States that after pressure on his eyes he has of late seen people's faces in the air. Complains of occasional dimness of vision

Retina

Lungs Normal

Heart Normal

Tongue Normal Bowels Regular.

Other Organs, Abnormalities, Bruises, &c. Varicose veins, slight, on posterior aspect of calf of right leg. No wounds, bruises or marks of injury.

Appetite Good

Urine Normal

Menstruation

Pulse 72, regular Temp. 98°.6 F.

Height 5 ft. 3 in Weight 8 st 6 lbs

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

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NAME, James Alexander Keiller

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14-11-85					86 6	After a good night's rest he rose with the other patients and was employed in house work. He is quiet & docile and manifests the most perfect indifference to his surrounds indeed he seems to be rather pleased & happy than otherwise.
17-11-85						Yesterday he was given employment in the garden again and worked well. He eats & sleeps well & his physical health is excellent.
24-11-85						This patient has been improving in physical health daily. Mentally he has become cheerful and takes considerable intelligent interest in all around him. On the 21st when trenching in the garden in attempting to loosen a heavy stone he injured his wrist. On examination yesterday it was found to be a simple transverse fracture of the lower end of the right radius that had occurred. The arm has been put in splints. The patient has been transferred to the Home.
6-12-85						The splints were removed today & a roller alone left upon the arm. The patient is progressing satisfactorily in mind & body.
19-12-85.						The arm is now quite well. The bandage has been removed and he says he feels no pain or weakness in ~~it~~ the wrist.
4-2-86						This patient is restless & discontented. He employs himself a good deal in fatigue work. He works with the garden party four hours daily.
18-5-86						Mr. Keiller is much happier and more contented since last report. He has parole within the grounds, and is allowed outside in the company of a fellow patient, a steady old man. He is rather lazy but works half the day with the gardening party.

Discharged.

NAME.

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

NAME, Thornton Gow Smith. No.

Admitted, 16th November. 1885. Pr. Ad.

Sex, Male. Age, 25. Marriage, Single Occupation, Solicitor.

Education, Very good. Religion,

Private or Pauper, Voluntary. Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases Father & mother 2nd cousins, sister very nervous, brother very intemperate. Forefathers intemperate

Predisposing Heredity

Exciting Drink

Symptoms.

First.

Mental In 1884 the patient was addicted to very intemperate habits for months. Going to London in Nov. 1884 he was sober for seven months. After that he was "on the spree" until he took passage to Canada in Oct. 85. During the voyage he was sober. Again he took to drink. He returned to Liverpool in Nov. of the year.

Bodily

Recent.

Mental Intense craving for alcohol. Diminution of self restraint.

Bodily Sleeplessness, muscular tremblings

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Thornton Gow Smith

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Diminished power of self-restraint over drinking habits

Memory Good

Coherence Normal Can answer questions? Yes intelligently & freely

Delusions None expressed.

Other Abnormalities

Bodily.

Appearance Well nourished muscular young man of fair complexion

Skin Healthy Hair Fair.

Eyes Blue Pupils Respond to light & distance normally. Reflex normal

Muscularity Good. Fatness Fair.

Nervous System—*Motor* Normal

Sensory Normal.

Reflex Action Normal Special Senses Normal.

Retina

Lungs Normal

Heart Sound.

Tongue Coated. Brown fur, (Tobacco) Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine Healthy.

Menstruation

Pulse Temp.

Height Weight

Disease Dipsomania *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

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

NAME. Thornton Gow Smith.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1885						
24 Novr						This patient feels & from recent experience knows himself to be deficient in self restraint when an opportunity for the indulgence in alcohol is afforded him and hence he desires supervision for a time. His intellectual, moral & emotional faculties appear to be otherwise normal. His social instincts are healthy & he has no impairment in his capacity for work.
19.12.85.						This patient is quite well. Enjoys very good bodily health. Makes himself useful in clerical work.
4.2.86.						He is still very deficient in self control. On two occasions on his return from a walk with another patient he had traces of drinking. He is therefore not allowed out without an attendant.
20.2.86.						Having been very penitent after his irregularities Mr Smith had his liberty restored to him today. He is allowed to walk outside the grounds with a fellow patient.
6.3.86.						Today was granted liberty to walk out alone. He did not return.
8.3.86.						Telegram received today from Mr Smith from Moffat, he evidently wishes to come back.
9.3.86.						Mr Smith returned today of his own accord. He is utterly exhausted. His feet are very sore. The right foot and leg are swollen and bruised and he is very lame. He says he has had no food for a long time. He has been drinking hard for which purpose he borrowed several small sums of money from people he knew in Dumfries and Moffat. Since he left he has lain out at night. He pawned his overcoat and lost his hat.
17.5.86.						Mr Smith has returned to his post of Head attendants clerk. He is not allowed out without an attendant.

NAME. Thornton Gow Smith.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2/11/86						Mr Gow Smith allowed out on parole to go to the theatre returned at midnight much intoxicated
2/11/86						Mr Smith had his outside parole stopped & attempted to make his escape but he was soon captured in the nearest public house. He was exceedingly depressed & very repentant for his fault.
Jan 2nd 1887.						Mr Gow Smith has behaved well since last note. He has had parole in the grounds two occasional passes outside.
						30 This morning he was very intoxicated & when he was allowed into the grounds he made his escape but was easily recaptured. His parole has been entirely stopped. He shows a less repentant frame of mind than on the last occasion
Jan 31st					130	Mr Gow Smith discharged himself.

See page 687.

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NAME, Robert Montague Norton. No.

Admitted, 28th. Nov. 1885. Pr. Ad.

Sex, Male Age, Marriage, Single Occupation, Medical Student

Education, Good. Religion,

Private or Pauper, Voluntary Where from? London.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Disease

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Robert Montague Norton.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Slight depression.

Excitement Restlessness.

Enfeeblement Diminished rapidity of perception. Active attention fitful. Passive attention feeble.

Memory Fairly accurate, but readiness of recollection for recent events poor.

Coherence of words good. Of ideas indifferent Can answer questions? Yes in an absent sort of a way & after pondering long over the question.

Delusions None expressed.

Other Abnormalities Power of verbal expression of ideas slow & defective in action. The patient at times feels as if he was somewhere absent from his body & yet feeling sensations in his body in a state of double-consciousness.

Bodily.

Appearance Pale & flabby. Physique good.

Skin Pale, moist. Hair Brown

Eyes Pupils Irregular in outline. Respond slowly to light & distance

Muscularity Good. Fatness Fair

Nervous System—*Motor* Thickness of articulation. Muscular tremulousness. Epileptic convulsions of grave form.

Sensory Sensation of cold wind felt on right knee as epileptic aura.

Reflex Action Normal Special Senses Photopsia & occasional dimness of vision. Hallucinations of sight.

Retina

Lungs Normal

Heart Sounds intermittent in rhythm

Tongue Pale, flabby, indented. Exhibits fibrillar trembling Bowels Costive.

Other Organs, Abnormalities, Bruises, &c. Acne eruption on back. Frequent nocturnal emissions of semen.

Appetite Good.

Urine Sp. gr. 1018. Acid.

Menstruation

Pulse 72, soft & intermittent Temp. 98° 4.7.

Height Weight

Disease Mania with Epilepsy. *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

NAME. Robert Montague Norton.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
28th Nov.					7st	Shortly after admission the patient had a severe epileptic
			28th Nov.		2	convulsion. This was repeated during the night.
29th Nov.						He was ordered 30 gr. doses of Bromide thrice daily.
3rd Dec.			1st Dec.		1	Rapid improvement has taken place in his general
			3rd "		1	bodily condition. He eats well & takes abundant exercise.
			5th "		1	Mentally he is changeful but somewhat suspicious & will not
			6th "		1	pulling all his visits. His epileptic enjoys never
			9th "		1	chiefly at night.
16·12·85.			13th "		1	He has improved since last report. He
			16th "		1	is a grumbler and magnifies trifles.
						Considers he is not been treated here
						as a gentleman of his position should.
						His epileptic fits are much less frequent.
						and milder in character. A few days ago
						he made a violent attack on the charge
						attendant of his gallery. He was at
						once changed to Mid West. Since he has
						been very quiet. Had a fit this morning
19·12·85.						Has been changed to Big 2 West Gallery
						where he has more congenial company.
						He has not had a fit since the 16th.
21·12·85.			21st "		1	Was found in a stupid condition by
			29th "		1	the night attendant at 4 o'clock this
						morning. He had evidently just come
						out of a fit. He is getting on
						very well in his new quarters
						and is in quite jubilant spirits.
2·1·86.			3rd Jan.		1	This patient is changeable sometimes
			9th "		1	he is very sulky indeed. At other times
			10 "		1	he is pleasant. He is dangerous at
						times and with slight provocation
						would strike.
2·2·86.						This patient has improved since last
						report. The fits as will be seen from
						the notes alongside are not so
						~~serious~~ frequent, and they are not
						severe — He is peculiar in his
						manner, slow and rather indistinct
						in speech. Irritable and suspicious.
						Grumbles and complains without
						just cause.

NAME, Robert Montague Norton

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17-86						The improvement in this patients state noted in last report was transitory - ~~and~~ ~~for~~ He is becoming demented rapidly. The epileptic fits are more numerous and sometimes they are very severe. He is quarrelsome and would strike if he thought he would be victorious. - He grumbles a good deal at trifles and is irritable and very suspicious. He sometimes joins the cricket team for practice - He attends some of the amusements and plays cards and occasionally ~~#~~ billiards.
4.9.86.					lbs. 154	
1/10/86.					Series of fits.	
2/10/86						Mr Norton has been in the Infirmary for some time. His mental powers are greatly impaired. He has great difficulty in understanding questions put to him & appears to have both amnesic & ataxic aphasia. He is very suspicious & inclined to be spiteful & is constantly defying the attendants grumbles much & seems to be partly conscious of his failing mental powers.
1/11/86					1 Fit.	Has to day evidently an inflammation in the lendon of the Gastroc-Nemius. Sent to bed.
2/11/86						For the last ten days Mr Norton has been becoming
0/11/86						more & more spiteful. He thinks the everybody is
4/11/86.					2 Fits at night.	ill using him & is constantly making unfounded complaints about the attendants whose tempers he tries sorely by his obstinacy. Two days ago this condition became rapidly exaggerated & Mr Norton became violent & in the afternoon had a severe epileptic fit which lasted about ten minutes. Since then he has been in bed unable to rise from the severity of the pain in his muscles. He is having Pot. Bromid. grs 40 thrice daily. & light diet.
Nov 28th						Mr Norton had another severe fit in the afternoon.
Nov 29th						Another severe fit followed by violent mania.
Nov 30th						Quiet to day stupid & scarcely able to move.
Dec 1st						Fit in the morning very severe. then stupor. another fit in the afternoon during which the patient was almost asphyxiated by the

(Continued at Page 808)

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NAME, Thomas Drummond Gaff. No.

Admitted, 7th December 1865. Pr. Ad.

Sex, Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Private. Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Thomas Drummond Gaff.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Considerable.

Excitement Slight. Refuses to remain in bed or to sit down (Dr examined).

Enfeeblement

Memory Good.

Coherence Normal Can answer questions? Yes fully.

Delusions Of suspicion & of unseen agencies. e.g. that magnetic & electrical machines are placed in connection with his body & vital force is thus extracted from him.

Other Abnormalities Suspicion extreme. Hangerite.

Bodily.

Appearance Lank and emaciated.

Skin Pale, clammy. Hair Dark.

Eyes Grey Pupils Equal, dilated, regular, reaction normal.

Muscularity Fair Fatness Poor.

Nervous System—*Motor* debility

Sensory Normal.

Reflex Action Normal Special Senses Marked deafness of both ears, especially left.

Retina

Lungs Normal.

Heart Normal murmur on auricular area.

Tongue Thick creamy fur Bowels Costive.

Other Organs, Abnormalities, Bruises, &c.

Appetite Poor.

Urine Sp gr 1025. Reaction normal.

Menstruation

Pulse 80 weak Temp. 98°.2 F.

Height 6 feet. Weight 147 lbs.

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition Reduced.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
	Yes	Yes						No.	

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NAME, Thomas Drummond Gaff.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16·12·85	98½		80		147.	This patient has improved considerably within the last few days. This improvement is very marked in his bodily condition. He converses freely & cheerfully. He still has delusions. He occupies himself polishing the floor of his gallery.
19·12·85					150	He continues to improve. Is gaining weight.
2·1·86.			74			This patient is improving rapidly. He makes himself very useful in the gallery.
2·2·86.						His deafness remains considerable. He has delusions of suspicion which seem to be increased, if not altogether due to the deafness. When he sees two or three persons engaged in conversation he is apt to think they are talking about him and ridiculing him. His ears are syringed out twice a week and inflated as often.
6·3·86						Discharged Recovered.

NAME. Thomas Drummond Goff

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

351

NAME, David Clark — No.

Admitted, 8th. Dec. 1885 — Pr. Ad.

Sex, Male — Age, 34 yrs — Marriage, Single — Occupation, Farm Servant

Education, — Religion, Protestant

Private or Pauper, Pauper. — Where from? Lochfield, Annan.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First — Kind

Duration — Where treated

Hered. History—*Insanity* - None.

Other Diseases

Predisposing Not known

Exciting Not known

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No.

Duration of Existing Attack 3 weeks

Other Facts or Remarks

Facts of Medical Certificates I A vacant both & undecided manner, a complete alteration in his habits and tastes, restlessness and stupid answers to plain questions.

Wandering about by night & day without a fixed purpose. Great change in his manner and general conduct.

II Undecided & restless manner. Some amount of incoherence & an inability to answer questions correctly.

Great restlessness, a desire to work but unable to apply his mind to it - very excitable in his demeanour & at times a wish for solitude, alternating with insane excitement.

NAME David Clark

STATE ON ADMISSION.

Mental.

Exaltation

Depression Slight. Why he refuses to explain –

Excitement

Enfeeblement Intelligence feeble.

Memory Good for names & dates, impaired for recent events.

Coherence Normal Can answer questions? Yes frankly but slowly

Delusions That both his mother and himself suffer from swollen testicle.

Other Abnormalities Facile. Manifests considerable apathy to his circumstances & surroundings

Bodily.

Appearance Well nourished man of sanguine temperament.

Skin Florid, moist, warm. Hair Reddish.

Eyes Blue Pupils Equal, regular. Respond normally to light & distance

Muscularity Good Fatness Good

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal

Retina

Lungs Normal

Heart Normal

Tongue White fur. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine Normal

Menstruation

Pulse 72, regular Temp. 98°.6 F.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, David Clark

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1885. 9th. Dec						The patient slept well. He has a good appetite works well if supervised & is quite cheerful and contented. Some carelessness about his dress is observable.
20 –						He is very sly & uncommunicative. He will not enter into any details about himself except in the most evasive & general manner. He is lazy & unsociable.
3 Jan 86						The patient is now working outside. He is still somewhat dull & has a peculiar manner of fixing his eyes in the direction of some spot in the air towards his right side & far above him. All the explanation he will give of this is that its only a habit. His sole anxiety seems to be to get away.
20 Feb.						There is no change. Uncommunicative, unsociable, slightly depressed & carefully evasive of all conversation about himself he works well and steadily. His intelligence is not high & he has a large share of rustic boorishness & stupidity with the usual cunning accompanying it.
3 March 1886						He was today discharged Released by a Munch of the Parochial Board —

Released

NAME,

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

NAME, William Lindsay Junr. No.

Admitted, 10th December. 1885. Pr. Ad.

Sex, Male. Age, 19. Marriage, Single. Occupation, none.

Education, Fair. Interrupted by illnesses Religion, Protestant.

Private or Pauper, Voluntary. Where from? Greenock.

HISTORY.

Causation.

Disposition Has always been a backward shy boy.

Habits

Previous Attacks—No. One. Kind ~~Dep~~ Depression

Duration A year and a half. Where treated Privately.

Hered. History—Insanity

Other Diseases

Predisposing Was prematurely born. Had an attack of depression when 15 years of age.

Exciting

Symptoms. First.

Mental Depression.

Bodily Little turns of delicacy.

Recent.

Mental Excitement. Delusions.

Bodily Sleeplessness, for which he got Chloral and Bromidia.

Insane Habits and Propensities Wets his bed.

Suicidal

Dangerous

Duration of Existing Attack About a year.

Other Facts or Remarks

Facts of Medical Certificates

NAME William Lindsay Jnr.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Whimpers to himself occasionally as if afraid of something.

Excitement

Enfeeblement Cannot answer questions except very simple ones. Is imbecile.

Memory Impaired.

Coherence Fair. Can answer questions? Yes if simple ones.

Delusions Does not express any.

Other Abnormalities

Bodily.

Appearance Vacant, unmiel appearance. Thin, frail looking.

Skin Healthy except for small boils. Hair Brown.

Eyes Sunken. Brown in colour. Pupils Equal, contract slight reaction.

Muscularity Very poor. Fatness Much diminished.

Nervous System—*Motor* Impaired. Loss of control over bladder.

Sensory Impaired.

Reflex Action Diminished. Special Senses Blunt.

Retina

Lungs Dullness under right clavicle & flattening. Rough breathing.

Heart Apex beat very distinct. First sound unmusically at apex.

Tongue Furred. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c. Small bedsore on sacrum.

Appetite Fair.

Urine Normal.

Menstruation

Pulse 78. Weak. regular. Temp. Normal.

Height 5.10½. Weight 124 lbs.

Disease Imbecility. *Skae's Classification*

General Bodily Health and Condition Much impaired.

PREDOMINANT FEATURES.

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

NAME. William Lindsay Junr

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11·12·86.	98.		78.		124.	Rested badly. Cried to himself and was with difficulty kept in bed. Took his food pretty well today. Sat quietly at the fire. His body is very cold, cannot be kept warm.
12·12·86.			72			Had another bad night. Cries a good deal. was evidently in dread of something. Says he wishes to go home. Again fed well. Ordered four eggs and two pints milk, extra.
14·12·86.						He has been changed to a single room and now sleeps better. Wet his bed last night. He seems a little stronger on his legs.
16·12·86.						He again wet his bed last night. Ordered Cod Liver Oil 3ʃ thrice a day.
19·12·86						He is much better. More contented. Has been removed to High West Gallery.
21·12·86.						He is improving rapidly in bodily health and is beginning to feel quite at home.
2·1·86						This patients bodily health improves very rapidly. Mentally he is better also.
2·2·86.						He is improving in bodily health. Mentally he remains the same Often noisy at night and now and then wet. Bowels kept regular by enemata.
17·6·86.						This patient has improved greatly. The injections are never found necessary a daily pill of Cascara Sagrada gr 5. Ext. Nucis Vom ½ gr. Ext. Belladonnæ gr ½ keeping the bowels in capital order. His appetite is very good, he sleeps well, is never noisy. He works with the gardening party daily.
£14/9/86 Jan 2nd 1887.					157½	This patient is in excellent bodily health. He is weak minded & childish. He can count objects only with great difficulty & generally incorrectly.
Dec 14 86					158½	He is good natured, quiet & willing to do any small jobs about the head attend's office. He works with the garden party in the

NAME. William Lindsay Junr

ATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						afternoon has parole in the grounds. He attends the Dances & Evening parties & enjoys them though he does not dance much.
April 29th						During the last four months this patient has become more intelligent. though he is still an overgrown boy. He is good natured & obliging & does a great many odd jobs for anyone who may ask him. Today he was discharged. Cured.
						Discharged Cured. April 29th 1887.
1890						
Feb. 18th						Readmitted - Vol?
28. 2. 90.						Quiet, contented. nothing notable in his condition.
1. IV. 90.					133	No change. of R importance. Is improving slowly
1-V-90.						Bowels always sluggish. needs, constantly, aperients. His character & mental condition are the same as on April 29 1887.
29-5-90						Discharged to day.

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NAME, Alexander Gordon Hood — No.
Admitted, 15th December. 1885. — Pr. Ad.
Sex, Male. Age, 40 Marriage, Single. Occupation, Shipowner
Education, Excellent. Religion, Protestant
Private or Pauper, Voluntary Where from? Glasgow.

HISTORY.

Condition.

Disposition Rather reserved always. Much more so latterly.
Habits Very steady. Total abstainer
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases Two brothers died of Lung disease probably phthisis.
Predisposing Father of pleuro-pneumonia.
Exciting Failure in business.

Symptoms. First.

Mental Great depression.
Bodily Insomnia.

Recent.

Mental Fear of imprisonment on account of business misfortunes.
Bodily Loss of appetite. Became haggard. Sleeplessness. Constipation.

Insane Habits and Propensities
Suicidal No.
Dangerous No.
Duration of Existing Attack Two months.
Other Facts or Remarks

Facts of Medical Certificates

NAME Alexander Gordon Hood.

STATE ON ADMISSION.

Mental.

Exaltation

Depression He is very depressed. Sits brooding over his misfortunes. Does not speak except to answer a question.

Excitement

Enfeeblement

Memory Good.

Coherence Good. Can answer questions? Yes.

Delusions Thinks he is to be imprisoned for having made friends suffer loss.

Other Abnormalities

Bodily.

Appearance Haggard

Skin Pale. ~~Bad~~ Healthy. Hair Fair. Scanty.

Eyes Light grey. Pupils Equal, regular, sensitive but sluggish.

Muscularity Fair. Fatness Moderate.

Nervous System—*Motor* Functions generally sluggish.

Sensory Moderately good. Sensibility to touch very acute.

Reflex Action Normal. Special Senses Good.

Retina

Lungs Slight dulness under right clavicle. Increased vocal resonance. Small crepitant rales.

Heart Healthy.

Tongue Large, pale. coated. Bowels Costive.

Other Organs, Abnormalities, Bruises, &c.

Appetite Poor.

Urine Sp. Gr. 1026. No albumen. High coloured.

Menstruation

Pulse 80 per min.; Weak. Temp. 98. Fah.

Height 5ft. 10½ inches. Weight 158 lbs.

Disease Melancholia. *Skae's Classification*

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple Excitement.	C Simple Depression.	D Stupor.	E Hypochondria.	F Strong Suicidal Impulses.	G Remittency, or Intermittency.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
		4/6							

NAME. Alexander Gordon Hood.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16·12·85.	98.		80		158.	He enjoyed a good nights rest. At 7·a·m a powder was administered (3ij Pulv Jalapae C) which operated freely. He is feeding fairly. He is very reserved. Does not speak unless spoken to. He gets a mixture containing Nitro-Hydrochloric acid, Nux vomica, and Infus. Quassia.
21·12·85.						This patient progresses favourably. His rest at night has been excellent since admission. He has not had a restless night. He is feeding well. He keeps very much to himself, and has not yet employed himself in any way.
2·1·86.						This patient is still very depressed. In general he sleeps well. He has a poor appetite now. Not so good as on admission. He is disinclined to stir himself in any way. Likes to retire to bed early and to lie brooding over his misfortunes.
2·2·86.						This gentleman is still suffering from depression which happily is not so acute as it was. His bodily health is improving.
17·6·86.						This patient has had a severe attack of Sciatica causing lameness. A liniment consisting of equal parts of Tr Aconite Belladonna and Chloroform liniment has proved very efficacious and Mr Hood today says he feels much better. Mentally he has improved since last report. He is still depressed a good deal but he stirs about and is interested in things.—

NAME. Alexander Gordon Hood

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

NAME, John Garrett No.

Admitted, 18th. Dec. 1885. Pr. Ad.

Sex, Male Age, 70 Marriage, Single Occupation, Labourer.

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? Kelton - Castle - Douglas - John Garrett, King St. C.D.

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 Not known.

Dangerous Possibly

Duration of Existing Attack A few days.

Other Facts or Remarks

Facts of Medical Certificates I He is under several delusions as regards his doings & his means of living wanders about & in dangerous positions

Those about him say that he talks incoherently and excitedly.

II He talks at times in an excited manner & frequently in an incoherent manner failing to give a proper answer even to a simple question

His nurse says he gets wild & obstreperous at times, threatens to strike his nephew & wanders away at night staying out of doors and won't go to bed -

NAME John Garrett.

STATE ON ADMISSION.

Mental.

Exaltation None

Depression None

Excitement None.

Enfeeblement He is in his dotage. He is very much pleased with everyone and everything about him but neither ingruses who the people are nor where he is

Memory of events enfeebled in accuracy.

Coherence of words good. of ideas imperfect Can answer questions? Yes frankly, rapidly and with a considerable amount of shrewdness e.g. asked if he did not think the people here rather strange replied "Oh ay but none's queer folks everywhere"

Delusions None expressed.

Other Abnormalities Garrulity. So content to remain where he is. His power of external observation is small. His mind is more occupied with reminiscences than with acquiring new information & motions obtuse.

Bodily.

Appearance A decrepit, wrinkled old man of a sanguine temperament.

Skin Yellow, marked with crow's feet. Hair Grey, scanty.

Eyes Blue, arcus senilis well marked Pupils Equal, regular, respond slowly to light.

Muscularity Poor Fatness Fair

Nervous System—*Motor* Feeble.

Sensory Senses obtuse.

Reflex Action Slow. Special Senses Normal.

Retina

Lungs Few sonorous râles with coarse crepitations over both lungs.

Heart Dilated. mitral & aortic incompetence.

Tongue Flabby Bowels Costive.

Other Organs, Abnormalities, Bruises, &c. Hands & feet cold & oedematous.

Appetite Fair

Urine Sp gr 1025. High coloured, scanty. No albumen or sugar.

Menstruation

Pulse 80, irregular, intermittent & weak Temp. 98°.2 F

Height 5 ft. 9 in. Weight 163 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.
									X

NAME, John Garrett

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1885. Dec. 19.						He slept well and has taken his food well. A certain amount of forgetfulness, and a tendency to ramble in his conversation are about all that is discernable in the case. He is scarcely fit to look after himself.
Dec 20.						There is no change. He is merely a harmless old man exhibiting the usual symptoms of senile decay and requiring shelter & nursing.
Dec 26						Disch argd
						Not Found Insane.

NAME.

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

NAME, John McCubbin — No.

Admitted, 19th December. 1885. — Pr. Ad.

Sex, Male. Age, 37. Marriage, Widower Occupation, Publican

Education, Fair. Religion,

Private or Pauper, Voluntary. Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits Intemperate.

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms, First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME John McCubbin.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Great want of self control. Evidenced by the immoderate use of alcoholic liquor.

Memory Fair.

Coherence Good. Can answer questions? Yes.

Delusions None.

Other Abnormalities

Bodily.

Appearance Fairly nourished man, with all the signs of intemperance in drink.

Skin Face covered with red blotches & pimples Hair Black.

Eyes Conjunctiva injected. Pupils Equal, regular & active.

Muscularity Good. Fatness Moderate.

Nervous System—*Motor* Muscular tremors. Walking power impaired, from debility and from a stiffness in the knees due to rheumatism.

Sensory Good.

Reflex Action Good. Special Senses Average.

Retina

Lungs Percussion normal. A few bronchitic rales are heard at the bases. He has a hard troublesome cough.

Heart Of normal size. Sounds pure.

Tongue Furred. Tip & edges red. Bowels Costive.

Other Organs, Abnormalities, Bruises, &c. Black mark under right eye due to a bruise. Liver dullness increased. Tenderness on pressure over the organ. Pain in epigastrium.

Appetite Poor. Capricious.

Urine Sp. Gr. 1013. acid. Of natural colour. ¼ albumen.

Menstruation

Pulse 74 of good character. Temp. normal.

Height 5 ft. 8 inches. Weight 154 lbs.

Disease Dipsomania. *Skae's Classification*

General Bodily Health and Condition Much impaired.

PREDOMINANT FEATURES.

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

NAME. John McCubbin.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20·12·85	98.		72.		154.	He enjoyed last night better rest than he has had for a long time. His appetite is poor. He is in the High West Gallery, and is to have parole within the grounds. He is to have the ordinary diet and a mixture containing, Vin. Ipecac, 5/pt. Chlorof. and Succus Taraxaci. His cough is very troublesome especially at night.
2·1·86.						The cough still troubles him but it is not so annoying. He is picking up. The tenderness over the liver is better. He feeds well.
2·2·86.						Since last report this patient has made some improvement. He had a bilious attack accompanied by pain and tenderness on pressure all over abdomen. This kept him in bed two days and was relieved by Calomel and poultices. He is troubled still by the cough which does not yield to ordinary treatment. However it seems to improve slowly.
12·3·86.						Discharged heavily today. During the past month he improved greatly and is now quite well.

NAME,

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

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NAME, William Brown — No.

Admitted, 30th December 1885. — Pr. Ad.

Sex, Male. Age, 39. Marriage, Married. Occupation, Clerk.

Education, Ordinary. Religion, Protestant.

Private or Pauper, Private. Where from? Goodhope. Johnstone - Lockerbie.

HISTORY.

Causation.

Disposition Reserved. Peculiar at times. Round.

Habits Secret drinking for some months at least.

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Drink.

Symptoms. First.

Mental

Bodily

Recent.

Mental Restlessness. Wandering about. Talking incoherently. Hallucinations of sight.

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes.

Duration of Existing Attack Some days.

Other Facts or Remarks For a considerable period, months at least, his fellow clerks have noticed something peculiar about him. He was unsteady at work. Perhaps would work very well for an hour or two and then become quite useless for hours. Never drank openly. Often irritable.

Facts of Medical Certificates I. Insane look. Incoherent talk.

II. Restless. Wanders about house. Thinks people have ill will at him and that if he liked he could easily knock down all who try to hold him.

NAME William Brown.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Shouting - Talking rapidly and quite incoherently. Kicking and struggling with attendants.

Enfeeblement

Memory

Coherence Incoherent. Can answer questions? No.

Delusions Imagines he sees adders and other reptiles on the walls & floor and ~~makes~~ clutches at them.

Other Abnormalities

Bodily.

Appearance Flushed face - Perspiration running off in streams.

Skin Quite wet with perspiration Hair Black.

Eyes Conjunctivae injected Pupils Equal, regular in outline, Contract freely.

Muscularity Good. Fatness Good.

Nervous System—*Motor* Muscular tremor marked. Great restlessness. Inability to walk. Convulsive attacks.

Sensory Sensibility to touch & pain lessened - Periods of complete unconsciousness.

Reflex Action Impaired - Special Senses Hallucinations of sight & hearing.

Retina

Lungs Healthy.

Heart Healthy.

Tongue Dirty, whitish fur. Bowels Costive.

Other Organs, Abnormalities, Bruises, &c. Small bruises on both arms.

Appetite Impaired.

Urine High colour. Sp. Gr. 1025. acid. No albumen no sugar.

Menstruation

Pulse 90 per min. Strong. Temp. Normal.

Height Weight

Disease Mania a Potu. *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

NAME, William Brown.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30.12.85.			100.	90.		Admitted at 2.30. a.m. - Carried from his carriage - Was unconscious, muttering & quite delirious, and had convulsive movements. Pupils moderately dilated. Put to bed but could scarcely be kept in it. ℥j Castor oil administered. Remained very restless during the morning, Perspired copiously. Remained in same state all day but became quieter towards evening. Food, milk & soda water, Eggs, Soup took plenty of it. Great thirst.
31.12.85.						He is more sensible today and is evidently becoming drowsy. Had a quieter night but was very restless. This evening had a severe convulsive attack, was completely unconscious for a quarter of an hour. Great thirst.
1.1.86.			86.			much better today, slept a little during the night, is quite sensible - Takes plenty of liquid food. Thirst not so intense today. Complains of great soreness over left scapular region and side. no fracture discovered.
2.1.86.			80			He improves gradually. He sleeps almost continually night & day. His back and side not so sore. Taking plenty of food.
16.1.86.						Discharged recovered.

NAME,

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

NAME, George Edgar No.

Admitted, 6th January 1886 Pr. Ad.

Sex, Male Age, 50 Marriage, Married Occupation, Steel & Iron Trade (Manager of works)

Education, Average Religion, Protestant.

Private or Pauper, Pauper Where from? Kirkpatrick - Durham - Bridge of Urr Mill.

HISTORY.

Causation.

Disposition

Habits Industrious

Previous Attacks—No. First. Kind

Duration 8 days (?) Where treated

Hered. History—Insanity None.

Other Diseases

Predisposing

Exciting Reduced circumstances

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Not apparently dangerous.

Duration of Existing Attack 8 days.

Other Facts or Remarks

Facts of Medical Certificates I He says he cannot get sleeping at night for people coming into his room and disturbing him. Talks about things and places which have no existence.

He is always going away to places where he says he has business & has none whatever. He wanders up and down his room the whole night.

II. He talks without intermission. His conversation is a mixture of facts & delusions.

The friends say he labours under delusions respecting situation, money etc. He sleeps very little & is very irritable & restless.

NAME George Edgar

STATE ON ADMISSION.

Mental.

Exaltation Great. Boasts of what he has done and can do in the way of business. Says he can carry 20 stones weight on his back up any stairs in this house. Never felt better in his life.

Depression

Excitement Very restless. Constantly moving his hands or wandering about or chattering.

Enfeeblement Facile —

Memory Good for names & events & time.

Coherence Fair. Can answer questions? Yes, rapidly & with considerable intelligence

Delusions Of being infested with men who wish to take his life & who quarrelling over him take each other's libres.

Other Abnormalities Emotional — He laughs or becomes depressed very easily.

Bodily.

Appearance Fairly nourished man of sanguine temperament

Skin Fresh, moist & warm — Hair Reddish. Scanty.

Eyes Blue Pupils Outlines irregular. Contracted. Reflexactivity poor for light & distance.

Muscularity Fair. Fatness Good.

Nervous System—*Motor* Marked loss of co-ordination in voluntary movements. He is unsteady on his feet, his arm trembles violently when he points at an object, speech is thick & slurred, fibrillar twitchings frequently occur in the facial muscles of expression

Sensory Sensibility diminished and delayed.

Reflex Action Tendon reflex is lost. Special Senses Hallucinations of sight and hearing e.g. sees & hears cutthroats entering his room with knives whistling & talking to each other.

Retina

Lungs Normal.

Heart 1st sound impure at apex.

Tongue Very tremulous, coated with thick brown fur Bowels Open.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine Sp. gr. 1020. Normal.

Menstruation

Pulse 80 Temp. 98°.6 F

Height 5 ft. 7 in. Weight 132 lb.

Disease General Paralysis of the Insane *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple 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 Edgar.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						
Jan 6.						Placed in 1st. Division.
" 7						He was very restless all night, would not remain in bed and required to be placed in a single room. Today he has taken his food well. He seems to be pleased with everybody and everything about him. His bodily weakness and his mental facility are much more apparent than on admission.
" 8						Towards morning he had 4 hours sleep. His restlessness continues.
" 9						He slept all night. There is however no apparent change in his mental & physical condition for the better. His illness seems to be running a rapid course incoordination of his muscles & enfeeblement of his mind advancing quietly.
Feb. 16th.						A change for the better has occurred & the patient is regaining fair mental & bodily health. He speaks rationally about all matters. Some depression & a great anxiety to get home are the only characteristics now noticeable.
March 8						As the patient is now strong, eating & sleeping well & helping in the ward work he was sent out to garden work. This was against his will & he came back in half an hour trembling & very ill.
" 9						Today he has recovered his usual health & spirits.
7-6-86						The paralytic symptoms are now rapidly advancing. Incoordination is so marked in some days that he can scarcely stand. His body weight has fallen greatly. Hallucinations of sight & hearing are present & delusions of suspicion - poison in food.
14-9-86.					119.	Removed to first House.
29/10/86.						Bodily health good. but the interference with articulation is marked. Subject to fits of anger on slight provocation. Has very grand delusions. Can bay up all Dumfries &c
14/12/86.					137.	walks out daily. Dresses himself & is tidy in his habits.
27/12/86.						Becoming rapidly very demented. Speech is so indistinct as to be almost unintelligible. Habits cleanly. Can still write a legible hand. Dynamometer. L. hand. 27 Kilos. R hand. 31 Kilos.
14/3/87.					132.	Patient is stout ruddy & well nourished.
31/8/87						Mr. Edgar's speech is now very indistinct. His health is good, and he is tidy in his dress and habits. His walk

NAME. George Edgar

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						is fairly steady. He is constantly rubbing his hands together. His temper is easily roused. He has grand delusions, be-
12/9/87					130	-lieving that he possesses enormous wealth.
2/9/87						The disease is advancing very slowly in Mr. Edgar's case. He has begun to talk to himself almost constantly.
1/12/87					124	Little change in Mr. Edgar's condition.
6/6/88						Mr. Edgar is very shaky on his legs, but is still able to walk out. His speech is very indistinct. He is very restless, constantly muttering incoherently to himself, and is irritable. His delusions of grandeur
0/7/88					124	continue. He has had no congestive attacks.
5/9/88					123	
Feb. 89						He is getting rather weaker & more stupid.
2nd April					126	Still failing & now in Infirmary.
July 30th 89.					129.	Is getting more feeble, emaciated and weak. Totters as he walks and at times falls down. Is perfectly happy and contented however.
Sept. 30th 89.						Much the same as above. Has had no congestive attacks.
Nov 1st					123 lbs	He still quite contented & happy.
Feb 1st					113 lbs.	
July.						Is quiet, dirty, with great delusions of grandeur, but speech very defective, as regards pronunciation. Easily aroused, but facile - sits in arm chair - can only walk slowly.
5. 5. 91						Gradually went down hill, & died to-day

NAME, Thomas Shennan No.

Admitted, 7th. January 1886. Pr. Ad.

Sex, Male Age, 39 Marriage, Single Occupation, Blacksmith.

Education, Religion, Protestant

Private or Pauper, Private Where from? Kirkbride Smithy.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Attack Kind

Duration Where treated

Hered. History—Insanity Patient's Grandmother and Grandmuncle both were of unsound mind

Other Diseases for a short time.

Predisposing (Acidity).

Exciting Unknown

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No. (?)

Duration of Existing Attack Since 30th. Decr. /85. (One week)

Other Facts or Remarks

Facts of Medical Certificates I. Has a very wild and excited appearance, and talks in a very rambling manner. On asking him what was the matter his finger he replied that one volcan from hell had smashed it. Appears to view any persons in the bed &c &c.

William McGhee, who has been in attendance since yesterday morning, states that he has been in a very excited state & requires with ropes, that he takes turns of whistling & singing & weeping. Attempts to convey his ideas in poetry &c &c.

II. Thomas Shennan very restless in his manner, talks incoherently & mutters away to himself. Imagines he has done something for wrong & talks of hearing squeaking noises & of unwrong noises which keep him from sleeping. Does not sleep at night. His father speaks of him as having a raised or flyscome look. William McGhee says he has come for him during the night & go with him to see his father who was in his usual health but who he said was seriously ailing, that he talks of seeing lights about the house & that he put him into the house several times always asking him back.

NAME Thomas Shennan

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Restless -

Enfeeblement

Memory Impaired. He cant tell whether he left home in the morning or afternoon today -

Coherence Bad. Great confusion of thought. Can answer questions? Yes but generally in an incoherent manner

Delusions Of persecution - voices annoy him + make false charges against him -

Other Abnormalities

Bodily.

Appearance Spare, muscular and swarthy

Skin Dark, moist. Hair Black + abundant -

Eyes Blue Pupils Equal, regular + dilated, Respond normally.

Muscularity Good. Fatness Poor.

Nervous System—*Motor* Speech slurred - stated to be a defect from youth upwards -

Sensory Normal.

Reflex Action Normal - Special Senses Hallucinations of hearing e.g. voices knocks on the wall + of sight e.g. fire floating in the air.

Retina

Lungs Sound sonorous + sibilant râles over both lungs but no dulness on percussion.

Heart 1st. sound muffled in character.

Tongue Coated with creamy fur - Bowels Open -

Other Organs, Abnormalities, Bruises, &c. Small cicatrices on anterior aspect of chest - Weak ulcer on dorsum of ~~right~~ terminal phalanx of right fore finger. Recent ecchymosis marks in hands round left fore + upper arm + right upper arm.

Appetite Poor.

Urine Sp gr 10 20. Heavy deposit of urates -

Menstruation

Pulse 72 regular - Temp. 98°-4.

Height 5 ft. 9 ½ in - Weight 140 lbs -

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.

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NAME. Thomas Sherman

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						
Jan. 7.						Placed in 1st. Division. Had to be coaxed to take his food.
" 8						He was quiet all night but did not sleep. During the day he became more collected and could answer questions with more coherence than on admission. He occupied himself during the day in polishing some home work & took his food well.
" 9						He slept a little at times during the night. The hallucinations of hearing have become less troublesome. He is quite coherent today & hopes that a few days rest will put him all right.
" 22						At times a slight amount of confusion comes on him and he answers questions in a skeptical unsatisfactory manner. He attributes his illness to drink.
March 10						His manner is now restless and his conversation is uneven & halting. He has much difficulty in collecting his ideas & can then they are confused & rambling. He works well if well directed.
" 25						Slow improvement continues. He is becoming more collected.
12 April 1886.						He was today

Discharged Recovered

NAME,

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

NAME, James Bell No.

Admitted, Pr. Ad.

Sex, Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Pauper. Where from?

HISTORY.

Causation.

Disposition Obstinate + self-willed.

Habits

Previous Attacks—No. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing Struck with poker on back of head 2½ years ago; previous attack; age.

Exciting

Symptoms. First.

Mental Has been dull since November

Bodily

Recent.

Mental 14 days ago he began to refuse food, threaten suicide by strangling, was violent to his Mother, had hallucination of hearing + sight + delusions of suspicion + violently injury. + all usage - 2 y that his back + arms had been broken by people + an new broken -

Bodily Sleepless, bad appetite -

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME James Bell

STATE ON ADMISSION.

Mental.

Exaltation None

Depression Slight. weeping.

Excitement None.

Enfeeblement

Memory

Coherence Cannot be tested — Can answer questions? Refuses to answer questions.

Delusions None expressed

Other Abnormalities Obstinate, taciturn & resistive. Tries to do everything in an opposite direction to what he knows he is wished to do it. e.g. Refuses to go to bed, to take food, to speak, & to be quiet for physical examination.

Bodily.

Appearance Fairly nourished boy.

Skin Unhealthy looking. — Hair Dark.

Eyes — Pupils Equal & regular.

Muscularity Good. — Fatness Fair

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal — Special Senses Appears to have hallucinations of sight & hearing & evidently has illusions of hearing. e.g. mistook a man's humming for the noise of wasps.

Retina

Lungs Normal

Heart Normal.

Tongue Slight fur. — Bowels Costive.

Other Organs, Abnormalities, Bruises, &c.

Appetite Bad.

Urine

Menstruation

Pulse 80. — Temp. 98°-8.

Height — Weight

Disease Melancholia. — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, James Bell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Placed in 3rd Division
						He is restless, discontented with moping. He does almost nothing for himself & hangs listlessly about the gallery refusing to work. He speaks to no one, takes an interest in nothing external to himself and although constantly fretting & pining he never seems to know definitely what he wants.
3 March.						At times he complains of a pain in the small of the back. No bad practices have been discovered.
20 –						He is a most troublesome patient having to be dressed and not unfrequently fed (with the spoon). The other day he threw himself in the fire. When out he sometimes makes an attempt to run away.
20 April						There is no change to report in his pining, discontented unsettled manner. His expression is that of misery. Little progress is being made in increasing his general bodily health.
5 May 1888						He was today on "Dr Rutherford's Authority" discharged

Not Recovered

NAME.

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

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NAME, John Thorburn No.

Admitted, 25th January 1886. Pr. Ad.

Sex, Male Age, 34 Marriage, Married Occupation, Blacksmith

Education, Religion,

Private or Pauper, Where from?

HISTORY.

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

Symptoms. *First.*
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME John Thorburn.

STATE ON ADMISSION.

Mental.

Exaltation Great. Says he can lift 20 stones, has millions of pounds, associates with kings etc.

Depression None

Excitement Considerable - Struggled with constables who brought him

Enfeeblement

Memory Good.

Coherence Fair

Can answer questions? Yes, frankly + intelligently but for delusions

Delusions Of exaltation - e.g. that a policeman beside him is a king, that he himself is worth millions etc.

Other Abnormalities

Bodily.

Appearance Short thick set powerful military looking man.

Skin Dark

Hair Dark

Eyes Dark.

Pupils Inequality of pupils which are irregular in outline

Muscularity Good -

Fatness Fair.

Nervous System—*Motor* Slurred articulation -

Sensory

Reflex Action Dull.

Special Senses Hallucinations of hearing - e.g. noise of machines in his ears, voices telling him to injure others + cut his own throat. Hallucinations of sight e.g. monkeys devils etc

Retina

Lungs Normal -

Heart Impure 1 ot. mitral at apex -

Tongue Slight fur - no tremors.

Bowels Regular.

Other Organs, Abnormalities, Bruises, &c. Series of extensive recent bruises on anterior and outer aspect of left thigh - (kicks)

Appetite

Urine

Menstruation

Pulse

Temp.

Height 5 ft. 4 in.

Weight 146 lbs.

Disease Gen. Paralysis

Skae's Classification

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, John Thorburn –

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						
25th Jan						Placed in 3rd Division
26th –						Noisy all night – He is a typically maniacally excited case, singing, shouting, dancing, tearing his clothes, fighting and dirty.
30 - Jan						Violent excitement continues. Although of a pugnacious disposition he bears no malice and limits his attacks to boxing encounters. His exaltation is great. He is the strongest man in the world: he has beat Jem Mace in the ring and last night killed 30 men
10 Feb.						Constant idiomotor restlessness + maniacal exaltation are the prominent features still exhibited in this case – He fights everyone + is anxious for an encounter at all times quite in a friendly way – He tears his clothes, shouts, sings, dances + behaves generally as a typical acute maniac. It is impossible to get him to work
20 –						Various delusions about the maltreatment of his wife by an attendant have made him dull for two days + he threatens a summary revenge – His language is very indecent and his conversation turns largely upon women
9 March					140 lb	Excitement continues almost unabated. Strong canvass clothes are necessary to keep him warm + covered. His joviality + pugnaciousness have undergone no change –
1. May						He is rapidly becoming aged looking. His hair is grey. Great motor debility is present accompanied by extreme motor restlessness which chemical restraint scarcely affects. Dirty habits are fully developed. Frequent mental depression occurs + is manifested by defusions and by weeping etc.
31 Aug: 86.						He is quiet in his habits, takes little notice of what goes on complains of weakness and trembling in his right hand. ~~Great~~ Incoordination marked in his legs face muscles and tongue muscles.
10 6.10.86						Much as before. Speaks sensibly when spoken to but is very weakminded and stupid. Cannot understand the simplest order.
7/12/86.						This patient is slowly becoming more + more fatuous. His gait is slow + tottering + he has difficulty in rising from his chair. Speech is slow, hesitating + interrupted by a stutter. His grasp is weak, particularly in the right hand, which is much colder than

NAME, John Thorburn.

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

the left. Sensation is also blunted on the left hand to a much greater extent than elsewhere.
Left pupil larger than right & more sluggish in its motions though both pupils react to light & adjust in accommodation. Tongue is very tremulous.
Face is fat & heavy & utterly void of expression beyond an occasional silly smile.
Hearing is very greatly impaired. also taste & smell.
Sight appears also to be failing.
Mentally the patient is very stupid. His grand notions have quite left him, but he is perfectly contented to sit on a chair all day & gaze straight in front of him. Dullness of hearing added to his slowness of comprehension make it almost impossible to hold any conversation with him. He has however no idea of where he is living, nor of how long he has been here, or when his wife is or what she is doing & he cares nothing about these matters.
He is quiet at night sleeps well, takes his food well & is very well nourished. He is cleanly in his habits.

Dec 30th 86. Thorburn was found at 4 A.M. insensible with stertorous breathing. He gradually awakened up & by the evening was talking incoherently. Was irritable, pugnacious & restless. Bladder found distended & urine drawn off in evening.

2/1/87. Patient is steadily improving but his speech is much more ataxic than formerly.

1/6/87. Is becoming more & more helpless. Sight has failed greatly, hearing also. Patient is very fat & can scarcely hobble down to the room. His expression is quite stupid, almost idiotic. He sleeps well & is quiet & tractable.

9/1/87 Found this morning unable to rise. Dull & stupid passing no attention to questions. Is lying on right side. Unable to turn in bed. Face flushed & temperature elevated.

17/1/87. Still stupid irritable, refuses food. Urine drawn off by catheter.

24/1/87 Becoming more sensible, but still is unable to stand

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NAME, David Paterson. No.

Admitted, 1st Feb: 1886. Pr. Ad.

Sex, Male. Age, 28 Marriage, Single. Occupation, Coachsmith.

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Coach & Horses Close Dumfries.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes.

Dangerous No.

Duration of Existing Attack Not known.

Other Facts or Remarks Threw himself into River Nith, was rescued by the Police.

Facts of Medical Certificate I. He suffers from delusions. States that he has not slept at all for more than four months. That nerve cords run through him and make him lose all sensation. His appearance and actions are indicative of suicidal melancholia. II. He states that he has not slept for several weeks that he is afraid he is not saved and that the Almighty will damn him for ever, and that this along with severe pains in his head was the cause of his attempting suicide.

NAME David Paterson.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Great - on account of delusion of bodily disease.

Excitement

Enfeeblement Considerable, facile, intelligence feeble.

Memory Recent & remote much poor.

Coherence Good Can answer questions? Yes, frankly & rapidly.

Delusions of having boils which have undergone mortification & are now only dust.

Other Abnormalities has no desire to live, does not wish to associate with other people, has no inclination to work. Sleep much broken.

Bodily.

Appearance An anaemic poorly nourished man

Skin Sallow Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, David Paterson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887						
16 Feb.						Placed in 2nd Division. Gives a sleeping draught.
2nd —						This patient is very dull & restless. He with difficulty can be induced to speak when his remarks have reference to the voices being only dust.
10th —						He is gradually becoming more communicative although still very unsociable. He eats sleeps well & gives some assistance in the ward.
13th —						The patient is now engaged at out door work and gives satisfaction. His manner is somewhat absent and his general cast of mind is still melancholic but the degree of depression is much less than on admission.
9. March.						He attempted to escape today.
2. May						After a period of comparative cheerfulness and content he has again become depressed and unoccupied. He labours under the delusion that some fluid of an unknown nature is coursing through his body depriving him of all power of motion.
31 Aug:						He is facile and good humoured. will stand chaff to any extent. only laughs good humouredly. Complains that it was rather cold that day he was in the Mill. Often laughs to himself without cause. Still subject to attacks of depressions
6. 10. 86.						In much the same state. he seems to have hallucinations of hearing from the way he acts smiling & muttering when alone.
1. 10. 87.						D. P. is in much the same condition sir as at last entry. He is facile; laughs in a rather a foolish way; has not very intellectual Conversation to offer — is among the Squad & works fairly well.
2 Jan. 1888						No change — a dirty enfeebled fellow.
March 30 1888						This man works with the blacksmith & is in a state of mental exaltation. He is at times foul tongued & abusive. A very excitable fellow.
15 June 1888						Still an excitable abusive & very vain fellow.

NAME, David Paterson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
October 1889						This man shews no change.
20 Dec^r						Still goes on as before & is restless at times. his bodily health is good.
30 Mar. 1890						No change.
12 June 1890						He still works quietly as before.
10 Nov^r						Same state.
14 Nov: 1890:-						Sent to Farm Annexe.

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NAME, John Costello — No.

Admitted, 10th. Febr. 1886 — Pr. Ad.

Sex, Male — Age, 36 — Marriage, Single — Occupation, Baker

Education, Imp. — Religion, Roman Catholic

Private or Pauper, Private — Where from? 12 Gilmour St Paisley.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One — Kind

Duration 4 yrs — Where treated Argyle District Asylum

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Mr Brown

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No.

Duration of Existing Attack A month or two

Other Facts or Remarks

Facts of Medical Certificates

NAME John Costello.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Believes himself to have sinned fearfully & to have great cause for religious dulness.

Excitement Talkative & restless

Enfeeblement

Memory Bad both for recent & remote events & names.

Coherence Very bad of ideas & words. Can answer questions? Yes but irrevalently & incoherently.

Delusions Of identity & of suspicion. Says this is the Argyll & Bute Asylum, accuses his friends & the police of maltreating him. Of exaltation. Says that he baked 10,000 dozen pies in a week. States that his friends are mad & all around him are mad.

Other Abnormalities Conversation largely mixed with obscenity & oaths. Attention very bad.

Bodily.

Appearance Anaemic looking. Has the appearance of a masturbator.

Skin Pale, sallow, cold & moist Hair Black.

Eyes Blue Pupils Equal, small active.

Muscularity Fair Fatness Poor.

Nervous System—*Motor* ~~Normal~~ Fibrillar twitchings of facial muscles.

Sensory Normal

Reflex Action Tendon reflex exaggerated Special Senses Hallucinations of sight & hearing as rats in the air, voices speaking them.

Retina

Lungs

Heart Normal

Tongue Large flabby, thickly furred Bowels Costive.

Other Organs, Abnormalities, Bruises, &c. Crucial scar (old) on vertex of head.

Appetite

Urine

Menstruation

Pulse 72 regular Temp. 98°.67

Height 5 ft 7½ in. Weight 142 lbs

Disease Mania *Skae's Classification* Epileptic Mania

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple 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 Costello

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886 Feb 10						Placed in 3rd Division and ordered 30 grs of Potas. Bromid three times a day. Seven fits occurred during the night & today. The patient is of a morose, fault finding disposition and makes absurd statements e.g. that he has had no food today. His language is more forcible than choice. Delusions of identity — all repressed & of locality —
March 3						There is little change to report. The fits are less severe than at first. The patient's temper is however shorter and his language more abusive — Personal violence is never attempted. He altogether refuses to work.
Aug: 31. 86.						He is still subject to the fits and after them he is always cross and faultfinding in disposition generally has his fits at night. Subject to bilious attacks and Pot. Brom. which was tried again proved too irritating. Was given Sod Brom & Amon Brom.
6. 10. 86.						For the past 6 weeks he has been taking the combination of Bromides and during that time has had no fits. His temper also has much improved and he is very grateful for the benefit received. When in company of other patients his temper is very unreliable and he often rises from the table unable he says to trust himself if dinner and other arrangements are not exactly to his liking.
27/12/86						Costello is little changed for the better. His fits are markedly controlled by the use of Bromides but his ill temper is not. Just yesterday shortly before a fit he struck a fellow patient in the eye. He is constantly grumbling about his food & about his fellow patients.
1887. Feb 26						Costello is at present quiet & tractable but about a month ago was most violent & attacked several patients & the head attendant. He bit one of the attendants on the face without any provocation.
17/6/87.						Quiet & contented & has not had a fit for 2 months. Is having Pot. Bromid grs 30 ter die.
27/6/87.						Costello had a fit this afternoon.
1/7/87.						Costello has been quiet & contented since last

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						fit. He had another this morning.
9/7/86.						Still no excitement. Another severe fit today during which Costello fell & bruised his face.
1 Oct 1887.						J.C. had a great bout of fits the other day chiefly because there had been no bromide in the house - he cut his chin & blackened his eye & became irritable, dazed & restless. A succession of fits left him worse than before. He could talk of nothing else than going home for a time but until today he has not referred to it. He is depressed at present.
- Jan 1888						A nasty violent lying fellow - most dangerous in every way & full of likes & dislikes - everlastingly quarrelling & makes all kinds of false charges.
March 30 1888						No improvement in this case - He is abusive & like all epileptics makes grave charges against the attendants of ill usage.
15 June 1888						No change.
1 October						John Costello is still taking fits & is very irritable & quarrelsome. He is always starting a row.
20 Dec.						This man is a very untruthful fellow & makes all sorts of false charges against pope - he is very irritable
30 Mar. 1889						He is very bad at present with his fits. Fights every one & is highly dangerous.
1 July						Has cut his lip in a fit and is at present in bed.
10 Sept.						Very ill & comatose. his friends telegraphed to - In status epilepticus
18 November						This man is still restless and in bed but much better in every way
7 March 1890.						Very exaggerated knee jerks. Triceps & wrist jerks etc. Still in bed. Fits at night several times a week

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NAME, Andrew Clow. No.

Admitted, 22nd February. 1886. Pr. Ad.

Sex, Male. Age, 31 Marriage, Single. Occupation, None.

Education, 2 years at Larbert Institution for Imbeciles. Religion, Protestant.

Private or Pauper, Private Where from? Cambusnethan.

HISTORY.

Condition.

Disposition Cheerful and Frank.

Habits Steady.

Previous Attacks—No. Kind

Duration Where treated 2 years. Larbert Institution for Imbeciles

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Perhaps convulsive seizures in infancy.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No.

Duration of Existing Attack Since birth in infancy.

Other Facts or Remarks

Facts of Medical Certificates

I. Inability to manage his own affairs, childish habits, totally unable to converse with any one.

II. Inability to conduct himself properly in company. Unable to manage any business for himself. Requires constant attendance and supervision by his brother.

NAME Andrew Clow.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Childish. Docile Easily pleased. Easily managed. Requires direction and supervision in the most trifling matters.

Memory Cannot be tested.

Coherence Can answer questions? No.

Delusions None expressed.

Other Abnormalities

Bodily.

Appearance Well nourished. Ruddy. Vacant meaningless expression.

Skin Healthy. Hair Brown.

Eyes Blue. Pupils Equal. Regular in outline. Contract freely.

Muscularity Fair. Fatness Fair.

Nervous System—*Motor* functions generally impaired - Locomotion imperfect Can feed and dress himself, but slowly. He is dumb.

Sensory functions impaired.

Reflex Action Good. Special Senses Hearing dull.

Retina

Lungs Healthy.

Heart Healthy.

Tongue Large. Slowly protruded. Clean Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine Contains no abnormal constituents

Menstruation

Pulse 74 - Of good character. Temp. 98. Evenly.

Height 5 ft. 6½ inches. Weight 155 lbs.

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.
									Yes.

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NAME. Andrew Clow.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
23·2·86.		98.		74	155	This is an imbecile. Probably a congenital case. He is harmless, and docile. A creature of habit. Cleanly. He is dumb and his hearing does not seem to be acute. He expresses his wants by signs. He has a good appetite. Slept well last night. He is in High West Gallery and sleeps in dormitory. —
24·2·86						He was sent out yesterday with the gardening party but was not able for the work. —
17·5·86.						This patient is quite at home here now. He is perfectly harmless. Has parole within the grounds - He is very happy and contented — He works with the gardening party daily, lighter work having been found for him. —
14·9·86.					163.	
Dec 27th 86						No change in Mr Clow. He is quiet & harmless
Dec 14th 86					162	works with the gardening party daily & uses the broom a good deal in the galley. He is cleanly in his habits. His speech is almost unintelligible being merely a succession of grunts. His bodily health is good.
14/3/87.					154	
14/9/87					149	No change in Mr. Clow's condition. He has parole in the grounds. He is never happy except when he is in Mr Fraser's company, and the two are always together in the grounds. He has been taught to hum tunes, and is always ready to sing a song when asked.
14/12/87					147.	Mr. Clow is well. Since Mr. Fraser left, Mr. Clow has made a companion of Mr. Wilson, who is also dumb. He is contented & docile.
30/3/88					148	No change to report.
20/7/88					153.	
15/9/88					151	
20 Feb 89						No change.
25 April					152	No change
July 30th 89.					146	Is contented and quiet. Has been in fairly good health lately.
Sept. 30th 89.						No change worth reporting.

NAME, Andrew Clow

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 1 -					157	
Feb 1					143.	Bodily health fair -
July 1						Works with others at cutting grass.
14·10·90						There is no change to report: is quiet and harmless.
5·2·91						Went to Kinmount today
19·10·91						Returned from Kinmount in good bodily health.
23·7·92						Mr. Clow is happy and contented: laughs to himself and hums tunes occasionally. Bodily health good
1·9·92						Has been at Kinmount - returned to-day.
12·11·92						No change
3·5·93						No change At present at Crichton Lives chiefly at Hannahfield.
2·5·93						Good bodily health no mental change At Hannahfield.
20/7/95			74			Patient is out working in the grounds Sleeping & eating well. Pulse regular No mental change.
2/12/95.						Went to Kinmount on 23rd of this month. Is in same mental condition
February 13th 1900:-						In second house: He is quiet and unobtrusive happy & contented. In good bodily health: He sleeps & eats well & is cleanly in his habits & able to do everything for himself.
July 28th 1900						Works in the greenhouses at present: He is happy & easily managed Gives no trouble. Cleanly and tidy. Easily pleased & contented. Sleeps & eats well.
Jany 20th 1901						No change in good health
Jany 30th 1902:-						He has been in good health all year & has been working constantly in the garden. He has recently been blamed by the gardener for smashing up a stone eagle which stood in the Crichton House rose garden. This we consider very doubtful as he has shown no impulse or mentality.
1903 July 10						No Chang. works in Crichton Ho-garden.
1904 March 1st						Keeps in fair health. No Chang mentally.

SEE CHRONIC CASE BOOK

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NAME, Anthony Shilland. No.

Admitted, 3rd. Feb. 1886. Pr. Ad.

Sex, Age, Marriage, Occupation, Blacksmith

Education, Religion,

Private or Pauper, Pauper Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Three Kind Mania (Alternate & Impulsive)

Duration 3/5/60 &c ; 20/9/71 - 26/6/72 ; 12/6/78 - 29/7/79 Where treated S. C Asylums.

Hered. History—Insanity Sister died of Puerperal Mania

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 Anthony Shulland -

STATE ON ADMISSION.

Mental.

Exaltation Slight - of being perfectly well

Depression

Excitement Very restless - Apt to enforce emphatic remarks with a blow, extremely talkative -

Enfeeblement

Memory Impaired for ~~events~~ names -

Coherence Fair - Can answer questions? Yes

Delusions Transient - of bodily injury inflicted on him - of identity.

Other Abnormalities Very variable disposition: jovial and irritable by turns within a few seconds - Resentful - Suspicious -

Bodily.

Appearance Sanguine temperament -

Skin Healthy - Hair Grey

Eyes Blue Pupils Equal, regular active -

Muscularity Good - Fatness Good

Nervous System—*Motor* Slight thickness in articulation - Fibrillar trembling of tongue -

Sensory Normal

Reflex Action Lower than average - Special Senses Hallucinations of hearing - voices urge him to attack others -

Retina

Lungs Normal

Heart Sounds somewhat impure but no distinct murmur -

Tongue Slightly furred - Bowels Costive -

Other Organs, Abnormalities, Bruises, &c.

Appetite Good -

Urine Normal

Menstruation

Pulse 80 - Temp. 98°-6 F

Height 5ft-6in - Weight 168lbs -

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, Anthony Shilland.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						
3 March						Placed in 3rd. Division.
4 "						He is well satisfied with his surroundings but is very restless & altogether refuses to answer questions about his delusions or hallucinations. It is obvious however from his impulsive movements that he is either impelled by voices or by delusions.
6 "						Today on the dining hall he without any provocation hurled a pile of plates at a fellow patient's head. On being asked to state if voices impelled him to do this he hurled a chair at the reporter & endeavoured to attack him violently. By persuasion he was quieted but any approach towards finding out his delusion produced ungovernable fury.
7 March						He refuses to work and threatens violence to various attendance. On the whole however if left alone he conducts himself quietly.
10 March						He states that he is the man with the big eye & when the King of Glory judges the earth he will look after the reporter and get him taken care of & put all right. From his manner of speaking he presumes that everyone knows who he is & is insulted if they ask questions.
18 "						If coaxed to do household work he does it with spirit and will attempt almost anything as a favour but an order he resents.
25 "						He was today sent to Garden work - wheeling a barrow - the attendant being specially warned not to trust him with a spade or to annoy him with high handed treatment.
27 "						In consequence of a disagreement with the attendant he seized a spade and struck him a blow on his head with it. Fortunately no serious damage was done. The patient has been sent to the sick room.
2. May						Since last report his conduct has been satisfactory. If not spoken to or paid any attention to he causes no trouble but numerous delusions are present of an exalted & suspicious nature and hallucinations of hearing are complained of. His manner is now becoming more unsatisfactory and he expresses resentment at being detained here stating that "the eternal arrangements" have been made for his removal
16.10.86.						For two or three months Anthony has behaved well

NAME. Anthony Shilland

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						working hard and shewing no signs of Violence or bad tem: per He was intimated to the Inspector as fit for: discharge. and discharged Recovered.

NAME, Frances Stirrat. No.

Admitted, 8th March. 1886. Pr. Ad.

Sex, Male. Age, 74. Marriage, Married. Occupation, Retired Grocer.

Education, Fair. Religion, Protestant.

Private or Pauper, Voluntary. Where from? Dalry. Ayrshire.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Francis Stirrat.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Says he has lost all interest in his surroundings. Cannot apply himself heartily to work or amusement.

Excitement

Enfeeblement

Memory Good for recent and remote events.

Coherence Good. Can answer questions? Yes, quickly and intelligently.

Delusions None.

Other Abnormalities

Bodily.

Appearance Stout active old man.

Skin Rather pale. Hair Grey & scanty.

Eyes Watery. Blue in colour. Pupils Equal, regular in outline; active.

Muscularity Good. Fatness Increased.

Nervous System—*Motor* Normal.

Sensory Normal.

Reflex Action Normal. Special Senses Normal except upright which is failing.

Retina

Lungs Healthy.

Heart Healthy.

Tongue Clean. Bowels Slightly constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine Healthy.

Menstruation

Pulse 74. Good character. Temp. 98.2. Axl.

Height 5ft. 3½ inches. Weight 180 lbs.

Disease Hypochondria *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, Francis Stirrat

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9.3.86.	982		74.		180.	This patient is a typical hypochondriac He is a man of large build and is in good health and active for a man of his years but he fancies he is the subject of serious internal disorders. This idea keeps him awake at night and he often rises in the morning unrefreshed. – He is generally depressed early in the day but as it wears on he gets more cheerful –
10.3.86						He gets R/. Tr. Nucis Vom. ℥ii, Infus Quassiae ℥xii, a tablespoonful 3 times daily before food. Also – R/. Ext. Cascar Sagrad. gr 5. Ext. Nucis Vom gr 1/4, Ext. Belladonnae gr 1/4 – One pil every ~~[illegible]~~ alternate morning.
15.3.86.						He feels better. Takes a walk of four or six miles every afternoon with a fellow patient.
25.3.86.						Mr. Stirrat continues to progress favourably –
5.4.86.						Mr. Stirrat is doing very well. Every morning at the medical visit he gives a minute account of his sensations and of how he passed the night. In the afternoon he brightens up and takes a long walk. The evenings he generally spends in the billiard room, looking at the game as he does not play.
16.4.86.						Mr. Stirrat is not so well. He complains of pain in the left lumbar region, very indefinite. Linseed poultice applied with great benefit – Felt much better in the afternoon, went for a walk – The pain left him in the evening & he went to the billiard room.
17.5.86.						Mr. Stirrat has not complained of the above mentioned pain for the past month.

NAME, Francis Stirrat.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He is better and believes himself to be so. – He takes ~~a~~ ~~much~~ 30 drops of Lint Coca three times a day. He walks outside daily in fine weather with a fellow patient.
						Discharged himself.

411

NAME, James Thomson No.

Admitted, 10th. March 1886. Pr. Ad.

Sex, Male Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME James Thomson.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Slight, on account of delusions –

Excitement Restless, talkative,

Enfeeblement Considerable – Slow perception.

Memory Impaired especially for names

Coherence Apt to become incoherent Can answer questions? Yes

Delusions Of identity e.g. that Head Attendt. is the Divorce. Of bodily injury e.g. that attempts have been made & are going to be made to hang or shoot him & of Inspection e.g. that the Matron of Muirhead's Hospital is scheming against him to get his property –

Other Abnormalities Rambling – Takes little or no interest in his actual surroundings –

Bodily.

Appearance A decrepit old man in senile decay.

Skin Yellow, wrinkled. Hair White – Scanty.

Eyes Blue – arcus senilis well marked Pupils Equal

Muscularity Fatness

Nervous System—*Motor* Speech thick – Gait ~~spastic~~ feeble & jerking, walking being chiefly effected on his heels. Great unsteadiness in locomotion. Intense debility of muscles –

Sensory Impaired – slow & feeble –

Reflex Action Special Senses Hallucinations of hearing e.g. voices & of sight e.g. birds & beasts in the air.

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp. 98°.4 7

Height 5ft. 4 in. Weight 140 lbs.

Disease Not found Insane *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

413

NAME. James Thomson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1884 March 10						Placed in Sick Room —
" 11						Passed a restless night. Is more cheerful this morn on admission. Delusions of identity continue but are much varied as are also his other delusions. He has been ordered extra diet
" 25						This old man became quite settled with rest in bed, an occasional sedative & plenty of nourishing diet. His case was reported to the Board of Lunacy as being a curable one of Senile Decay & he was accordingly this day discharged

Not Found Insane —

NAME,

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

415 fne

NAME, William Joseph Woodcock No.

Admitted, 18th. March 1886 Pr. Ad.

Sex, Male. Age, 28. Marriage, Married. Occupation, Commission agent.

Education, Fair. Religion, Protestant.

Private or Pauper, Private. Where from? Cork.
Osborne's Asylum. Blackrock.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Depression. Inability to concentrate his thoughts on business.

Bodily

Recent.

Mental Increasing depression - Refused to speak, to eat, & Retained his urine & faeces. - Violence in language & action. - Delusions.

Bodily Obstinate constipation.

Insane Habits and Propensities Refusal of food.

Suicidal No.

Dangerous Yes. Has assaulted his wife & others.

Duration of Existing Attack About one year.

Other Facts or Remarks

Facts of Medical Certificates

NAME William Joseph Woodcock.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Swears loudly when spoken to - attempts to assault those who meddle with him.

Enfeeblement Considerable - Sits sullenly - Passes his urine and faeces in bed or in his clothes.

Memory

Coherence Can answer questions? Refuses to do so but is probably capable of answering them.

Delusions That he is dead & buried.
That he is tormented by devils in human form.

Other Abnormalities

Bodily.

Appearance Short, rather stout man, very dark with a perpetual scowl.

Skin Dark, healthy. Hair Luxuriant, coal black.

Eyes Dark. Pupils Equal, regular, sluggish.

Muscularity Good. Fatness Considerable.

Nervous System—*Motor* Sluggish - Tongue tremulous.

Sensory Apparently moderately acute.

Reflex Action Dull. Special Senses Deaf on left side.

Retina

Lungs Healthy.

Heart Healthy.

Tongue Foul. Bowels very constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite Bad. Refuses food.

Urine Normal.

Menstruation

Pulse 76. Of good character. Temp. 98° Fah.

Height 5ft 6 in. Weight 162 lbs.

Disease Amentia *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.
	4/10.							4/10.	4/10.

NAME, William Joseph Woodcock.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886.						
19th March	98.		76.		152.	He is quiet, rather sullen unless when addressed when he swears, calls the speaker a devil and becomes very excited. Refuses his food.
20th March.						Still refuses food. Swears terribly. Strikes if irritated in the very least.
23.3.86.						Commenced to eat today. Bowels freely moved by castor oil.
4.4.86						Takes his food well. Has delusions. Does not swear so much. He is very dirty passes urine & faeces just where he sits.
7.4.86						Transferred to 2nd House.
17-4-86						He is restless and mutters to himself but when spoken to gives pleasant and intelligent answers. His memory is good. No sign of violence has been observed since his transfer to the 3rd Ho. His eats well but behaves eccentrically at meal times e.g. throwing a spoonful of soup into the air or at another patient. His habits are dirty.
2-5-86						His tendency to "swear at large" was not manifested for several days after his transfer to the 2nd House. Of late he has become very destructive tearing table clothes twitching off buttons, making furniture & so forth. One day he placed his feet in the fire in order to burn his boots off.
Aug 31. 86.						He is a sullen looking object but seems not dangerous. Never seems to talk or swear at all. Is very troublesome on account of the constant habit of passing urine & faeces where he sits. Will not answer questions.
16th October						He has rather improved during the last week but is still sullen and quiet picking at wall &c. At times he takes to reading the Bible or looking over old Graphics &c and is much more communicative. He can talk a little about what he reads about. His favorite talk is about his wife whom he praises as a splendid woman with such a large family so many he couldn't count them — His pupils continue widely dilated and his habits are dirty & destructive.

NAME, William Joseph Woodcock.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 8th						This patient is now cleanly in his habits. He smokes & reads a good deal. He has rather grand ideas of his former position & says he was agent for about 30 or 40 large firms which he names. He wrote a letter to his wife this week in which he enumerates a large number of goods which he was going to buy for his own use. such as Gold rings rubys & diamonds, wines of all kinds & clothes of all kinds. There is a marked tremor of the hands & a slight fibrillary twitching of the upper lip during speech but as yet articulation is quite distinct. Pupils widely dilated. There is marked tremor & loss of power in the Extremities — The gait is tottering. The patient is evidently a general Paralytic. Masturbates to great excess.
Dec 9th					132	Removed to First House.
Dec 22						Mr Woodcock is intensely satisfied with his new abode. & thinks that only a visit from his wife is required to make his happiness complete. He is erratic in his ideas & shows this tendancy in his letters.
Mar 31st						During his say in the 1st House Mr Woodcock has improved greatly mentally. He has become more observant & his judgement is more accurate.
{Apr 15					151}	He is not so satisfied with his surroundings as before. & criticises the behaviour of his fellow patients very cleverly. He has been paired with Mr Grubbe for outdoor exercise & he thoroughly understands the gentlemans peculiarities & imitates him to a marvel. He is still very self satisfied & has a high idea of his business powers. He is never done recounting the excellencies of his wife & children & always insists on reading his wifes letters to officials. In fact he never loses an opportunity of talking about his private affairs. In health he has much improved. His writing is much steadier than formerly & he does not now omit words ~~than~~ & letters. His gait is still unsteady & straddling but much less so than formerly. His hands still tremble & his tongue is unsteady but no tremor of the lips is observed.

See Pages 822.

NAME, John Graham No.

Admitted, 30th March 1886 Pr. Ad.

Sex, Male Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Private. Where from? Murray Royal Asylum, Perth

HISTORY.

Disposition Frank, confiding

Habits Confirmed masturbator

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Causation.

Symptoms. First.

Mental Depression.

Bodily

Recent.

Mental Delusions of a religious nature - delusions of suspicion.

Bodily

Insane Habits and Propensities Masturbation. attempts to drink his urine.

Suicidal No.

Dangerous No.

Duration of Existing Attack. Congenitally weak minded. In asylum since 19th June. 1885.

Other Facts or Remarks On 19th June 1885 he was admitted into Murray's Royal Asylum Perth with a history of depression, inability to overtake his work, simpleness and delusions. Had always been weak minded and was a confirmed masturbator. About 2½ years before admission he had gone to Australia & without deriving benefit returned home visit before admission. After admission was dull & masturbated a great deal, was circumcised. Since 1st Jan. 1886 has improved a little.

Facts of Medical Certificates

NAME John Graham –

STATE ON ADMISSION.

Mental.

Exaltation Slight

Depression

Excitement

Enfeeblement Considerable –

Memory Good

Coherence Incoherent at times – Can answer questions? Yes but in an irrevelant and unintelligent manner.

Delusions Of identity – e.g. said he knew me & that my name was James –

Other Abnormalities Endeavours to attract attention by appearing to be more insane than he is. Uses words which have neither sense or meaning in the connection in which they are employed. Exhibits a childish interest in toffee & bonbons at irrevelant times. Great freedom of manner.

Bodily.

Appearance Well nourished man of sanguine temperament –

Skin Florid, sunburnt. Hair Dark red –

Eyes Blue. Pupils Equal, regular, active

Muscularity Very good. Fatness Good.

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal.

Retina

Lungs Normal

Heart Normal

Tongue Clean Bowels Open regularly.

Other Organs, Abnormalities, Bruises, &c. Old cicatrix of intrusion character on dorsal aspect of left ankle joint.

Appetite Good.

Urine

Menstruation

Pulse 76. Temp. 98°.6 F.

Height 5 ft. 5 in. Weight 154 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, John Graham

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						
March 30					154	Sent to High East.
" 31						Slept well + takes his food well. He is anxious to start some kind of outdoor work eg wheeling barrows. When another patient was asking for some remedy for rheumatism he recommended a mixture of "Nemo me impune lacessit" and "Homi sort qui mal y pense". He indulges largely in nonsensical talk of this sort.
Ap: 11.						He is exceedingly silly at all times. He tries to be obliging and sometimes his kindness is very overpowering. For instance if one prepares for a smoke in his presence, he at once goes to seek a spitboon. He has more than once said grace at dinner after the Chaplain with a loud voice. He has also appeared at meals wearing white kid gloves. Attempted to drink his urine and upbraided the attendant for spoiling it by diluting it with water. He works in the garden for the half day with the party daily.
17.5.86						This patient is a capital garden worker at which employment he is engaged daily. He is very talkative and fond of laying down axioms and giving advice. He very soon becomes incoherent if allowed to talk on but if confined to short sentences or questions he is tolerably coherent. His writing is utter nonsense.
{14/9/86					154}	Mr Graham is much on the same condition as formerly. He is perfectly contented & happy &
2/1/86.						
{14/12/86					144	reads a great deal though probably without much understanding. He works well with the gardening party & delights in the work & is always ready to launch into extravagant praises of such work. He has says he intends to write a book which will regenerate society & that John Graham's name will be a household word which will replace Milton, Shakespeare &

NAME. John Graham.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						all others. He attends the Dance & Drawing room parties & is alternately effusively polite & grandly distant in his behaviour. His dancing is a prolongue imitation of the stately grace of the good old days. His singing is a bar longer but he is firmly persuaded that in both these exercises he is unsurpassed.
14/1/87					155	
14/1/87					176.	No change in Mr. Graham's condition.
14/2/87					166	Mr. Graham is becoming more demented. He is quite idle, and has given up reading. He comes to the dances and card-parties, but takes very little part in them. He became somewhat excited at a recent drawing-room party, and almost pushed one of the ladies into the fire. He answers simple questions, but his conversation is silly and quite incoherent. He does not incline to speak much, and never sings now.
303/88					171	He sits in idleness, smiling to himself, and rarely speaking. He has an inexplicable habit of keeping his right hand constantly bound up in his handkerchief, and a habit of wheeling round about while walking.
267/88					164	Is now hopelessly demented.
29/88					160	
25th April					138	He is failing in bodily health & getting weak.
July 30th 87.					144.	Is still in weak health but better than he was - Works daily.
Sept. 30th 87.						Is very dirty in his habits and person - More stupid than he was 6 months ago.
Nov 1					137	
Feb 1					162	
July 1						Demented - occasionally has been excited & dangerous - very dirty - never wipes his nose. Is static pow - always has that error with crumbs - eats about 3 dry bread.
Oct. 18						
14.10.91						Mr. Graham is totally demented. never speaks. is most filthy in his habits - often covering his face with feces.
27.10.91						No change: good bodily health.
21.6.92		101				Mr. Graham is confined to bed at present suffering from sore throat.
27.7.92						He is in his usual health again.
12.11.92						No change - dirty in his habits.

Cont. Page 898

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NAME, John Mc Ghie No.

Admitted, 31st March 1883 Pr. Ad.

Sex, Male Age, 46 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

NAME John McGhie

STATE ON ADMISSION.

Mental.

Exaltation Great - States that almost all the land in Galloway belongs to him and that he possesses £500.

Depression

Excitement Talkative.

Enfeeblement

Memory Good.

Coherence Fair for ideas good for words. Can answer questions? Yes freely & frankly.

Delusions Of grandeur & of suspicion. e.g. of enormous possessions, and of his food being such as to cause bodily diseases. Delusions of suffering from inflammation of the stomach & bowels.

Other Abnormalities

Bodily.

Appearance Fairly nourished man of sanguine temperament. Prematurely aged looking

Skin Fluid

Hair Scanty & grey.

Eyes Blue

Pupils Contracted to pin points. Scarcely respond to light. Left irregular in outline

Muscularity Poor

Fatness Fair.

Nervous System—*Motor* Tremulousness in locomotion & articulation and in muscles of expression and in tongue.

Sensory Impaired.

Reflex Action Impaired.

Special Senses Hallucinations of hearing and of sight. e.g. voices heard & men in seen.

Retina

Lungs Normal

Heart Normal

Tongue Cleaning fur, fibrillar & other tumours

Bowels Costive.

Other Organs, Abnormalities, Bruises, &c. Recent black bruise 3 in x 2 in on left shin.

Appetite

Urine

Menstruation

Pulse 80

Temp.

Height 5 ft. 7½ in

Weight 138 lbs

Disease GP

Skae's Classification

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B 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 Mc Ghie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						
March 31						Placed in 1st. Division.
April 1.						He spent a restless night and in the morning was very tremulous in all his motor actions. He takes his food well.
" 8						Debility is advancing very rapidly: the patient is scarcely able to get up. The facial expression is seeming "wiped out" and his facial muscles and tongue are constantly twitching.
" 15						After some days in bed he has improved considerably and the signs of loss of co-ordination have become less manifest. He is under the impression that he is in most excellent health.
2-5-86.						Considerable improvement in the patient's strength has been made. He is however prone unfit for work. Motor incoordination is now chiefly confined to the tongue.
Aug: 31. 86.						Patient is healthy looking and well nourished. Febrillary contractions of lips and tongue. Pupils contractile. Trembling of hands and an uncertain gait. Talks in a feeble complaining way of the injustice of keeping him here when he might make so much at the harvest and "among the mobs".
6. 10. 86.						No change. He is subject to fits of sulky Complaint but is easily pacified. Practices keeping his tongue steady as he has been told he will get Home when he can put it out without trembling
16. 10. 86.						He has been shewing less self control lately. At one moment he is laughing over the dullness of another patient: the next he is weeping bitterly because he is kept in this way and not allowed to cut his corn which is simply wasting in this weather and not allowed to help to reap the mobs.
7/12/86.						Marked tremor of facial muscles & tongue. Speech very incoordinate. Gait markedly ataxic & there is great unsteadiness in his arms. Patellar reflexes are diminished the left is more marked than the right. Sensation is acute rapid & correct. Left pupil much larger than right but both are much contracted & sluggish in reacting to light & in accommodation. Mentally the patient is

NAME, John McGhie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						generally unaltered. He is constantly groaning over his detention, but he is easily lead away from this subject & in a few moments can be made quite jovial. He does not now exhibit ~~much~~ any exalted notions of his possessions or personal prowess. But he firmly believes that he is as well as ever he was in his life & quite able for his work.
Dec 24						Slight increase of paralysis noticed to day with marked weakness on the left side, increase of incoordination & some mental torpor. Probably the patient has had a congestive attack during the night.
Dec 27						The increased symptoms are not now noticeable. Patient has returned to his usual condition.
1st Oct 1887.						J. McG. is in a state generally of mental exaltation – sometimes depressed but too facile to last at either – the 1st predominates. He laughs scornfully at people who need doctors & says he has never needed one all his life & his health is "splendid" – Has a great idea of his healthiness & capability for various things including sword exercise. His pupils are very unequal. His muscular tremor increases in amount & distribution. J. McG. is in the habit, 2d daily of announcing his intention of going home in that day – he is never disappointed at any promise not being carried out
2 Jan 1888						J.M. is gradually breaking up. He is still exalted – no clothes are good enough for him to wear
19 May 1888						Died of G. P.

427 Enex7

NAME, Alexander Moodie Hutchison No.

Admitted, 31st March 1886 Pr. Ad.

Sex, Male Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Private Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Alexander Moodie Hutchison

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Slight. Constant chattering and restlessness

Enfeeblement Great. Perception, ideation, judgment & memory all very seriously impaired, making him simply a fatuous dement.

Memory

Coherence Complete. Can answer questions? Not intelligently - only mutters incoherently when spoken to.

Delusions Of identity?

Other Abnormalities Subject to burst to slight irritability. Habits dirty.

Bodily.

Appearance A fat heavy dement with bent shoulders & slovenly gait.

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight

Disease Dementia *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

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NAME, Alexander Mordie Hutchison

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						
March 31						Placed in Johnson ward, 2nd House –
April 17						he requires constant attention on account of filthy habits such as drinking the contents of a spittoon and eating filth. His personal habits are cleanly. There is no tendency to violence. No apathy is perceived.
2-5-86						In feeding he lets his food fall on his clothes and at all times he pays practically no attention to his dress or surroundings
6-10-86.						In much the same condition requires to be watched closely constantly.
2/1/86.						Very slight improvement in this case. He still soils his clothes unless very closely watched & requires constant vigilance to prevent him eating filth &c. He is completely demented rarely speaks but usually sits in a corner noticeably with his head bowed. The expression of his face is brutish & he never takes his eyes off the ground. He never becomes excited or violent. Bodily health is fair
6: 2: 92						Died of Pneumonia. 9 days duration.

Died.

NAME,

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

NAME, Peter Agnew No.

Admitted, 13th April 1886 Pr. Ad.

Sex, Male Age, 35 Marriage, Single Occupation, Mason

Education, Religion, Protestant

Private or Pauper, Private. Where from? Grey Hill, Old Luce.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity None are insane

Other Diseases Sister neurotic

Predisposing Intemperance and over fatigue

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Doubtful.

Dangerous Might be as he has to be restrained

Duration of Existing Attack One month.

Other Facts or Remarks

Facts of Medical Certificates I Thinks the house was on fire, that he is mesmerised, and all the people round him that this is the last day. Talks gibbrish & is so restless & excited that he requires constant watching and restraint night & day

His father informs me that he thinks three men place themselves on the ceiling of the house and keep him mesmerised &c.

II He has a wild deranged expression, makes continual attempts to get out of the house. Today he broke a window in the attempt, he signed the wrong paper and the last day is come, wants people to get away as the sea is rising. He is very violent & requires to be restrained by force & [illegible]

His mother states that he is always wanting out and would go through the window unless restrained. Is continually talking about the last day and the Saviour & requires to be held by force. Today he attempted to scratch [illegible]

NAME Peter Agnew

STATE ON ADMISSION.

Mental.

Exaltation Great. Believes himself to be a King.

Depression

Excitement Restless, talkative & apt to struggle.

Enfeeblement

Memory Fair

Coherence Bad.

Delusions Of grandeur, of suspicion e.g. that people are combining against him, of unseen agency - e.g. mesmerism & of identity. e.g. stated that the Deputy was an old friend of his

Can answer questions? Yes with coaxing. His answers are usually incoherent jabbering which is said by him to be the language of his own family -

Other Abnormalities

Bodily.

Appearance

Skin

Hair

Eyes

Pupils

Muscularity

Fatness

Nervous System—*Motor*

Sensory

Reflex Action

Special Senses

Retina

Lungs

Heart

Tongue

Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse

Temp.

Height

Weight

Disease

Skae's Classification

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, Peter Agnew

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						
13 April						Placed in Sick Room. Given an enema + purge.
14 –						He slept 4 hours. Early in the morning he was quiet and inclined to have delusions of identity + be suspicious. Later on he became noisy + gesticulative. He sang to well known tune doggerel of his own impromptu composition. Ordered exercise outside he gave great trouble by his obstinacy and attempts to go where he could not be allowed to go. There is a sort of hesitation in his speech + tendency to slur some of his words which together with his facial impression suggest General Paralysis. His tongue is steady + his pupils equal, regular in outline + action.
15 –						Morning depression was today followed by violent excitement about noon and by a quiet + docile condition toward evening. He has delusions of identity e.g. calls Miss Bruce (the Matron) "Maggie"
20-4-86						He is now quiet although affected with delusions about being acted on with mirrors. He has
2-5-86						Slight but persistent depression is still present but no excitement is now observed. He works fairly well in the farm + expresses no delusions. No sign of incoordination can be detected.
6.10.86.						He is now very quiet, answers questions unwillingly and feebly. The slur in his speech is marked, and there is considerable fibrillar tremor in facial and tongue muscles. The pupils are regular just now, there is some slight incoordination at times of arms and hands but his gait is good. There is no delusion of grandeur.
5/11/86						Patients health continues very good. He works regularly + well though slowly. He is rather dull + in low spirits but does not complain. When question about his delusion of mesmerise influence he seems to ~~doubt~~ believe still that he is at times mesmerised + evidently quite believes that at one time he was so. His face is very expressionless might almost be called wooden in its expression. There is the slightest possible tremor occasionally in the upper lip when the patient speaks

NAME. Peter Agnew.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						His comprehension is very slow & his answers slow & wide of the mark. He looks very scared. He still appears very slightly suspicious of those about him but is quiet & harmless.
Nov 16th						The patient was discharged relieved.

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NAME, David Ferguson — No.

Admitted, 19th April 1886 — Pr. Ad.

Sex, Male — Age, 52 yrs — Marriage, Single — Occupation, Farmer

Education, — Religion,

Private or Pauper, Private — Where from?

HISTORY.

Causation.

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

Symptoms. First.

- Mental
- Bodily

Symptoms. Recent.

- Mental
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME David Ferguson -

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions? Yes Got into great rescue, caution and circumspection lest he should commit himself -

Delusions

Other Abnormalities Absent-minded. Will stand in one position for ½ an hour or more until aroused by being spoken to -

Bodily.

Appearance

Skin — Hair Greyish red.

Eyes Blue — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine Phosphatic

Menstruation

Pulse — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

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NAME, David Ferguson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886 19 April 2-5-86						Placed in 1st Division. This man answers questions rationally and in almost every respect he is sane. But his emptying power seems lost at the lowest ebb, he almost never spontaneously performs any action & even when directed to do a definite thing he will stop after having commenced it and remain in one posture until aroused. In this respect he is unable to look after himself. His memory is considerably impaired. The general impression the case gives is that of a masturbator although no bad practices have actually been observed —

Discharged

NAME,

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

NAME, Henry Hughes No.

Admitted, 19th April 1886 Pr. Ad.

Sex, Male Age, 53 Marriage, Married Occupation, Garden Labourer

Education, Religion, Roman Catholic

Private or Pauper, Pauper Where from? Mitchells Lane Maxwelltown. Troqueer.

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 Yesterday after church he made himself a corked hat out of a newspaper & pulling his trousers above his knees preached at the Sheet corners in Maxwelltown - By Sergt McKay, Maxwelltown Police -

Two years ago he collected a number of scythes etc on a Sunday & went into the country to harvest this was about November - (Sergt McKay)

Facts of Medical Certificates

NAME Henry Hughes

STATE ON ADMISSION.

Exaltation Mild exaltation of a religious type. He advocates sharing all his possessions with the poor and always laying eye something to give to those in need. Says his chief object in life is to make himself generally useful to Christian Dreadnoughts & to find out every example of the "square" and "plenty".

Depression

Excitement

Enfeeblement

Memory

Coherence Imperfect at times

Can answer questions? Yes but apt to give somewhat incoherent replies.

Delusions

Other Abnormalities

Appearance

Skin

Hair Iron grey, abundant.

Eyes Blue. Partial cataract of right eye.

Pupils Equal, active.

Muscularity

Fatness

Nervous System—*Motor*

Sensory

Reflex Action

Special Senses

Retina

Lungs

Heart

Tongue

Bowels Haemorrhoids

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse

Temp.

Height

Weight

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, Henry Hughes.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						
19 April						Placed in the First Division.
20 -						After a good sleep & good breakfast he at once engaged in garden work. He is an affable diligent man.
2-5-86						There is no change to report except in his improvement of his bodily condition. Apart from his persistent religious exaltation and his general content with his surroundings there is nothing to report on the case
6th 10. 86.						He still Entertains some half hidden delu: sions about his mission in the world but is o: therwise quiet and well behaved. After Exami: nation by the Parochial Board he seemed to them fit for discharge and has been discharged by Minute of the Board.

Discharged Relieved

NAME,

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

NAME, David Sewright. No.

Admitted, 20th. April 1868 Pr. Ad.

Sex, Male Age. Marriage, Occupation,

Education, Religion,

Private or Pauper, Pauper Where from? Rutherwell.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME David Lowright -

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement Slight. Perception and ideation are very slow

Memory

Coherence Can answer questions? Yes.

Delusions

Other Abnormalities This patient is only feeble suicided from Paralysis. He is not insane

Appearance

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

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NAME, David Sevenright

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887						
20 April						Placed in Sick Room.
28 "						There is no evidence of actual insanity in this case. He is a feeble minded paralytic.
13 May.						He is anxious to get away. His bodily health is improving.
24-5-87						Dr Rutherford reported to the Inspectors for leave in his opinion the patient was only weak minded not a fit case for asylum treatment
28-5-87						In the representations of the Parish Minister Dr Rutherford has determined to retain this case in the Asylum.
10-9-86.						A most interesting series of bodily symptoms is present in this case. The history given is that he was knocked down by a travelling mill and had his head injured in some way. No scar is present. When sitting quietly patient sits straight up with his head bent forward and his arms in front of him. When spoken to he tries to throw his head back but succeeds only very partially in doing so. On trying to look at the speaker he has great difficulty in opening his eyes but blinks away in a remarkable manner. On trying to stand up and still more when he attempts to walk well marked muscular disturbance is present. His legs will only advance a few inches in a step and even this is made in a shuffling way with bent knees, trembling muscles and bowed body. At the same time the exertion required seems to affect other groups of muscles. The fingers of both hands work away as in a patient affected with Athetosis in a slow clawing motion. The eyebrows and eyelids are equally affected and work violently all the time. When his tongue is protruded it passes to the left side and the uvula hangs to the right. Any stimulus applied to the muscles of the legs sets up long continued clonus
Dec 10th						Speech is slow & jerky when it comes. Many futile efforts precede the actual articulation. The fault is that of spastic paralysis. The case is making

NAME, David Sevwright

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						respects looks like Multiple Cerebro Spinal Sclerosis.
Apr 27 28/87		100°		90.		To day operated on for piles by clamp & cautery. Restless all night. attempting to defecate - Took food well to day. Morphia suppository - in evening.
29/87	100°	100°	80.			Quiet all night. no pain to day - taking food well.
17/87						Such recovered & has suffered no inconvenience from 'the piles' since operation. A small external pile still remains.
1 Oct. 1887.						D. S. is much as before - his gait is very peculiar - he puts his head forward, stoops, his arms & hands stiffened & straight ~~&~~ hands spread out like claws, back rigid & ~~at~~ body bent at an angle with his legs, he shuffles along as his feet were glued to the ground, gait jerky, steps short, method of progression similar to spastic paralysis but more peculiar - there is also tremor of muscles & great incoordination. Speech thick, inarticulate; Pupils irregular & unequal. Fibrillary contractions of tongue & tremor; Much mental enfeeblement but is always complaining of a cough or toothache or something; hard to understand him - speech so thick. G.P. ?
2 Jan 1888						A cunning fellow - in good health - for him. His greatest aim in life is to attend the weekly dances.
Mar 30 1888						No change.
5 June 1888						At times vomits from eating sweets brot him by an aunt. He is cunning & ill tempered.
1						see page 863

447

NAME, William Fairies No.

Admitted, 23rd. April 1886. Pr. Ad.

Sex, Male Age, 60 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

NAME William Fairies -

STATE ON ADMISSION.

Exaltation

Depression Considerable. Weeping - Fear of some impending danger.

Excitement

Enfeeblement

Memory

Coherence Can answer questions? Yes. fearfully truthfully.

Delusions That something dreadful is going Happen to him

Other Abnormalities

Appearance

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses Hallucination of hearing - voices

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight

Disease Melancholia - *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

449

NAME. William Faries.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						
23 April						Placed in the First Division
May 1.						This patient remains in the depressed condition he appears to have been in on admission and is suspicious of bodily injury to befalling him, on account of this dread he frequently gives way to weeping and tears - He takes his food fairly well.
" 5th						He has been sent to work in the garden
6.10.86.						The old fellow seems to have greatly improved. He is a hearty old man who works quietly all day & about the grounds and is very anxious to get out in time for a job for the winter. He is the rather cheerful than otherwise and gives no sign of his recent disease.
13.10.86.						Was intimated to the Inspector as ready for removal today Discharged "Recovered".

AME,

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

451

NAME, John Elvin No.

Admitted, 4th. May. 1886 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Lockerbie, Dryfesdale Parish

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None previously under treatment Kind

Duration Where treated

Herod. History—Insanity Mother was insane

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Four months.

Other Facts or Remarks

Facts of Medical Certificates I. He is very dull & unwilling to do anything can't remember the days of the week. He thinks that there is nothing the matter with him.

Daniel Elvin his brother informs me that sometimes he (John) thinks that his food is poisoned & won't take it. That people are going to take his life.

II He is dull & depressed, frequently crying. Unwilling to answer questions or to speak. Seems afraid of something thinks people annoy him.

Daniel Elvin his brother states that he has been depressed for some time past occasionally refusing food & will sit for hours without speaking one when spoken to.

NAME John Elvin

STATE ON ADMISSION.

Exaltation

Depression Slight on account of delusions -

Excitement Considerable. Restless. Struggled violently on being detained in asylum - Frequently offers to strike.

Enfeeblement

Memory Impaired as to time.

Coherence Good Can answer questions? Yes, by answering them in a rational manner

Delusions Of suspicion eg that poison is put in his food & that persons are going to blow him up with dynamite

Other Abnormalities States that he has often wished to commit suicide - Very suspicious. Has to be coaxed to eat his food. Frequently absent minded -

Appearance Neurotic temperament -

Skin Healthy Hair Black

Eyes Brown Pupils Sluggish in responding to light.

Muscularity Good Fatness Poor.

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Sluggish Special Senses Hallucinations of sight and hearing eg. bright lights in the air, voices speaking from the walls.

Retina

Lungs Normal.

Heart 1st. sound muffled at apex -

Tongue Tongue coated with brown fur Bowels Costive

Other Organs, Abnormalities, Bruises, &c. Varicose veins in both legs especially the right.

Appetite Poor.

Urine

Menstruation

Pulse 80 regular but weak Temp. 98° 6 7.

Height 5ft. 8in - Weight 147 lbs.

Disease *Stoll's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

453

NAME. John Elwin

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						
4. May						Placed in 1st Division. Was induced to take his tea.
5-5-86						He slept well & with some coaxing breakfasted. Sharp attention must be paid him because of his desire to escape. His suspicious frame of mind appears to be more pronounced than on admission.
6-5-86						This lad is to a marked degree silly. Was he eat his dinner on the condition that he would see his father's eat tomorrow. He asked for permission to rise out of bed to make his water which he said he was about to make at any rate. If permitted to take his own way he is very troublesome & to thwart his own way he threatens & attempts violence but if firmness is exhibited he is very docile.
8-5-86						His suspicions are becoming much less manifest & his mental improvement is becoming more marked. Some depression is noted: he is afraid he will never get better; that he is going to die soon &c.
Aug: 31.						He is quiet and morose. Looks suspicious when spoken to. He got hold of a bottle of laudanum somewhere and swallowed the contents but recovered the effects. This was a month ago. He has since been more quiet and looks as if watching for another chance.
6. 10. 86.						In much the same condition. Can occasionally be got to answer a simple question but not often. He has a very sullen appearance but has never attempted violence.
2/1/87						John Elwin is still listless & very rarely does any house work. He frequently sits for hours with his face hidden in his hands in a desponding attitude. He as a rule speaks cheerfully enough when addressed, but there is always a hesitation about his answers & an appearance of suspicion & apprehension about him as though he laboured under some delusion. He states confidently that he has seen the assistant Physician years ago & has known him well, but there is quite an impossibility. When addressed as John Elwin he repeats in a contemptuous

NAME. John Elvin

DAT.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						tone "John Elvin" when asked if that is not his name he says "Well you say it is, but you know price" as though he suspected you the speaker of passing a joke upon him. His bodily health is fairly good, but he is rather thin & cannot be fattened. He is also rather anaemic but apparently suffers from no organic disease. He has delusions of identity about numerous inmates.
20/8/87.						John Elvin has improved considerably since last report. His delusions of identity have for the most part left him. Though he still regards old Matthew Paul a fellow patient with a dread of supernatural resources quite unwarranted by such an uninteresting old gentleman. He is now taking his food well in the hall & works cheerfully at odd jobs about the House
18/9/87.						John Elvin shows little or no trace of insanity now except an occasional fit of transient depression. He is an enthusiastic cricketer & fairly successful with the bat. He is contented & happy as a rule & does odd jobs cheerfully.
Sept 2. 87.						J. E. was doing well for a time & played in cricket matches - he is vain about his bowling powers. But he became much depressed & suspicious. He had a dislike to meet one's eye & would not answer questions in fact his state gave rise to serious apprehension so despondent was he. On examination of his lung the percussion note ~~was~~ shewed a comparative (slight) dulness at the right infra clavicular region but on auscultation there was not much difference. He is doubtless dyspeptic. He now takes Cod liver oil & Bigby's mixture.
1 Oct. 87						He is now better than he was. He changes much & that in one day - depression & exaltation follow each other.

see page 852

455 Enc

NAME, Joseph Craig No.

Admitted, 4th. May 1886 Pr. Ad.

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

Education, Fair. Religion, Protestant.

Private or Pauper, Private. Where from? Duncow Mill, Kirkmahoe.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hered. History—Insanity None.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Has been rather unusual in his habits & ways for months

Bodily

Recent.

Mental Symptoms worse for last 10 days. Excited about politics. Refused meals. Became exaltated about religious matters.

Bodily Sleepless.

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 10 days.

Other Facts or Remarks

Facts of Medical Certificates I. Inability to answer rationally any question directly put to him 2. Labouring under the delusions that his 'cause is with the Almighty' and that he is waiting to drink the cup which is prepared when almighty gives it to him.

If offered meat he says that he will not take it but that he will take it when it is willed. This information got from David Craig his brother.

II Talking at times very incoherently – labouring under great delusions regarding religious matters which he invariably mixed with politics, died at all times under great excitement.

Has been very restless & sleepless and today refuses all food. Has written very foolish letters to Mr Bradlaugh & Mr Chamberlain wishing the same to be forwarded besides wishing to deliver a speech or pelotini. The above facts have been stated to me by the members of his family.

NAME Joseph Craig.

STATE ON ADMISSION.

Exaltation Great religious exaltation. Most of his utterances are direct communications to the Almighty asking for guidance by signs for everyday actions e.g. the taking of food, the setting in a chair, the taking off of his clothes etc —

Depression

Excitement Salkatur, gesticulatur & restless. Throws himself prone on the floor for no obvious reason. Attitudinises —

Enfeeblement

Memory Cannot be tested

Coherence Incoherent

Can answer questions? Yes Not incoherently & making frequent references to "His Kistemet" "His Father's Will" "His Destiny" etc.

Delusions

Other Abnormalities Tendency to rhyme his words e.g. My Father will come when the clock strikes one. Matterstein to his surroundings & to his clothes, food etc —

Appearance Spare man of sanguine temperament.

Skin High coloured

Hair Fair. auburn yellow.

Eyes Blue

Pupils Contracted, equal, active —

Muscularity Good

Fatness Poor —

Nervous System—*Motor* Normal.

Sensory Normal

Reflex Action Normal

Special Senses Hallucinations of sight e.g. imagines a woman is sitting beside him

Retina

Lungs Normal.

Heart Normal

Tongue Very foul. Mattoffensive

Bowels Costive —

Other Organs, Abnormalities, Bruises, &c.

Appetite None. Refuses food —

Urine

Menstruation

Pulse 72. regular.

Temp. 98 2.

Height 5 ft. 8 in.

Weight 136 lbs.

Disease Mania, Acute — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B 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. Joseph Craig.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						
4 May						Placed in Sick Room. He refused to take his food & had to be forced to take medicine.
5-5-86						Slept well. Took a meagre breakfast. He talks incessantly about the police of his arrest, repeating the Lord's Prayer, debating about his Kismet or making incoherent observations on his Father's will. His restlessness is further manifested by contortions with which he throws his body. No sign of violence is exhibited.
6-5-86						The patient is now quiet & has regained his senses to a very great extent. He is anxious to resume business but is at the same time in much doubt as to whether he will ever be better.
8-5-86						He is still making very rapid progress towards recovery
12-5-86						He was today discharged at the instance of his Father with Dr Rutherford's approval.

Dr Revers

NAME.

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

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NAME, John Niven. No.

Admitted, 4th May. 1886. Pr. Ad.

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

Education, Fair Religion, Protestant.

Private or Pauper, Voluntary. Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits Intemperate latterly.

Previous Attacks—No. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Alcoholic indulgence, failure in business.

Symptoms. First.

Mental

Bodily

Recent.

Mental Loss of memory.

Bodily Coldness of extremities. Irritability of bladder. Headache.

Insane Habits and Propensities

Suicidal No.

Dangerous No.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME John Niven.

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement

Memory Impaired for recent events. Cannot say at times which meal he had last.

Coherence Good. Can answer questions? Yes.

Delusions None expressed.

Other Abnormalities

Appearance Well developed, well nourished man. Complexion inclined to florid.

Skin Healthy. Hair Brown, becoming grayish.

Eyes Blue Pupils Equal, regular in outline, active.

Muscularity Good. Fatness Considerable.

Nervous System—*Motor* - General muscular tremor.

Sensory Normal.

Reflex Action Normal. Special Senses Average.

Retina

Lungs Healthy.

Heart Healthy.

Tongue Tremulous. Dry. Furred. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine Sp. Gr. 1018. Acid. Contains nothing abnormal.

Menstruation

Pulse 74 per minute & good character Temp.

Height 5ft. 6½ Weight 170 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

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NAME, John Niven

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5·5·86.			72.		170	This patient complains of pain when micturating, and frequency of micturition. The pain he refers to the point of the penis. He admits the possibility of gonorrhoea. The symptoms have lasted nearly a week, he never suffered in the same way before. Bp doses of Infusion of Buchu prescribed to be taken in warm water three times a day.
6·5·86.						The bladder symptoms are much better today. His memory is defective also his powers of perception. When a question which he asks is answered, he does not seem to take in the answer at once, he requires a moment to think. He asks the time, and if immediately after he is asked what it is he cant say. He forgets whether his dinner was his last meal.
10·5·86.						The symptoms of bladder irritability have quite disappeared.
15·5·86.						Mr. Niven is progressing favourably. He has no craving for drink, at least he does not show it. He works with the gardening party for half the day. He does his best at Cricket also, and at billiards. His memory is very defective.
4·6·86.						This patient has improved rapidly in bodily health. He gets a teaspoonful of comp. Syrup of Hypophosphites three a day. The cold feet from which he suffered on admission trouble him no more. He feels his memory improving.
19·8·86.						Since last report ~~this~~ patient has done well up to ~~the last~~ the beginning of the present month. His deficiency of self control has since then been

NAME, John Niven.

DAT.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						shown very plainly. He has become violently enamoured of a table maid in the house, a married middle aged woman, and on every occasion presses his attentions on her in a very foolish manner. Today he obtained a pass to town, (which he has had repeatedly before without mishap) and returned late for dinner and intoxicated.
149.86					154 ~~166~~	
30/86					156	Mr Niven was discharged today & goes direct to the South of France for a holiday. He has been very steady since the last note was made. Played billiards assiduously - clerked for the head attendant & cleaned the billiard table - He still complains that his attention is not so good as formerly & that feels difficulty in reading for more that half an hour at a time. He is in good spirits.

NAME, James Robertson Gray. No. 4862.

Admitted, 7th May - 1886. Pr. Ad.

Sex, Male. Age, 18. Marriage, Single. Occupation, Clerk.

Education, Average. Religion, Protestant.

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

HISTORY.

Causation.

Disposition Cheerful.

Habits Steady and industrious

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Not known

Exciting Not known.

Symptoms. First.

Mental Depression.

Bodily None observed.

Recent.

Mental Depression accompanied by delusions.

Bodily No change.

Insane Habits and Propensities

Suicidal Yes

Dangerous No.

Duration of Existing Attack Five months.

Other Facts or Remarks

Facts of Medical Certificates He hears imaginary voices. Frequently wont reply to simple questions when spoken to, said smiling to me that he thought of pulling out his teeth with red hot tongs and that they would not hurt nor burn him because they would rest on the bone; admits being about to commit other dangerous acts.

1. Delusion. Hears strange voices speaking to him. Unable or will not do the simple process of dressing without aid. When spoken to, endeavours and answers yes or no, forgetfulness, and at times very fond of burning hot coals out of the fire upon the wooden floor or carpet.

NAME James Robertson Gray.

STATE ON ADMISSION.

Exaltation

Depression Sits in one position, with his head bent forward on his chest and his eyes fixed on the floor. Refuses to speak unless in monosyllables.

Excitement

Enfeeblement Unable to feed himself or to dress himself. Pays no regard to his surroundings.

Memory

Coherence Can answer questions? with difficulty.

Delusions That fire will not burn him. Hears voices telling him to do various dangerous acts.

Other Abnormalities

Appearance Pale. Vacant expression. Will not look straight at one.

Skin Pale and sallow. Hair Brown.

Eyes Brown Pupils Equal, very sluggish.

Muscularity Impaired. Fatness Diminished.

Nervous System—*Motor* functions impaired. Remains in one position unless forced to move. Bowels sluggish. Tongue protruded with difficulty.

Sensory Sensation to touch dull.

Reflex Action Normal. Special Senses Hallucinations of hearing.

Retina

Lungs Healthy.

Heart Normal in size. Sound slightly prolonged at apex.

Tongue Clean — Bowels Constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair. Bolts his food sometimes. At other times refuses it.

Urine Healthy. Sp. Gr. 1026.

Menstruation

Pulse 62 per minute. Temp.

Height 5 ft. 3½ inches. Weight 125 lbs.

Disease Melancholia. *Skae's Classification* Insanity of Adolescence.

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

NAME. James Robertson Gray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8·5·86.			64		125.	This boy is in a very stupid condition. He sits motionless, does not speak, requires dressing and feeding. He has suicidal impulses. He can be induced to work and is therefore sent out with garden party. His diet consists chiefly of milk and eggs, with plenty of vegetables.
9·5·86.						He is masturbating badly – He is to be kept out of doors all day, working in the garden, driving or walking. He sometimes will not feed himself at all. at other times he bolts his food ravenously.
10·5·86.						He sleeps badly. He answers questions slowly and with difficulty but sensibly on the whole. He shows suicidal tendencies. Tries to choke himself with his hands.
11·5·86.						When bathing today in presence of the attendant, he tried to drown himself. He works fairly well in the garden, chiefly at cutting grass with a lawn mower. –
12·5·86.						Mr Gray remains very stupid and shows no signs of improvement yet. His habit of masturbation is indulged in to a great extent. —
17·5·86.						He is a little brighter today – has not made any further attempts at self injury. He is at work with a lawn mower.
4·6·86.						This patient is kept at work in the open air all day. He is stupid, laughs when spoken to, cannot feed himself properly. He has a slouching gait and keeps his head down on his chest. He is a confirmed masturbator it is feared.
4·7·81						He has improved in body and in mind since last report.

NAME, James Robertson Gray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14/8/86.					128.	There is decided improvement in this patient. He seems to have conquered to a great degree his habit of masturbating. He is cheerful works willingly in the garden. He is still
13/9/86.						
14/12/86					124	childish & giggles when asked a simple question.
2/1/87.						Mr Gray has again deteriorated. He is pale and haggard looking though he eats & sleeps well. He is still masturbating to great excess. Mentally he is greatly crippled. He takes very little interest in his surroundings & is never seen reading, but sits in a heap as a rule with his head on his coat collar. He answers questions in stupid childish way. He cannot tell what school he was at. If a question is put
14/1/87					132½	to him in a manner which shows the expectation of an affirmative reply, the reply is affirmative though it may be absolutely untrue.
12/4/86.						James Gray has become much worse since last note. He apparently has hallucinations of hearing & may often be seen sitting talking & gesticulating in a most uncouth manner when no one is near. He also micturates frequently. He frequently tears his clothes & on more than one occasion has been found drinking his urine. He goes out daily with the gardening party but is a very lazy worker. In the sitting room of the ward east where he now is he generally manages to settle himself in the most comfortable chair & having collected all the papers & periodicals on the table he proceeds to turn over the pages though he never reads or has the least idea of what he has before him. When asked questions he frequently does not answer & when he does answer, his remarks are quite irrelevant & often incoherent. Personally he is untidy & slovenly in his habits & would never think of washing or darning a collar that was needed.
Oct 1889					124	
July 1890						Becoming more & more demented.

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NAME, John or James Carruthers. No.

Admitted, 8th. May 1886. Pr. Ad.

Sex, Male Age, 46 yrs. Marriage, Occupation,

Education, Religion,

Private or Pauper, Pauper Where from? Lochmaben

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes.

Duration of Existing Attack

Other Facts or Remarks Epileptic.

Facts of Medical Certificates

NAME John or James Carruthers.

STATE ON ADMISSION.

Exaltation Considerable. Believes himself capable of performing superhuman feats

Depression

Excitement Restless and violent

Enfeeblement

Memory Apparently good.

Coherence Fair

Can answer questions? Yes frankly

Delusions Of being a flying man. States that he jumped over Dumfries Midsteeple yesterday. Is easily irritated if interfered with.

Other Abnormalities Is very anxious to exhibit his aerial powers & wishes to launch himself from the top of some high building. Extremely positive in his wants & actions.

Appearance Tall powerful man of sanguine temperament.

Skin Florid.

Hair Red.

Eyes Blue

Pupils Equal, regular in outline, sluggish in action

Muscularity Good.

Fatness Poor

Nervous System—*Motor* Considerable debility. Right arm cannot be freely moved. Both of these conditions are temporary & are due to exhaustion & restraint.

Sensory

Reflex Action

Retina

Lungs

Special Senses Hallucinations of hearing. voices tell him to do various things & at times annoy and molest him. Deafness

Heart

Tongue Foul

Bowels

Other Organs, Abnormalities, Bruises, &c. Right hand oedematous left slightly so, marks of straps on wrists, Deep & broad scratch (recent) on back of right thigh from buttock to knee. Skin 'scalded' on buttocks & between thighs.

Appetite Good.

Urine

Menstruation

Pulse 72 regular

Temp. 98°.4 F

Height 6 ft. ½ in.

Weight 144 lbs.

Disease Mania.

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.

469.

NAME. John or James Carruthers.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						
8. May						Placed in Sick Room. Some time after admission he insisted on turning the table upside down and struck all those who tried to replace it in its proper position. He does not seem to realise that his detention here will be for more than a day and he is anxious to see about business affairs. Although he knows that he is in the Asylum he does not really appreciate that he has lost his liberty.
14 –						Having been sent to work in the farm with the rounds squad this morning he informed his attendant that he was going Home and had to be struggled with to be hindered from his purpose. By Dr Rutherford's orders he has therefore been kept in to the sick room.
23 –						He is always on the look out for an opportunity to escape and frequently makes an endeavour to do so. A considerable amount of dementia is present. He takes very little intelligent interest in his surroundings his custom is to sit sleepily on a chair near the fire until he is inclined to make another attempt to leave the place.
28 –						Ten epileptic convulsions occurred this morning. There was no unconsciousness before or after them.
13 June						Another series of epileptic convulsions set in this morning. In the arm the patient complained of loss of power in his left leg & arm. Complete paralysis of motion & sensation were present in the leg & paresis of motion with clonic convulsions were present in the arm. The face was constantly contorted to the left side. Urine is passed normally
Aug: 16						Patient is just recovering from a series of Epileptic? Convulsions which has lasted for some days. He is in a state of Stupor and does not response to any outward stimulus. He wanders about in a full unconscious way all night. Appetite good bowels regular.
Aug: 25th						More lucid than usual this morning: passed motions in bed unconsciously for the first time. Has constant automatic action of both hands especially left and rubs the skin

NAME, John or James Carruthers.

DAT.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						off large surfaces of leg and fingers &c. Speech slurred and indistinct getting worse. Pupils normal.
Aug. 21.						Several impulsive outbreaks of violence knuckle of right forefinger probably opened into
22.						Noisy & riotous at times temp rising about 100°.5 this evening respiration rapid.
25.						Pulse very rapid & irregular 112-132. Temp: high but not taken on a/c of restlessness. muttering and gesticulating. Sores on fingers and toes angry and sloughy looking. Stimulants
26.						Restless and noisy at times then suddenly sinking into quietness or lying muttering with eyes closed Twitchings chorea like in character of both hands and forearms but more often on the left than right occasionally in left leg. Pupils equal and semicontracted responsive.
27.						Twitchings very marked especially in left forearm and hand, less marked in left leg. The left ear, the left eyebrow and the left side of the mouth also twitch very frequently. On this side the unilateral spasm of his attacks used to occur. Cannot or will not protrude tongue Speech very indistinct labials and dentals quite passed over. gutterals and nasals still pronounced pupils reacting equal. Temp. 102.5° Pulse extremely rapid irregular and intermittent Counted from heart 120. Stimulants increased
28.						Some difficulty in breathing noticed for the first time deep, sometimes sighing breaths, as if drawn with an effort. Pulse full soft but irregular 96. Temp: 103° Moist râles in chest on left side percussion note not impaired. There are evidently hallucinations of hearing and sight; he seeks for some one over the edge of the bed and makes resistive efforts against something above him. Talks apparently of something falling upon him crying "Take me out by G—". &c.
29.						Much quieter still muttering temp 103.4. breathing still more laborious the box of the larynx ascending with every respiration Stimulants have ceased to have any marked effect on pulse. Pupils equal responding sluggishly to light speech undistinguishable percussion note in axillary region raised. resp 32.

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NAME, John Macdonald — No.

Admitted, 15th May: 1886: — Pr. Ad.

Sex, Male. — Age, 60 — Marriage, Married — Occupation, Boatbuilder

Education, Ordinary. — Religion, Protestant.

Private or Pauper, Private. — Where from? 13 Kelly St. Greenock.

HISTORY.

Disposition: Rather reserved

Habits: Steady and industrious.

Previous Attacks—No. — Kind

Duration — Where treated

Hered. History—Insanity

Other Diseases

Predisposing: None known.

Exciting: Loss of business owing to dullness in trade.

Symptoms. First. Mental: Absentmindedness. Forgetfulness.

Bodily: None observed.

Symptoms. Recent. Mental: Gradually increasing loss of memory and stupidity.

Bodily: Became stouter. Lost control of bladder.

Insane Habits and Propensities

Suicidal: No.

Dangerous: No.

Duration of Existing Attack: Three years.

Other Facts or Remarks

Facts of Medical Certificates: I. Complete loss of memory, inability to comprehend what is said to him, answering "yes" to every question - Total ignorance of the most elementary facts such as the day of the week, time of the day &c.

I. Sitting at fireside with a vacant look, smiles when asked questions and the only answer he gives is "nothing at all, I don't know" no matter how varied the question.

NAME John Macdonald.

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement Is quite ignorant of where he is - When asked if he came from London today says "yes" - Whereas he came from Greenock.

Memory Much impaired.

Coherence Bad. Can answer questions? no.

Delusions

Other Abnormalities

Appearance A well nourished old man, florid complexion, full round face.

Skin Various old cicatrices on both legs. Hair Gray

Eyes Blue Pupils Small, equal, contract slight.

Muscularity Fair. — Fatness Rather in excess.

Nervous System—*Motor* Loss of control over bladder and bowel - Articulation slow and difficult - not hesitant - no slurring of words.

Sensory General sensibility to touch blunt.

Reflex Action increased. — Special Senses average.

Retina

Lungs Healthy.

Heart Large and powerful. — Sounds free from murmur.

Tongue Clean Bowels often moved involuntarily - Fairly regular.

Other Organs, Abnormalities, Bruises, &c. Old cicatrices of various ulceration on both legs above the ankles.

Appetite Good.

Urine Healthy

Menstruation

Pulse 76 per. min. of good character. Temp.

Height 5 ft. 9 3/4 in. Weight 180 lbs.

Disease Dementia. — *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 Intermitteney.	H Choreic movements.	I Hallucinations.	J Enfeeblement.
									Yes.

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NAME. John Macdonald.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16·5·86.			76		180	Placed on admission yesterday in Infirmary. Slept fairly well last night. Was wet and dirty in the morning.
4·6·86.						This patient suffers from great mental enfeeblement. He cannot answer a simple question correctly. He is apt to be wet and dirty and requires careful nursing.
5·7·86.						A great improvement has taken place in this case. He is now clean and tidy and the bladder has recovered its power.
14·9·86.					194	
17/11/86						Mr Macdonalds legs have become more swollen lately – they are tender to touch. He has been
14/12/86					201.	ordered to bed for a few days rest.
2/1/87.						Mr Macdonalds legs have improved considerably under treatment by Martins bandages. His general bodily health is fair. His mental condition is unaltered. He is quite demented. He is very dirty in his habits. He is much addicted to self abuse.
1st 26th Oct 1. 1887						Removed to 2nd House. Placed in Infirmary. This is a mindless hopeless dement – grins & can say "all right" "all right" – no other words ever coming from him. He is filthy in his habits – he wears an elastic bandage on each leg.
21 Oct 1887.						No change in this dement.
2 Jan 1888						A dirty demented fellow – gives a great deal of trouble by his habits.
30 march 1888						He is still filthy in his habits & shews no change in his mental state.
15 ~~August~~ June 1888						Seems rather weaker.
24 Jan 1889						Died.

AME.

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

NAME, Thomas Ravey No.

Admitted, Pr. Ad.

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

Education, Religion,

Private or Pauper, Pauper. Where from? Crockelford, Kirkpatrick Durham

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Sunstroke and intermittent fever

Exciting Drink

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes. Has attempted to hang himself as well as cut his throat.

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates I Wanders very much in his talk + has a vacant look. He made a large incised wound in his neck and says he does not know how it happened.

His neighbours have always been frightened for his committing something or other. He has attempted suicide three times before this.

II He has a dull look. He answers questions in a preoccupied manner. He has a large incised wound of the neck the result of an attempt to commit suicide

The neighbours say that they have for long been anxious about him. He has threatened and even attempted suicide before - He has violent headaches during which he talks + acts insanely.

NAME Thomas Rourke

STATE ON ADMISSION.

Exaltation None

Depression None

Excitement None

Enfeeblement None

Memory Good.

Coherence Good. Can answer questions? Yes intelligently.

Delusions None apparent

Other Abnormalities He states that at times he is subject to attacks of unconsciousness which are preceded by shivering feelings. During two of these he has attempted suicide but of his actions he has no recollection.

Appearance Malarial constitution.

Skin Sallow Hair dark.

Eyes Grey Pupils Equal & active

Muscularity Good Fatness Fair

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Hallucinations of sight - sees men in the air

Retina

Lungs Normal on auscultation & percussion. Chronic cough is present.

Heart Normal.

Tongue Furred Bowels Open

Other Organs, Abnormalities, Bruises, &c. There is a recent self inflicted wound on left side of the throat

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight

Disease *Skae's Classification* Epileptic ?

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, Thomas Ravie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886 May 19						Placed in Sick Room and wound of neck examined and dressed.
" 20						The patient slept well. He is cheerful and contented and very intelligent. Through cross questioning he maintains that he is unaware of ever having consciously attempted his life although he remembers two occasions since he has returned from India & two when out there when after a cold shiver he found that his position had been changed and that a considerable time had elapsed since the last conscious experience of time and events. It was on the last of these attacks that he is said to have cut his throat. He had no intention and has no wish to destroy himself.
" 24						The wound is healing rapidly; half of it is already closed. A chronic (malarial?) cough harasses him. This has been much relieved by a cough mixture. Mentally he is so far as can be ascertained perfectly sane. The attacks he complains of are probably of an epileptic nature but his speech and mental faculties do not yet seem to be affected.
10-6-86						No epileptic fits have occurred & the patient is perfectly sane. The probability now is that this is simply a case of D.T.

Discharged.

AME.

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

NAME, Joseph Craig No.

Admitted, 21st May 1886 Pr. Ad. 4/8/86 -

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

Education, Religion, Protestant

Private or Pauper, Private Where from? Duncow Mill, Kirkmahoe.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Second or rather continuate Kind Vide p 455-457.

Duration of first. Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms.

First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates I He states that he is distressed by the Almighty to be the Dictator of the Realm & Reformer of the World - has a religious mania mingled with jobbies - talks sometimes quite coherently & at other the reverse.

Has been very sleepless of late so stated by his brother William Craig who has been in his room with him constantly - very cross & obstinate with all his relatives at home - noisy & rambling at night.

II He says that he is by the will of the Almighty distressed to carry out his purposes that Dan an instrument in sin will for that purpose & also talks in an irritational way.

That he will become at some future time the dictator of Great Britain and Ireland.

NAME Joseph Craig

STATE ON ADMISSION.

Exaltation Considerable. Believes that he has a commission on earth to do a special divine mission which will put the country politically right

Depression

Excitement Talkative. He is restless & gesticulates freely.

Enfeeblement

Memory Good.

Coherence Fair. Can answer questions? Yes intelligently.

Delusions Of having certain enabled missions connected with politics and religion to perform

Other Abnormalities

Appearance Spare man of sanguine temperament

Skin Fresh coloured, moist. Hair Auburn

Eyes Blue Pupils Equal, active.

Muscularity Fair Fatness Poor.

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal.

Retina

Lungs Normal

Heart Normal

Tongue Furred Bowels Open.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine Normal

Menstruation

Pulse 72. Temp. 98° 6 7.

Height 5 ft 8 in Weight 140 lbs.

Disease Mania Acute — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, Joseph Craig

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						
May 21						Placed in 1st Division.
" 22						The patient slept well. He has settled quietly down to the routine of the asylum and although inclined to be frighty in conversation is not disposed to parade his delusion about being a heaven appointed Dictator to the country.
" 24						He is now engaged in outdoor occupations and is working well. All acute excitement has disappeared although there is still a distinct bias towards exaltation.
3.6.86						Removed to 1st House because of his disembut & dissatisfaction with the food he was receiving in the Moor House —
20.8.86					139.	This patient is still mildly excited but has improved greatly since he came to the 1st House. He is opinionative and argumentative and likes the sound of his own voice. He is also hypochondriacal at times. One one occasion he was very much alarmed lately on discovering that one of his testicles hangs a little lower than the other. His bodily health is excellent but to him it is a source of great anxiety.
Sept 14					139.	
Nov 17th						Mr Craig is to day very excited & violent. His speech is more disconnected than usual. He has not slept all night. & has been masturbating incessantly.
Nov						His bed had to be removed & a mattress substituted.
Nov 18th						Still very violent. An attempt to get him out proved futile. At night he got 3i Pot Bromid & was quiet & slept.
Nov 19th						Slept well quieter but still excited & walked out. 3i Bromide of Pot. at night.
Nov 20th						Very great improvement. slept well last night.
Jan 2nd '87						Mr Craig has had another short attack of excitement
{Dec 14th 1886}					139	since last entry was made but is now quiet again & is working well with the gardening party. He is still constantly talking of his delusion, though he has ceased writing to a great extent.

NAME, Joseph Craig.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
188!						He believes himself to be Dictator of the Republic of Great Britain. He has also some strange fleshy notions concerning his diet & often refuses meat & will take nothing but porridge. He assigns as his reason that he is too full blooded & must either starve himself or be bled by the lancet. Combined with his ideas of greatness he has ideas of persecution & the want of confidence explains how some of the patients in his gallery make use of unholy means to work his destruction.
Feb 1st						Removed to 2nd House & placed in 1st Division. Was very noisy all night.
1 October 1887.						J. C. is at present quiet & rather melancholic. He has for the last 2 months been excited - talking utter nonsence - rapidly & excitedly - became insulting & quarrelsome & also referred to his delusions when asked about them - He works with the Squads & when not excited is quite manageable.
2 Oct 1887.						J. C. has remained well for a much longer time than usual.
2 Jan 1888						J. C. is quiet now & ill tempered - his excitement has passed off.
Mar 30 1888						At times talkative & filthy in his conversation. Thinks & talks a great deal about his sexual organs & about marrying - He seems to have varicocele rt. is in the 1st stage & disappears after a rest -
15 June 1888						Much the same - a great masturbator.
1 October						This man makes his escape occasionally & goes straight to his home.
20 Dec						This man sewed up his prepuce today with black thread!
30 March 1889						He is talkative excitable, restless & incoherent.

See page 878

483

NAME, Robert Nightingale — No.

Admitted, 24th May 1886. — Pr. Ad.

Sex, Male — Age, 36 — Marriage, Single — Occupation, Insurance agent.

Education, Fair — Religion, Protestant.

Private or Pauper, Voluntary — 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 — Was a masturbator when a boy & a young man.

Suicidal — Felt tempted to self destruction when he saw the means at his hand.

Dangerous — Sometimes feels tempted to injure others.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Robert Nightingale

STATE ON ADMISSION.

Exaltation

Depression Of a hypochondriacal nature. His conversation altogether turns upon a nervous debility from which, he states, he suffers.

Excitement

Enfeeblement

Memory Good

Coherence Normal Can answer questions? Yes with reviance and frankness.

Delusions That in consequence of chronic tonsillitis from which he is suffering his neck has passed into a putrefying condition

Other Abnormalities He complains of what is briefly speaking deficient mental inhibition and in consequence of this he is afraid of what he may do to himself or others. Impulses of a suicidal and homocidal character are suggested to him by the sight of the means the dreads lest one day he will be unable to conquer his impulse.

Appearance Healthy looking man of sanguine temperament.

Skin Hair Fair

Eyes Blue Pupils Equal, regular, active to distance, sluggish to light.

Muscularity Fair Fatness Good

Nervous System—*Motor* Normal.

Sensory Normal.

Reflex Action Normal. Special Senses Normal.

Retina

Lungs Healthy

Heart Healthy.

Tongue Coated with yellowish moist fur. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c. The liver dulness is normal. When pressure is made over right lower border, pain is complained of

Appetite Good

Urine Healthy.

Menstruation

Pulse 82. of good character Temp.

Height 5-11½. Weight 186 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.
				Yes					

NAME. Robert Nightingale.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25·5·86.			82.		186.	He is depressed and anxious about himself. fearing that he is the subject of grave bodily disease. Asked the reporter if there could be mortification in his throat. Complains of "sensations" which he cannot describe. There is a little hepatic tenderness on pressure.
26·5·86.						Prescribed, acid nitro-mur dil m.10. Succus Taraxaci, ℥ss thrice daily.
30·5·86.						He feels a little better. He is troubled a good deal by the chronic tonsilitis and pharyngitis from which he suffers.
4·6·86.						He is more cheerful, but thinks there is something seriously wrong with his throat. Complains of a bad taste in his mouth and of neuralgic pains in his head. These symptoms are due perhaps to the state of his teeth. He has a number of decaying stumps which must be removed.
21·8·86.						This patient has improved considerably since last report. A mixture of Perchloride of Iron and Glycerine 2-1, has been ordered to paint the throat thrice a day with marked benefit. Internally Iodide of Potass in 5ss doses thrice daily has been used and the result has been good.
29/10/86					179	This patient was discharged to day well.

NAME. Robert Nightingale.

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

NAME, David Nicolson. No.

Admitted, 25th May. 1886. Pr. Ad.

Sex, Male. Age, 57. Marriage, Married. Occupation, Merchant.

Education, Good. Religion, Protestant

Private or Pauper, Private. Where from? (Parson's Green Sanpton Hall Asylum Edinburgh.)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity One sister insane.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Occasionally.

Duration of Existing Attack Three months.

Other Facts or Remarks

Facts of Medical Certificates

Dr. James Struthers — He labours under morbid depression, and is morbidly suspicious.

NAME David Nicolson.

STATE ON ADMISSION

Exaltation

Depression

Excitement

Enfeeblement

Memory Good, for events remote and recent, also for persons and names.

Coherence He is quite coherent. Can answer questions? Yes.

Delusions

Other Abnormalities

Appearance a spare man. appears active and energetic.

Skin Sallow, pale, but otherwise healthy. Hair Black, turning grey.

Eyes Greyish blue. Pupils Equal, regular in outline & active

Muscularity Fairly good. Fatness Reduced.

Nervous System—*Motor* Normal

Sensory Normal.

Reflex Action Normal Special Senses Normal.

Retina

Lungs Healthy.

Heart Normal in size.

Tongue Clean. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine Healthy.—

Menstruation

Pulse 76. Of good character Temp.

Height 5ft. 9½ in. Weight 140 lbs.

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.
		Yes.							

NAME. David Nicolson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26·5·86.					140.	He had a fair nights rest. Complains that he was kept awake for a time by the noise occasioned by a telegraph wire which is he says connected with a morse instrument, so that he says if he understood how to read the morse instrument he could tell what / messages passed through the wire. (The telegraph wire does not pass near his bedroom, and there is no such noise as he describes to be heard from it.) He took a drive in the forenoon, a walk in the afternoon and in the evening. He expresses himself much pleased with this place and appears contented. When in company he does not show depression in a marked way. He joins quite intelligently in conversation and enjoys a laugh at a joke. — When left to himself however he becomes dull and broods over things.
27·5·86.						Mr Nicolson is getting on satisfactorily. He drives and walks daily. He is fond of both. He is sociable, enjoys a hand at whist.
28·5·86.						Mr Nicolson is quite contented here and pleased with the place. Last evening he attended the card party in the drawing room and took a hand at whist.
29·5·86.						He continues very well. Drove out today as usual. Had a whist party in his room in the evening. He expresses himself as delighted with this place, and speaks of the asylum from which he came as everything that is bad. Likens it to a cab drawn by a broken kneed horse, and this place to a coach and four spanking horses with a good whip on the box. Probably when Mr Nicolson leaves here, this place will receive from him the character he

NAME. David Nicolson.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						now goes to Saughton. —
20·5·6.						He continues in good spirits unless when left to himself. went to church in town today.
1·6·6.						He is very dull today, declines to converse, prefers to be left alone. does not take his usual drive.
						In the afternoon felt better and drove to Kirkmichael. attended dance in the evening and enjoyed himself. much better after the dance.
2·6·6.					144	Weighed today. Has gained 4 lbs since admission.
10·6·6.						He is doing very well. is in good spirits generally but requires constant attention and little pleasurable excitement to prevent depression coming on
31·6·6						He is decidedly better since last report.
7·7·6						His wife has arrived on a visit to him and this is a source of great pleasure to him, especially as his two daughters have also come. She has got a house for herself of which he is proud, and it is a great pleasure to him to ride and drive
10·7·6.						He is more difficult to manage than he has been. He gets on very well with all, if he is allowed to have his own way in everything, but if crossed in any way he at once gets into a towering rage. He soon cools however. He is a most slippery fellow and his statements are never to be relied on or upon.
14·7·6.						Some irritation has been caused by a little quarrel which took place between Wm Nicolson and Mr Russell. The latter has a horse and trap, Wm Nicolson only a horse. Mr Russell lends Wm Nicolson his trap and Wm N makes very free use of it, in fact acts as if it were his own. Mr R. got tired of this and requested Wm N. to get a trap for himself, hence the coolness.

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NAME, Adolf Kaufmann. No.

Admitted, 26th May. 1886. Pr. Ad.

Sex, Male.- Age, 42-45. Marriage, Married. Occupation, Clothier

Education, Fair. Religion, Hebrew.

Private or Pauper, Private. Where from? Market Place Hull.

HISTORY.

Causation.

Disposition Cheerful and frank.

Habits Steady and industrious.

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Business anxieties.

Exciting Gas explosion. Drinking Kissingen water.

Symptoms. First.

Mental Sleeplessness - Jealousy of his wife - Absurd fancies

Bodily Noises in the head - Sleeplessness. Constipation.

Recent.

Mental Thought people followed him intending to hurt or kill him.

Bodily Lost flesh.

Insane Habits and Propensities

Suicidal

Dangerous Strikes in moments of anger.

Duration of Existing Attack Over two years.

Other Facts or Remarks

Facts of Medical Certificates I. His facial expression and general demeanour indicate insanity. He says that a conspiracy has been formed against him and that his friends have tried to poison him - He suspects those in attendance on him.

II. His mien, appearance and conversation. He is in dread of all near him - He says every means possible has been used to terminate his existence.

NAME Adolf Kaufmann.

STATE ON ADMISSION.

Mental

Exaltation

Depression

Excitement Talks rapidly and without ceasing. Is restless.

Enfeeblement

Memory Good

Coherence Good. Can answer questions? Yes.

Delusions That he is followed by persons who wish to take his life. That he is persecuted.

Other Abnormalities

Bodily

Appearance a typical German Jew.

Skin Healthy. Hair Dark brown.

Eyes Brown. Pupils Equal, regular & active

Muscularity Fair. Fatness considerable.

Nervous System—*Motor* Tremor of muscles. Restlessness.

Sensory Normal.

Reflex Action Increased. Special Senses normal.

Retina

Lungs Healthy

Heart Healthy.

Tongue Clean. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine Healthy.

Menstruation

Pulse 80. Regular & strong. Temp.

Height 5 ft. 5 inches. Weight 133 lbs.

Disease Chronic Mania. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME. Adolf Kaufmann.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27.5.86.			80		133	This patient is a German Jew. – was born in Warsaw. Came over to Hull when a youth and has lived in this country ever since. – He is suffering from the delusion that he is persecuted by persons who wish to injure him and to kill him if they can. His terror is so great that if one enters his bedroom after he has retired he screams and covers his head with the blankets imploring one not to kill him.
1.6.86.						He writes letters by the dozen. He is sometimes rather obstinate and is inclined to be argumentative. He expects to be persecuted and seems rather surprised that he does not suffer from persecution by his companions.
1.7.86.						He does not write so many letters but otherwise there is no change.
21.8.86.					115.	He remains the same. – He is very argumentative and never gives one a straight answer. He has gained within the pounds and is well behaved.
14/9/86					115	
11/12/86					111	Mr Kaufmann has parole in the grounds.
14/12/86					112.	He continues his letter writing. He evidently has hallucinations of hearing. & says people come into his room & make a great noise to disturb him. He thinks all his fellow patients combine to persecute him. offers a thousand pounds to any one who will procure his liberty. & says he intends to prosecute the Directors of the institution for damages at the rate of £200 per day during the length of his stay. He mistakes women the patients for officials & beseeches them to effect his liberation from this institution. He takes his food well but is thin & poorly nourished. His circulation is very feeble though he suffers from no discoverable organic disease.

NAME, Adolf Kaufmann

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
Feb 2nd						Mr Kaufmann walked out of the grounds unabsorbed & went into town. when he telegraphed to his friends in Hull to come & rescue him from this dreadful place. They telegraphed to Dr Rutherford & Mr K. was found waiting an answer at the Post Office. His parole has been stopped & his money taken from him.
Feb 6th						Mr Kaufmann has developed a mania for buying. He offers to buy anything which is offered him & never haggles about the price but lays down his loose silver in a lordly way to the extent of ten times the value of the article. & is quite indignant if his offer is refused. A few days ago he wrote out a cheque for £50 payable to the writer, on condition the he (the writer) should contrive his (Mr K's) escape. He carries an old cheque book with him & is willing to write cheques to any amount for a chance of escape.
14/3/87					119.	
17/6/87					131.	
17/6/87.						Mr Kaufmann was removed to the Infirmary last week as he appeared to be getting thinner. He has settled down quite happily there.
14/9/87					108	Mr. Kaufmann has been losing flesh: he does not take his food very well, and is sometimes sick in the mornings. He is cheerful and contented. He spends most of his time in reading the Hebrew bible.
14/12/87					127	Mr. Kaufmann has improved greatly in health during his stay in the Infirmary. He argues volubly about the injustice of his being kept here, and begs to be allowed to leave. His conversation is somewhat incoherent. He is a constant reader of the Hebrew Bible.
30/3/88					139	Mr. Kaufmann is now in the Low North: he is growing quite fat. He is a great talker, but he is very incoherent. He is still anxious to escape.
20/7/88					131	No change.
15/9/88					119	Has lost flesh lately, but complains of nothing in particular.
20 Feb 89						He is doing fairly well, is in fair health.
25 April					128	No change.
Jul 30th 89.					120	Is in the Low East. remains in fair health - chatters and whistles all day to himself. Is very useful and works well in the gallery.

Cont'd p. 870.

NAME, David Stewart. No.

Admitted, 29th May - 1886. Pr. Ad.

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

Education, Fair. Religion,

Private or Pauper, Where from? Commercial Hotel Kirkcudbright

HISTORY.

Causation.

Disposition

Habits Unsteady. Drinks to excess.

Previous Attacks—No. 2. Kind Acute alcoholic

Duration 8·9·80 - 8·12·80. — 14·8·82 - 2·12·82 Where treated C.R.I.

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Use of alcohol.

Symptoms. First.

Mental Use of strong language. Recklessness.

Bodily —

Recent.

Mental Violence to his wife. Accusations against her of unchastity.

Bodily

Insane Habits and Propensities Over indulgence in alcoholic stimulants.

Suicidal No

Dangerous Yes.

Duration of Existing Attack Twelve months.

Other Facts or Remarks

Facts of Medical Certificates I. His wild insane appearance and violent language, threatens to injure his wife. His condition is that of an insane man -

II. Violent and outrageous in his manner, uses abusive and obscene language towards his wife, blames her as innocent woman with men

NAME David Stewart.

STATE ON ADMISSION.

Exaltation Talks in a loud tone of voice. Says he has seen three Doctors out of this place. Wishes to have a game at billiards immediately after arrival 11 P.M.

Depression

Excitement Considerable.

Enfeeblement

Memory Fair.

Coherence Good. Can answer questions? Yes.

Delusions None expressed.

Other Abnormalities

Appearance Stout little man. Ruddy complexion - Yellowish conjunctivae

Skin Dilated arterioles. Yellowish staining Hair Greyish; formerly brown.

Eyes Greyish blue. Pupils Small, equal, active.

Muscularity Good. Fatness Considerable.

Nervous System—*Motor* General muscular tremor very marked - Locomotion unsteady.

Sensory Normal.

Reflex Action Normal. Special Senses Normal.

Retina

Lungs Respirations 16. Percussion normal - a few dry rales. Slight cough without expectoration.

Heart Percussion of cardiac dulness normal. Second sound at apex accentuated.

Tongue Coated with white fur. Moist. Bowels Said to be regular.

Other Organs, Abnormalities, Bruises, &c. Tenderness over stomach and liver.

Appetite Fair.

Urine Sp. Gr. 1028. acid. Contains 1/8 albumen.

Menstruation

Pulse 76. Of good character Temp.

Height 5ft. 3 3/4 Weight 171 lbs.

Disease Mania a Potu - *Skae's Classification* Alcoholic Insanity

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

NAME, David Stewart.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29·5·86				86.	171	Places in mid west gallery on arrival 11-2 p.m.
30·5·86.						Removed to High west where he will find congenial companions. To sleep in mid west. He is quite at home here knows many of the patients. His appetite is good and he sleeps well. His tongue is coated.
4·6·86.						His tongue is now clean and he looks much fresher and healthier
8·6·86						He has improved very much since last report.
6·7·86.						He is now quite well and will soon be discharged
15/9/87						Discharged recovered.

NAME,

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

NAME, David Allan. No.

Admitted, 31st May. 1886. Pr. Ad.

Sex, Male Age, 20 Marriage, Single. Occupation, Medical Student.

Education, Good. Religion, Protestant

Private or Pauper, Private. Where from? 32 Moray Place Strathbungo - Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Injury to head?

Exciting Over study.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous Yes.

Duration of Existing Attack One year.

Other Facts or Remarks

Facts of Medical Certificates I. He declares that men have been dogging him on the streets for the past year and that several times he narrowly escaped being murdered; fancies that his food is drugged at home hears imaginary noises and sees imaginary forms; says he carried an open penknife in his pocket to defend himself. He is dangerous to be at large. —

II. He States that very many people are watching him in order to kill him, that these people get into the walls of the house he lives in and that he hears them moving about in the walls States that his family (brothers & sisters) are trying to poison him by food water, &c.

NAME David Allan.

STATE ON ADMISSION.

Exaltation

Depression Says there are people not far away who wish to injure him.

Excitement He has sudden attacks of excitement, during which he attempts to escape through door or window and struggles violently.

Enfeeblement

Memory Good.

Coherence Good. Can answer questions? Yes

Delusions That his friends have turns against him. That persons watch him in order to kill him.

Other Abnormalities

Appearance Pale anxious look.

Skin Pale but healthy. Hair Light brown.

Eyes Blue. Pupils Equal, regular in outline - active

Muscularity Good. Fatness Diminished.

Nervous System—*Motor* Normal.

Sensory Normal.

Reflex Action Normal. Special Senses Normal.

Retina

Lungs Healthy

Heart Healthy.

Tongue Clean. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine Healthy

Menstruation

Pulse 86 per minute. Temp.

Height 5ft. 7½ inches. Weight 138 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

NAME. David Allan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1st June 86.			80		138.	was placed on arrival yesterday in Neigh. East. Attends Table d'Hote. Had a good night. Slept well and feels well this morning. Has a good appetite. Looks at one when spoken to as if suspicious of ones intentions. Evidently thinks we may try to injure him. –
2nd June.						Is going on favourably. Spends most of his time walking in the grounds. Is ordered a diet of which milk is the chief constituent. His bowels are regular.
3rd June.				90.		Had a good night followed by a quiet day the greater part of which he spent out of doors. At eight in the evening he became excited and demanded to be allowed out as there were people about him wishing to kill him. His request not being complied with he made an attempt to get out by force. He was overcome and taken to a strong room in Infirmary.
4.6.86.			78			Spent a quiet night. – Sent out with special attendant. Struggled hard several times to make his escape while walking in the grounds. –
5.6.86.						Spent a good night. He eats and sleeps well – His bowels are regular. Sent out to walk with his attendant who had difficulty in preventing him from escaping. –
6.6.86.					X	He made several attempts to overcome his attendant today, who had to get assistance – He strikes with hands and feet and is athletic and difficult to control.
7.6.86.					X	He has been confined to his room for the greater part of today on account of his violent struggles with the attendants when out of it. He has had exercise for two hours forenoon.

NAME, David Allan.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						and afternoon.
6.8						Today he has not been taken into grounds but got exercise and fresh air in the balcony of the mid East with an attendant in charge of him. He remained perfectly quiet while in the balcony but struggled violently to escape when being brought back to his room.
9.6.8						Made his escape sometime during last night by breaking ~~to~~ the iron window of his room with one of the battens of his bedstead. The night attendant Brown, says he saw Mr. Allan sleeping quietly at 3 a.m.
10.6.6						Mr. Allan was this afternoon brought back by Hd. Att. Davie and the Newabbey Police constable. He is none the worse of his exposure.
12.6.86						Again he made his escape today. Contrary to orders he was put by his attendant into his room for a moment or two, the attendant having been called. He had not been away five minutes when he heard a smash and on rushing back to Allan's room he was just in time to see the patient disappear through the window, which he had smashed with the iron bar of the shutter which he had wrenched off. He was out of sight in a moment and disappeared. Search was made all day but no trace could be found. He escaped at 2 P.M.
25.6.6		Rf. Soda Brom 20grs thru times a day				Brought back from Carlisle by attendants Grace and McArthur, when he had been captured by the police. — He has not been injured by his exposure.
1.7.86					+	He has not improved. Requires handcuffs by day and a camisole by night. Two attendants are necessary to give him exercise.
18.8.86.					90.	

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503

NAME. David Hall. No.
Admitted, 1st June. 1886. Pr. Ad.
Sex, Male. Age, 59. Marriage, married Occupation, woollen merchant.
Education, Medium. Religion, Protestant.
Private or Pauper, Private. Where from? Aspehill. Hawick.

HISTORY.

Causation.

Disposition Very changeable.
Habits Steady and industrious - Nearly always overworked.
Previous Attacks—No. Kind
Duration Where treated
Hered. History—Insanity
Other Diseases
Predisposing
Exciting Probably overwork.

Symptoms. First.

Mental Loss of memory. Sleeplessness. alternate elevation and depression.
Bodily Sleeplessness. Disordered appetite. Pain in the head.

Recent.

Mental Delusions. Great loss of memory.
Bodily Increase of weight. Feebleness. Loss of muscular power. Loss of control over sphincters.

Insane Habits and Propensities
Suicidal No.
Dangerous Yes. Strikes with the hand. Always carries a razor about with him.
Duration of Existing Attack 2 months -
Other Facts or Remarks

Facts of Medical Certificates I. He talks very incoherently, is full of delusions and imagines there are soldiers from London coming to take him away.
II. He has a vacant look, speaks or talks on constantly, now and then forgetting what he is going to say, and sometimes quite incoherently - He shows symptoms of General paralysis.

NAME David Hall.

STATE ON ADMISSION.

Exaltation Slight. Laughs and chuckles to himself. Says he is a "splendid cricketer."

Depression

Excitement

Enfeeblement Unable to carry on a conversation. Does not know where he is. Does not know the day of the week.

Memory Very much impaired. almost completely lost.

Coherence Very much impaired. Can answer questions? No, except very simple ones.

Delusions That soldiers are coming to take him away. That he can play cricket.

Other Abnormalities

Appearance Stout, florid complexioned man. very feeble, tottering.

Skin Coloured with dilated blood vessels. Hair Black, turning grey.

Eyes Brown. Pupils Equal. Regular. active.

Muscularity Fair. Fatness Increased abnormally.

Nervous System—*Motor* Very much impaired. Tremulous. Thick indistinct and slow articulation. Tottering locomotion. Sphincters paralysed.

Sensory Blunted.

Reflex Action Impaired. Special Senses Dull.

Retina

Lungs Healthy.

Heart Healthy.

Tongue Clean except at root. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c. Brown discoloration on right leg at the seat of an old fracture. — Right inguinal hernia.

Appetite Very large.

Urine Normal.

Menstruation

Pulse 68. Good character. Temp.

Height 5ft. 5½ ~~6~~ inches Weight 172 lbs.

Disease General Paralysis. *Shuel's Classification*

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

505

NAME, David Hall.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2·6·86.			68		172.	Placed in Mid North Gallery on arrival yesterday. He is in good spirits, slightly exalted. Was wet and dirty last night. – His urine is very troublesome, constantly dribbling away and running down his legs. —
6·6·86.						Dr. Hall is generally in good spirits but sometimes becomes very irritable and is then hard to manage and obstinate, refusing ~~to~~ to go to stool when it is necessary that he should do so. He is a wet and dirty patient and a troublesome one.
29·6·86						Discharged not recovered.

NAME.

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

507

NAME, Robert Blythe or Rutherford — No.

Admitted, 8th June 1886. — Pr. Ad.

Sex, Male — Age, — Marriage, — Occupation,

Education, — Religion,

Private or Pauper, Pauper — Where from? Tropnell.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. Fixed.

Mental

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Robert Blythe or Rutherford

STATE ON ADMISSION.

Exaltation This patient states that he is a lineal descendant of the Royal line of the Gipsies of Yetholm. He asserts that to procure his discharge from the Militia he

Depression told the Dr who examined him that he was a Prince & that Mr Gladstone was waiting in the King's Arms Dumfries to have a drink with him. He complains

Excitement of considerable privation in the Camps at Hannayfield

Enfeeblement Type. Criminal — Moral sense deficient.

Memory Good

Coherence Good

Delusions ?

Can answer questions? Yes frankly but with very questionable veracity.

Other Abnormalities

Appearance

Skin

Hair

Eyes

Pupils

Muscularity

Fatness

Nervous System—*Motor*

Sensory

Reflex Action

Special Senses

Retina

Lungs

Heart

Tongue

Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse

Temp.

Height

Weight

Disease

Skae's Classification

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

509

NAME. Robert Blythe or Rutherford

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9th June						It is difficult to discern any evidence of insanity in this case unless the obviously criminal type of mind be taken for such. He eats well, sleeps well, works well & behaves well.
11 June						There is no change to report. He looks upon his detention here as a joke necessary to enable him to be discharged with decency.

Discharged.

AME,

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

511

NAME, Thomas Cherrie No.

Admitted, 9th June 1886. Pr. Ad.

Sex, Male Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Pauper Where from? New Monkland.

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

512

NAME Thomas Cherrie

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement Great. He contradicts himself very few minutes. He gives his age at one time as 21 at another as 41. Is very facile -

Memory Poor

Coherence Incoherent in ideas - Can answer questions? Yes but without average intelligence

Delusions

Other Abnormalities Repeats what is said in his hearing. Habits dirty.

Appearance

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight

Disease Dementia *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, Thomas Cherrie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
9-6-86						Placed in the Sick Room.
11-6-86						With ordinary attention he can be kept clean & on several occasions has requested to go to the W.C. He expresses numerous fleeting delusions e.g. that he is a Dr, that the Reporter is his wife &c &c They vary every hour.
12-6-86						He is cheerful & contented slightly enabled & very much enfeebled mentally
31.8.86.						He sits looking at the floor for hours muttering occasionally to himself Talks sometimes of his former work as baker and sometimes of his wife No improvement the last month.
8.10.86.						In the same condition but quieter lately.
2/1/86.						This patient is completely demented. He is as a rule quiet & always harmless, but he is blind & quite helpless & requires careful watching to keep him cleanly in his habits.
2/3/87.						Cherrie died to day. Three days ago he had what was apparently an appoplexy. with external strabismus, stertorous breathing & general flaccidity. Subnormal temperature. He developed left pneumonia & rapidly sunk. At the Autopsy no gross disease was observed in the brain.

Died. March 19th 1887.

AME,

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

NAME, James Robertson No.

Admitted, 15th June 1886 Pr. Ad.

Sex, Male Age, 33 Marriage, Single Occupation, Railway Clerk

Education, Fair Religion, Protestant

Private or Pauper, Pauper Where from? Trogueer 12, Market St. Monmouth.

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 6 months (14 yrs)

Other Facts or Remarks

Facts of Medical Certificates

NAME James Robertson —

STATE ON ADMISSION.

Exaltation

Depression Considerable on account of a "mental misery" he experiences in "his nervous centres eg the bowels, spine & head."

Excitement

Enfeeblement

Memory Good

Coherence Normal Can answer questions? Yes, readily & with much intelligence

Delusions

Other Abnormalities States that he masturbated for many years — He has noticed that his life was ended but he states that he has never sought to do so —

Appearance Fairly nourished man of sallow complexion.

Skin Sallow. Hair

Eyes Pupils

Muscularity Fair Fatness

Nervous System—*Motor* Normal

Sensory Sensations of intense & unnatural heat in the bowels back & head & of water on the head

Reflex Action Normal. Special Senses Occasional dimness of sight & frequent ringing in the ears.

Retina

Lungs Normal

Heart Normal

Tongue Slightly furred Bowels Costive.

Other Organs, Abnormalities, Bruises, &c. Marks of a blister along spine

Appetite Poor.

Urine

Menstruation

Pulse 72. Temp. 98°·8.

Height 5ft 4 in. Weight 132 lb.

Disease *Shaw's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

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NAME, James Robertson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886						
15-6-86						
26-9-86						Great improvement seems to have taken place in this case. He is still quiet and seems to think a good deal about his own state but he is at times cheerful. Engages in amusements with the rest and wants to go back to work. Has been discharged by Minute of the Board of Progueer.
6-10-86						Discharged today "Relieved".

AME,

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

519

NAME, Ferdinand Smith. No.

Admitted, 15th June - 1886. Pr. Ad.

Sex, Male. Age, 25. Marriage, Single. Occupation, Clerk.

Education, Fair Commercial. Religion, Protestant.

Private or Pauper, Private. Where from? 6 Pemberton Road Upper Holloway. London.

HISTORY.

Causation.

Disposition Reserved but cheerful

Habits Very steady and fairly industrious.

Previous Attacks—No. Kind

Duration Where treated

Hered. History—*Insanity* One uncle epileptic, one insane.

Other Diseases Father died of cancer. Rheumatic gout in family.

Predisposing Heredity. —

Exciting Unknown.

Symptoms. First.

Mental Delusions that people were conspiring against him.

Bodily Sleeplessness. Holding his head with his hands.

Recent.

Mental Rushes about. makes grimaces. Continually looking at himself in the glass

Bodily

Insane Habits and Propensities Uses bad language to imaginary people when alone.

Suicidal No.

Dangerous No.

Duration of Existing Attack About 4 years. His mind has never been strong

Other Facts or Remarks

Facts of Medical Certificates I. His expression and demeanour are those of an insane person - He declines to answer questions and looks confused. He has no recollection of recent occurrences

II. He looks and feels dull - Complains of oppression over the whole head, does not sleep well. Will not answer questions, says he came here with a friend but does not know when he will go away.

NAME Ferdinand Smith.

STATE ON ADMISSION.

Exaltation

Depression /

Excitement

Enfeeblement He is confused and does not answer a simple question. Does not know where he is.

Memory much impaired

Coherence Good. Can answer questions? not intelligently.

Delusions None expressed

Other Abnormalities

Appearance Pale. thin.

Skin Healthy. Hair Brown.

Eyes Brown. Pupils Equal & regular in action.

Muscularity Impaired. Fatness Diminished.

Nervous System—*Motor* Healthy

Sensory Healthy.

Reflex Action Normal. Special Senses He is both has hallucinations of hearing.

Retina

Lungs Healthy.

Heart Healthy.

Tongue Clean — Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair.

Urine Healthy.

Menstruation

Pulse 76. Good character. Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A ute Deli- m 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.

521

NAME, Ferdinand Smith.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886 16 June						He is very weak minded. He seems quite absorbed in thought, and often bursts out with a laugh when he thinks no one hears. He makes many strange grimaces when he fancies he is unobserved.
25.6.86.						He is quiet and regular in his habits when asked how he is he always says "all right". He converses with no one and discourages all advances towards friendship.
1.7.86.						He is improving a little. He eats and sleeps well. He draws out almost daily.
20.8.86.						There is no change in the mental condition of this patient. He keeps aloof from his fellow patients, very rarely speaks to them, and when asked a question he answers as shortly as possible, and very often he at once leaves the room. He still makes strange grimaces when he thinks no one observes him.
14/9/86					135	
Dec 22/86					136	Mr Smith has been working with the garden party during the last month. He has brightened up considerably during that time & now attends Dances & evening parties & seems to enjoy them. He is more sociable with his fellow patients though he never talks except when spoken to & his answers to questions are generally monosyllabic. His bodily health is fair.
14/3/87.					140.	
14/9/87					139	No change in Mr. Smith's condition. He still works with the gardening party.
14/12/87					133	Mr. Smith continues to improve slowly. He is more sociable, and enjoys the dances and evening parties. He brightens up and answers more pleasantly when addressed, though he rarely hazards a remark of his own. He still makes peculiar grimaces when he thinks he is unobserved. He is very tidy in his dress.

NAME, Ferdinand Smith.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						His bodily health is good.
20/3/8					136	Mr. Smith is suffering from a slight attack of psoriasis, for which he has been taking arsenic with benefit. There is little improvement in his mental condition.
1/5/8						The arsenic was stopped, and the psoriasis became more marked.
20/4/8					140	It has been resumed.
5 April 89					133	He is still very quiet & reserved, will hardly speak.
July 30th 1889.					132	Still the same - shy, quiet and reserved - will not speak unless spoken to and then only in monosyllables. Comes to the dances but takes little interest in them. Works at the Parrows daily.
Sept. 30th '89.					131.	Physically in good health. Mentally no change. As dull and shy as ever.
Nov 1 89					135	
Feb 1 90					132	
July 90.						Physically in fair health - Mentally is solitary, silent, answering questions only in monosyllables & generally goes about with eyes on the ground.
August 13th						Lately Mr Smith had an affection of the scalp. Wh. was exceedingly like tinea tonsurans. - Ung. Hyd. Nitr. 1 to 7 of lard has been used for this & it is gradually disappearing.
Dec 10th 1890						Mr. Smith is quiet and inoffensive, more speaks unless addressed. Is in fair health. Scalp affection still present.
5.[illegible].91						Went to Kinmount
6.7.91						Returned from Kinmount. No change.
20.[illegible].91						Went to Kinmount
16.12.91						Returned from Kinmount. The scalp affection is rather worse & is being treated with mercurial ointment
15.3.92						Mr. Smith has not been looking well lately and he fainted this morning; put to bed & soon came all right
23.[illegible].92						Mr. Smith is in fair bodily health at present. He has parole in grounds, is quiet, inoffensive & seldom speaks.
12.[illegible].92						No change.
1.6.[illegible]						No change. Does not speak. Getting fatter.

Cont. P. 900

NAME, John Fraser No.

Admitted, June 29th 1886 - at 4 p.m Pr. Ad.

Sex, Male Age, 19 Marriage, unmarried Occupation, hawker

Education, Religion, Protestant

~~Private~~ Pauper, Hamilton Parish Where from? Hamilton

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 2 Kind Same as present.

Duration Where treated Greenock Paroch: Asylum

Hered. History—Insanity Inverness Asylum in Oct. 1885

Other Diseases

Predisposing Previous attacks

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Said to be so.

Duration of Existing Attack A few days

Other Facts or Remarks

II. His brother Robert states that John jumps about when they are together, and gets wildly excited when left alone in room. Also that he has been twice before similarly affected.

Facts of Medical Certificates I. Talks incoherently. Pointing to a picture on the wall said it was a likeness of the devil. Dances about room & behaves in an idiotic manner. His sister Jemima said he threatened to strike her with the poker. Mrs Shos. McKan says he swung one of her friends children round his head & jumped upon a cat in the street & trampled on it. II His appearance is stupid his manner restless & conversation meaningless. He imagines himself a person of high rank and distinctly states that he is so but if conversation be prolonged he contradicts all his previous statements

NAME John Fraser

STATE ON ADMISSION.

Exaltation very considerable. he is in a happy contented condition. and everything is a source of amusement.

Depression None

Excitement very considerable. both motor & mental. Jumps & dances & swings his hands about. very garrulous, singing &c

Enfeeblement Slight

Memory Impaired

Coherence Incoherent at times Can answer questions? very few

Delusions None expressed

Other Abnormalities.

Appearance A young healthy looking lad, rather undersized

Skin Clean, moist, fair Hair Dark

Eyes Brown Pupils Semidilated, equal, active

Muscularity Fair Fatness Fair

Nervous System—*Motor* } healthy

Sensory }

Reflex Action slightly exaggerated Special Senses Senses healthy

Retina

Lungs Healthy

Heart Action feeble. impurity of 1st. sound in mitral area.

Tongue Clean Bowels slightly confined

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

Appetite Good

Urine Normal

Menstruation

Pulse 60. soft feeble, regular Temp. 99.

Height 5 ft. 1 inch Weight 7 st 8 lbs

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.

525

NAME. John Fraser.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 3rd						This is a case of subacute mania. and the lad is in an excited condition. He amuses himself by constantly dancing and performing antics. He is also either singing, whistling or speaking in a rambling incoherent way. He is flushed, but does not look excited, and has rather a composed expression. He is never violent. and takes everything good naturedly and obeys the attendant, but his power of self restraint or attention are so deficient that he soon forgets what he was told to do. He answers simple questions - but instead of answering many others he commences a story of something quite out of the way, and we can not pick out what the tale is about - the details being lost on account of his incoherence. He does not sleep very well. and his pulse is soft. - but his appetite is good.
July 4th						Patient is a considerable degree quieter more composed. He breaks out into his long words under any stimulus, for example if another patient is in excited condition. He is also slightly improved in appearance and he is doing light work in the garden
July 5th						Patient is very much more accessible and quiet now - and asked when he would be allowed out. He conducts himself in a steady, quiet way and is far on the road of recovery.
						Discharged.

AME,

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

NAME, John Guthrie No.

Admitted, July 5th 1888 at 3 p. m Pr. Ad.

Sex, Male Age, 45 Marriage, Single Occupation, School master

Education, Good Religion, Protestant

~~Private~~ Pauper, Daily Where from? Monthly Asylum

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates She is suffering from Mania, that he conceives that he is the victim of peculiar influences; and that he was in prison for breach of the peace, and that he threatened his wife; and said that she put poison in his food &c. before admission

NAME John Guthrie

STATE ON ADMISSION.

Exaltation None

Depression Slight. He complains of his confinement in the Asylum. and of the underhand way in which he was entrapped to.

Excitement None

Enfeeblement None

Memory Good

Coherence Coherent. Can answer questions? Yes

Delusions None expressed

Other Abnormalities

Appearance Healthy looking strong man - slightly melancholy expression

Skin Clean. Hair Dark, turning grey

Eyes Brown Pupils Equal, regular, responsive

Muscularity Good Fatness Good

Nervous System—*Motor* } Seem healthy

Sensory

Reflex Action Present Special Senses Healthy

Retina

Lungs Slight extent at present

Heart Impulse strong - slight systolic mitral murmur

Tongue tremulous, flabby Bowels Regular

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

Appetite Good

Urine

Menstruation

Pulse 70, full strong Temp. 98.3

Height 5' " 6 Weight 10 st. 4

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, John Guthrie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 6.						After an hour's conversation with patient today, one comes to the conclusion that (at present) patient is only on the borderlands of insanity. His appearance does not at all betoken insanity and he has rather an intellectual face. His eyes however lack fire & expression - and there is a slight melancholy gloom over his countenance. His actions are thoroughly sane and in conversation one finds him to be a man of ability and an able reasoner. He is inclined to be argumentative and one began to suspect his mental soundness from the manner of his replies. Instead of being free, frank and outspoken - as one on trial & who had nothing to fear should do - he equivocated, sheat about the bush and did not give straight forward answers. In argument also he quibbled over trifles - and did not confine himself to the important points of his case. There is no history sent with patient, which might have assisted one greatly in forming an opinion - and as he is a transfer from Murthly there will prob. be more insanity than is discovered at present. He has written two thoroughly sane letters.
July 8th.						There is a heavier gloom settled over patients countenance today - at a glance one sees that he is melancholy. On speaking to him one discovers that he is miserable - He suspects that we are doing all in our power to prevent a proper consideration of his case - that everyone all round has maltreated him - viz; the schoolboard that dismissed him from his school - the police who imprisoned him on a trumped up charge of breach of peace - the doctors who certified him - the sister whom he supports & who was so ungrateful as to get him pretents an asylum - the Commissioners for not letting him leave Murthly Asylum &c &c. In argument he has not nearly the

NAME, John Guthrie.

DAT	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						same restraint over his actions. He got suddenly excited. When one of his statements were doubted. His manner is restless.
July 9th.						Patient's countenance is quite melancholy, his head is bowed & he has his eyes fixed on the ground. If one approaches he turns away. He is quite sure that there are a great many people illtreating him. But he wont give names and that he is a much abused person. He is very suspicious of everything that is done for him or in connection with his affairs. Eg. his letters to — and all is done to wrong him. His demeanour is altered and instead of being calm he becomes excited & hot tempered in his replies. There is less reasoning and more asservation and anger in his argumentation. He is sent out to do light work in the garden.
Aug 16th.						Saw patient in the garden where he is moderately industrious. He is cheerful and willing enough to talk. He considers his case one of peculiar hardship and says so in terms which should be accompanied by anger but which are really accompanied by a smile. In talking over the case he changes his ground readily asserting at one time that there was no truth in certain charges brought agst him and at few minutes after that he was not the person at fault as he was an unwilling agent. &c.
31.						He is variable in temper sometimes is angry about the merest trifles at other times nothing seems to trouble him. takes food and sleeps well.
Sept 6.						The peculiar feature present just now is the great suspicion with which he regards any attempt at conversation on the part of a doctor. Thinks he has been betrayed by answering questions and will do so no more.
13.1.86.						He was intimated to the Inspector as being fit for discharge and discharged today. Recovered

531

NAME, William Fraser. No.

Admitted, 3rd July. 1886. Pr. Ad.

Sex, Male. Age, 23. Marriage, Single. Occupation, None

Education, Fair. Religion, Protestant.

Private or Pauper, Private. Where from? 19 after Crescent Paisley Road. Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Hered. History—*Insanity* —

Other Diseases —

Predisposing

Exciting Drink.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous May be.

Duration of Existing Attack Three weeks.

Other Facts or Remarks

Facts of Medical Certificates He talks incoherently - Fancies he got rat poison some years ago and that a large part of his blood ran out of his veins.

NAME William Frash.

STATE ON ADMISSION.

Exaltation Shouts and sings - takes off his coat to fight and cries "Come on". Dances about the room.

Depression

Excitement Great. Dancing and singing.

Enfeeblement

Memory Lost.

Coherence Lost. Can answer questions? No.

Delusions That rats are running on him and about the room.

Other Abnormalities

Appearance Pale, sallow complexion. Bright eyes, staring.

Skin Sallow unhealthy looking. Hair Brown, dry & harsh.

Eyes Brown & bloodshot brown. Pupils Equal, & active.

Muscularity Impaired. Fatness Diminished.

Nervous System—*Motor* Great restlessness & excitement.

Sensory Increased in activity.

Reflex Action Increased. Special Senses Acute & diminished.

Retina

Lungs Healthy.

Heart Rapid & irregular action: but no heart murmur.

Tongue Foul breath & dirty tongue. Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite Bad.

Urine Loaded with urates.

Menstruation

Pulse 100. Temp.

Height 5 ft. 9 in. Weight 124 lbs.

Disease Acute Mania. *Skae's Classification*

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

533

NAME. William Fraser

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
4·7·86.			90		124	An acute case of mania, caused most probably by intemperance in drink. He is much quieter this morning and the worst of the attack seems to have passed before he was brought to the asylum.
5·7·86.						Much better, able to walk out with a party - Eating a little and drinking plenty of milk.
7·7·86.						Breath not so offensive, Tongue clean. Hallucinations disappeared. He is nearly well now.
20·8·86.						For a week he has not been so well, gradually becoming excited. Today he is quite maniacal. Singing and shouting, and in a very excited condition -
14/9/86					133	
13/11/86						Up till a week ago Mr Fraser was quiet worked regularly & well with the garden squad but yesterday he was so greatly excited that he has to be removed from the squad. He is incoherent & talks
Dec 14					150	Considerably but as yet has exhibited no violence.
Dec 22nd						Mr Fraser was kept at work with the garden party during his excitement where he only lasted for about a fortnight. He is now the quiet & orderly fellow he generally is & wears his usual mild smile.
1887.						
Feb 26th						Mr Fraser Quiet & Contented.
14/3/87.					160.	No return of excitement.
14/9/87					151	Mr. Fraser remains well. He is very quiet and listless, not caring to enter into conversation with anyone. He does his share of polishing in the gallery, in a most mechanical, uninterested way. In the grounds Mr. Dow, who is dumb, is his constant companion.
8/11/87					152	Discharged recovered.

NAME,

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

NAME, George Philip Cadell. No.

Admitted, 8th July 1886. Pr. Ad.

Sex, Male. Age, 65. Marriage, Married. Occupation, Retired Coalmaster.

Education, Good. Religion, Protestant.

Private or Pauper, Voluntary. Where from? The Cedars Grenhill Gardens Edinburgh.

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 This patient was discharged at the instance of his wife from Murray's Royal Asylum Perth, a few days before he came here. He was there a certified patient. – He is said to be generally quiet and somewhat depressed, but not acutely so, and to have occasionally attacks of excitement of a mild form.

Facts of Medical Certificates

NAME George Philip Cadell.

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement He cannot carry on a conversation with intelligence. He has no originating power. Does not make a remark unless led to it.

Memory Impaired.

Coherence Good. Can answer questions? Yes.

Delusions None expressed.

Other Abnormalities

Appearance Feeble, stoops, wrinkled old man.

Skin Pale, wrinkled — Hair Grey & scanty.

Eyes Grey — Pupils Equal, regular & natural action.

Muscularity Poor. Fatness Diminished.

Nervous System—*Motor* Impaired — He walks with a stoop slowly. All his actions are very slowly performed.

Sensory Impaired — General sensibility dulled.

Reflex Action Normal. Special Senses Normal.

Retina

Lungs Healthy.

Heart Sounds pure.

Tongue Clean. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair

Urine Normal.

Menstruation

Pulse 80. Good character. Temp.

Height 5ft 9½ inches. Weight 161 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition Fair.

PREDOMINANT FEATURES.

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

NAME. George Philip Cadell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8·7·86					161	Mr Cadell is a quiet gentlemanly old man, very unobtrusive, scarcely ever speaks unless in answer to a question, and speaks in such a low tone that it is difficult to catch what he says. His mental faculties are weakened. His memory is not very good, especially showing deficiency in recollecting recent events. He is slightly depressed.
9·7·86·						Mr Cadell is this morning slightly excited. At breakfast he talked continuously – his conversation was a little incoherent at times but we could generally make out what he was driving at. He has parole within the grounds. He occupies a bedroom and share of the sitting room in Asylum East and takes his meals at Table d'Hote.
10·7·86.						Today Mr Cadell is the quiet, unobtrusive, gentlemanly old fellow he was two days ago, the excitement having quite left him.
1·8·86						Mr Cadell remains as reported above. He has not had any return of the excitement since last report.
15·8·86						No change since last report. He is contented, very methodical in his habits and agreeable in his relations with other patients. He has outside parole.
14/9/86 22/11/86					154	For the last two days Mr Cadell has been getting more & more talkative. To day at Table d'hote he talked incessantly. His ideas were quite unconnected though his sentences were coherent. He played billiards, a thing which he never does in his ordinary state. Made use of oaths of a mild kind. Quoted long sentences from his favourite authors. He is somewhat erratic & indulges in a little mild profanity.
Dec 14th					151	

NAME. George Philip Cadell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
Dec 2d						Mr Cadell's excited stage lasted only for about ten days. Since then he has been very well but more lively & chatty than formerly. He carries on a brisk conversation with Mrs Walker at the Dinner table, attends all the Dances Evening parties & has on one or two occasions sung Solos in the Drawing-room. He is rather discontented about the discontinuance of his perpetual pass.
188 Jan 5th						Mr Cadell has gradually become less & less talkative. From finding the conversation of the Lady who sits next him at table, dull & flat he has now come to think of it a bore. & receives all her remarks with an embarrassed smile & a monosyllabic answer. He now spends most of his time reading & rarely speaks. He never thinks of playing billiards. He does not offer to sing at the Evening parties & dances very seldom –
16/2/87						Mr Cadell is again becoming talkative & carrying small grievances such as that Dr Rutherford sometimes passes him without noticing him. He is holding animated conversation with the chaplain at table d'hôte. Gwen Castor Oil. & Pot. Bromid. gr 30 three daily.
26/2/87.						Mr Cadell's excitement is abating he is still talkative & constantly complaining about the stoppage of his parole. & grumbling about the jack-in-office behaviour of officials. Has not yet been allowed to return to table d'hôte.
{14/3/87					14-3½	
Aug. 2nd						Mr. Cadell is recovering from another attack of excitement, which began on the 8th. On that day he shewed great anxiety about the state of his clothing, turning out the contents of the drawers in his bedroom and criticising each article of apparel. For some days he was very talkative, incoherent, and troublesome. He was purged freely, and put on 30 gr. doses of pot. bromid. three times a day, and is now much quieter, though rambling in his talk. He was removed from table d'hôte, and still has meals in the Infirmary.
14/9/87					150	
28/9/87						Mr. Cadell has been at Kirkmichael, & is now quiet, & back to table d'hôte. He is allowed a gate-pass three a week – (continued on page 844)

539

NAME, John Richardson. No.

Admitted, 12th July - 1886. Pr. Ad.

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

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Breedench St Moffat.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One. Kind

Duration Where treated R. C. A.

Hered. History—Insanity None.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal May become so (?)

Dangerous Yes.

Duration of Existing Attack 3 days.

Other Facts or Remarks

Facts of Medical Certificates Rushing into the streets and behaving like a madman supposing some one is coming to do him an injury (1) The above facts and being perfectly unmanageable.

He will not answer when spoken to remains in one position with fixed arms and clenched fists. Fixed look with dilated pupils

(2) Previous insanity Religious fear about, that he is going to die.

NAME John Richardson.

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence Can answer questions?

Delusions

Other Abnormalities

Appearance A strong heavy labouring man slightly pale.

Skin natural & clean Hair brown.

Eyes Grayish brown. Pupils Semicontracted Equal reg: respve.

Muscularity Fatness

Nervous System—*Motor* Natural.

Sensory Natural -

Reflex Action Superficial exaggerated deep diminished Special Senses Natural -

Retina

Lungs Healthy. Respns 24 per minute.

Heart Apex beat in 5th interspace Hyp: strong & diffuse & 2nd sound intensified in Aortic & Pulm: areas faint systolic bruit in mitral

Tongue Tremulous coated indented. Bowels regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 72 Soft & Regular. Temp. 98.5.

Height 5 ft 8¼ in Weight 11 st 4.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

541

NAME, John Richardson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept: 30						There seems little or no insanity in this case now. He is a quiet reserved man who does his work and says very little about it. He answers questions in a reserved way as if he did not tell all he knew.
Oct 30 1886.						John Richardson discharged. apparently Quite well.

542

NAME, John Richardson.

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

543

NAME, David Muir — No.

Admitted, 12th July. 1886. — Pr. Ad.

Sex, Male. — Age, 43. — Marriage, Married. — Occupation, Hotel keeper

Education, Fair. — Religion, Protestant

Private or Pauper, Private. — Where from? Crown Hotel Kilmarnock.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Depression lasting 18 months.

Bodily High temperature, Cough, Haemoptysis, and other symptoms of acute phthisis.

Recent.

Mental Excitement, exaltation; seclusion of grandeur. Buys dozens of horses & carriages for which he has no use.

Bodily Increase of evening temperature. Quick pulse. Cough. Pain in chest occasionally.

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME David Muir.

STATE ON ADMISSION.

Exaltation States that he has come here to buy three pair of horses the best that money can buy. Asserts that his horses are the best in this country.

Depression

Excitement - He is restless, anxious to be off to buy horses.

Enfeeblement

Memory Impaired for recent & remote events.

Coherence Good. Can answer questions? Yes.

Delusions Of grandeur - as to his power & influence, & wealth, as to his stock of horses and their excellencies.

Other Abnormalities

Appearance He is emaciated. Sunken cheeks. - Pale face.

Skin Pale Hair Brown.

Eyes Grey. Bright. Pupils Equal, regular in outline & active

Muscularity Poor Fatness diminished.

Nervous System—*Motor* He is very restless and excited. Sleeps badly. Constantly talks and moves about.

Sensory Normal.

Reflex Action Normal. Special Senses Normal.

Retina

Lungs Chest narrow - Voice hoarse. Short cough, slight frothy expectoration - Harsh breathing at left apex, expiration prolonged at right apex similar signs more pronounced.

Heart Sounds free from murmur. Irregular in action.

Tongue Red at edges, coated in centre. Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Poor.

Urine Healthy.

Menstruation

Pulse 90 per minute Irregular Temp.

Height 6 ft. 1 inch. Weight 152 lbs.

Disease Mania. *Skae's Classification*

General Bodily Health and Condition Much impaired.

PREDOMINANT FEATURES.

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

NAME, David Muir.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14·7·86					152	On admission he was in a very excited condition, and was full of delusions concerning his horses, also was a Kleptomaniac. His bodily health appeared weak. He had a cough and some frothy expectoration. No blood was observed. Today he is quieter, and not so excited and restless. He still talks of buying some splendid animals which he saw when out driving.
1·8·86.						Mr Muir has settled down very well. He says his ideas about horses were all nonsense and he now never refers to them. His chest symptoms remain about the same. His appetite is not very good. The Kleptomania has apparently disappeared.
16·8·86.						There is much improvement in his mental condition. His bodily health continues poor.
21·8·86.						He is not so well again. His stealing proclivities are again manifested and he is excited. He demands his discharge. He was visited by his wife a few days ago and told her she would arrive home some night at about eight o'clock yesterday evening he made his escape from his attendant when walking in the grounds, he was followed at once and found in a Hotel
14/9/86					136	in Dumfries and brought back to the Institution.
21/10/86						Bodily health less satisfactory. Short cough with frothy spit. Harsh breathing at both apices with pectoriloquy at the right base upper. Diarrhoea for last fortnight. Manner guilty. But to-day he asked that he might get away to Kilmarnock next week to buy a property there where he has 50 acres of shooting. Thinks he will give up business as he has ammassed a large fortune. Has no need to work. Urine not albuminous.

NAME. David Muir.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2/11/86		102.8		105		Mr Muir has been rapidly becoming worse. He has diarrhoea. His cough is more distressing & he is becoming rapidly weaker & unable to walk out with the party from the Hill East. He has been removed to the Infirmary. He is quiet & asks that he may get home as he feels he will not get better here. Respiration 42. some dyspnoea. no pain.
						Mr Muir discharged to the Care of his wife on Nov 22nd 1886. Mental Condition improved but bodily health rapidly failing.
						Died: December 1886

NAME, George McCaskie No.
Admitted, 18th July - 1886. Pr. Ad.
Sex, Male. Age, 36. Marriage, Single. Occupation, Shoemaker
Education, Religion, Protestant
Private or Pauper, Pauper. Where from? Infirmary Dumfries & Gall.

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 Unknown.
Other Facts or Remarks Is subject to Epileptic attacks

Facts of Medical Certificates I His stupid insane appearance and rambling incoherent speech. Is constantly muttering to himself. At times is excited and violent. Attempted to injure one of the other patients
II Talks incoherently. Has delusions as to being on bad terms with his God. Never ceases moving about night and day. Has been threatening to throw another patient in the same ward over the stair. Is most uneasy and threatens to leave the house by any means.

NAME George Mc Castlie.

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence Can answer questions!

Delusions

Other Abnormalities

Appearance A short stout man looks puffy and is pitted with Small Pox

Skin Dark slightly oily. Hair dark.

Eyes Blue. Pupils Equal regular responsive semi cont.

Muscularity Good. Fatness

Nervous System—*Motor* Normal.

Sensory Normal. Some pains in both feet & in back.

Reflex Action Healthy. Special Senses Can see & hear well.

Retina

Lungs Some moist Sounds posteriorly on both sides
Snoring Rales at apex.

Heart Sounds normal but weak. Impulse weak.

Tongue Coated. Bowels Slightly Confined.

Other Organs, Abnormalities, Bruises, &c. Erythematous appearance over his back.
and on his legs An old scar over left Pectoralis muscle.

Appetite Fair.

Urine Contains Some Albumen.

Menstruation

Pulse 120 and Soft. Temp. Normal.

Height 5 ft 4 in. Weight 10 St.

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.

549

NAME. George McCarkie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Aug: 31.					140	Patient works with Barrow Squad & Stout and Strongsmith but complains of weakness but is quiet and inoffensive.

Discharged.

NAME. George McCaskie.

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

551

NAME, Revd Holy H. A. Smith — No.

Admitted, 21st July - 1886 — Pr. Ad.

Sex, Male. Age, 57. Marriage, Married. Occupation, Clergyman

Education, Very Good. Religion, Church of England.

Private or Pauper, Voluntary. Where from? Market Rasen Lincolnshire.

HISTORY.

Causation.

Disposition

Habits Latterly when overworked he has taken stimulants to excess, in the form of frequent nips of brandy or whiskey.

Previous Attacks—No. Kind

Duration Where treated

Herod. History—Insanity ~~His~~ Paternal grandfather Committed Suicide.

Other Diseases Father was epileptic - Grandmother had marked Hysteria -

Predisposing Heredity & Bilious Temperament

Exciting Over work.

Symptoms, First.

Mental Depression.

Bodily

Symptoms, Recent.

Mental Hallucinations, such as that he is ruined here and hereafter

Bodily Debility. Yellow skin and conjunctivae -

Insane Habits and Propensities None -

Suicidal No.

Dangerous No.

Duration of Existing Attack

Other Facts or Remarks This patient is the victim of over work - He had besides the care of his parish the editorship of an ecclesiastical magazine and of itself this was quite enough for any two men - He also wrote various political brochures, some of which were clever and came under the notice of Lord Salisbury and other political leaders.

Facts of Medical Certificates

552

NAME Rev. A. A. Smith.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Says his affairs have all gone wrong. That his immortal soul is damned &c. &c.

Excitement

Enfeeblement

Memory Good.

Coherence Good. — Can answer questions? Yes.

Delusions Such as that his future is utterly hopeless.

Other Abnormalities

Bodily.

Appearance Dark, sallow complexioned jaundiced appearance.

Skin Yellowish from biliary staining Hair Black.

Eyes Brown. Conjunctivæ stained bile. Pupils Equal. regular & active.

Muscularity Impaired. Fatness Small in amount.

Nervous System—*Motor* Normal

Sensory Normal.

Reflex Action Normal. Special Senses Normal.

Retina

Lungs Healthy

Heart Healthy.

Tongue Moist. furred in centre. Bowels Regular.

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

Appetite Good.

Urine Healthy.

Menstruation

Pulse 80 per minute. Temp.

Height 5ft 4 inches. Weight 145 lbs.

Disease Melancholia. *Skae's Classification*

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

553

NAME. Mrs N. A. Smith.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1·8·86					145.	Since admission this patient has become somewhat more cheerful and does not obtrude his troubles on the notice of every person he meets. She still believes that she has lost everything in this world, and all hope of salvation.
8·8·86.						This gentleman's bodily health has very decidedly improved and there is also an improvement in his mental state. He is more cheerful and is an agreeable companion. He is now awaiting for the new moon.
15·8·86.						Mrs Smith is improving a good deal. She is in High Level Gallery but takes her meals at table d'hote.
21·8·86.						Muscular twitchings of the face and upper limbs are noticed especially when patient is sitting quietly as at meals. Sometimes the limbs is jerked to a considerable extent - often a twitch occurs immediately on the patient being asked a question -
14/9/86					131	Mr Smith has improved considerably since last noted. He still believes that he is ruined in this world & for the next. & frequently wrings his hands & talks about the matter to all around him; but in the middle of his lamentations the comical side of any passing event often strikes him & he will laugh heartily. He plays billiards with great zest & considerable success seems quite to forget his troubles when so occupied. He attends table d'hote regularly & is a clever & interesting conversationalist. He complains that he cannot read because his attention wanders so much from what he studies. He writes numerous letters home & talks much of his wife's apparent insanity as shown by her insisting on his remaining here so long & intending to travel with him afterwards during the last ten days he has been taking powders of chloral. gray powder & Pot. Bicarb. which
30/10/86						

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						have caused his bowels to move more regularly. The jaundice is still noticeable in his eyes.
						Today Nov 1st Mr Smith left for London under the care of the warder. He was quite quiet on the road & chatted pleasantly. His wife & son met him at St Pancras & he seemed delighted to see them. Mrs Smith managed to convince him that some part of his money troubles were of his own imagination. He was cheerful & chatty all evening & made frequent jokes many of them bearing on the sort of life he was leading in prison.
					126	Discharged Nov 1st 1886.

555

NAME, John Macdougall. No.

Admitted, 21st July - 1886. Pr. Ad.

Sex, Male. Age, 35. Marriage, Single. Occupation, Military Officer.

Education, Good. Religion, Protestant.

Private or Pauper, Private Where from? Mavisbank Private asylum.

HISTORY.

Causation.

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

Symptoms. First.

- Mental
- Bodily

Recent.

- Mental
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME John Macdougall.

STATE ON ADMISSION.

Mental.

Exaltation He has delusions of an exalted character - Is very well pleased with everything, eg. his room is a splendid mansion.

Depression

Excitement

Enfeeblement Cannot converse intelligently. Rambles off into incoherent mutterings.

Memory Impaired.

Coherence Impaired. Can answer questions? Not intelligently.

Delusions Many - Stated that a common bit of glass which he had in his pocket was worth ten thousand pounds.

Other Abnormalities

Bodily.

Appearance Pale, thin, sallow, Scanty hair, Bleak in his manner.

Skin Pale. Anaemic. Hair Brown.

Eyes Blue. Pupils Equal, regular & active to light & accom.

Muscularity Poor Fatness diminished.

Nervous System—*Motor* Normal.

Sensory Normal.

Reflex Action Diminished Special Senses Normal.

Retina

Lungs Healthy

Heart Healthy

Tongue Clean Bowels Regular

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair

Urine Pale, Sp. Gr. 1017. Contains about 1/3 albumen.

Menstruation

Pulse 96 per minute-feeble. Temp.

Height 5 ft. 8 ins. Weight 131 lbs.

Disease Chronic Mania. *Skae's Classification*

General Bodily Health and Condition Impaired.

PREDOMINANT FEATURES.

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

557

NAME, John Macdougall.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1·8·86.					131	Since admission this patient has been very quiet and easily managed.— He occupies a sitting & bedroom in the High West Gallery. He is weakminded and slightly exalted and is full of delusions, most of them of a grandiose character. He is neat in his person and careful of his clothes.— He does not read or write, and has no means of occupying himself. He is unable to join in tennis or cricket.
16·8·86.						He is fond of driving and has a drive nearly every day. He has no employment but does not seem
14/9/86.					127	to suffer from ennui, being taken up so completely with his delusions.
20/10/86.						Mental Condition unaltered.— Patient kept in bed on flannel. Marked dropsy of legs back. with oedematous ocular conjunctivae. puffiness under the lower lids. Acne Rosaceae on cheeks & nose. Pulse 100. small, regular & soft. Cardiac Sounds small faint 2nd slightly accentuated. No ascites. liver not enlarged. Urine albuminous. 1020 Sp. gr. Ordered. Caffein grs 5 every 3 hours.— Hot bath & hot bottles in bed patient to lie between blankets. No muscular tremors or jerkings.— No torpidity.
29/10/86						Mental Condition unaltered. Swelling in the legs has almost entirely gone but the eyes are still oedematous & watery & the urine today was only 30 oz. through of 1020 Sp. gr. highly albuminous. Still kept warm in bed. Skin acts only slightly. Pulse 100 small, regular, somewhat hard. Appetite fair. Still no butcher meat allowed.
4/11/86						Capt Macdougall still in bed. Mental state unaltered.
14/12/86					134	Patient is very cheerful & contented. There is still very marked dropsy. The appetite is good

NAME. John Macdougall

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						the bowels move well & regularly. The urine on Nov 2nd was 60 oz. & highly albuminous. Patient is now taking the syrup of the hypophosphites.
6/87.						Capt. Macdougall is unaltered mentally. Bodily he is considerably improved. He has increased in weight & the dropsy has greatly lessened. For the last two months he has had only diet & no treatment. He has been restricted to a diet of milk, fish, eggs, milk puddings & occasionally game. He has had frequent warm baths with friction after words.
						His urine is now plentiful & of a normal straw yellow colour. Acid reaction. Sp. gr. 1018.
1/3/87					142.	Contains a considerable quantity of albumin & in the deposit mucus are found granular & fatty casts.
28/87						Mr. Macdougall is now very seriously ill. The dropsy has increased very much, and his urine contains a large quantity of albumen. His pulse is very feeble. He gets the following mixture —
						R. Tr. digitalis ℥ii Pot. acetat. ℥ii Sp. aeth. nit. ℥ss Aquam ad ℥viii M Sig. ℥ss. t.i.d. after food.
1/87						Mr. Macdougall has again improved a little. The dropsy is less marked: he is not so helpless in bed: and he talks with much more animation. His mental condition is unchanged.
7/87						Capt. Macdougall is again weaker and more dropsical. Diuretics are given freely, and a large quantity of urine is passed. It contains much albumen: Sp. gr. 1020. He is very irritable, and often incoherent.
/10/87						Mr. Macdougall has again improved considerably, the dropsy having diminished greatly. His lower limbs are much emaciated, and there is tendency to the formation of bed-sores over the sacrum. He was visited by his brother today who thought him stronger. His mental state is unchanged.
/11/87						The captain is now greatly better. The dropsy has disappeared, and he is able to be up in the afternoons. He is very weak and emaciated; but he can dress himself, and walk across the room. His urine is copious, but still loaded with albumen. Weak pulse.

(continued on page 850)

559.

NAME, John Wilson. No.

Admitted, 3rd August. 1886. Pr. Ad.

Sex, Male. Age, 29. Marriage, Single. Occupation, Pickshaftmaker

Education, Indifferent. Religion, Protestant.

Private or Pauper, Pauper Where from? Old Monkland Poorhouse Lunatic wards.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing } Unknown.

Exciting }

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Not known.

Dangerous both before and since admission.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificate Talks incoherently, cannot tell his age and from general behaviour and conversation is evidently insane. Jumped thro' a window and was captured in a pool of water.

Incoherent in talk. has no idea of supporting himself wanders aimlessly about and at times is violent. Jumped thro a window is unable to look after himself defective in memory and requires constant supervision.

NAME John Wilson

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Considerable.

Memory almost gone.

Coherence Can answer questions? only the simplest.

Delusions

Other Abnormalities

Bodily.

Appearance Pale but well nourished and muscular looking man.

Skin Clean & good. Hair

Eyes Pupils

Muscularity good. Fatness fair.

Nervous System—*Motor* Motor power much impaired.

Sensory General Sensibility dulled.

Reflex Action Normal. Special Senses blunted

Retina

Lungs Healthy.

Heart Apex beat normal in position and character.

Tongue clean. Bowels regular.

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

Appetite good.

Urine healthy.

Menstruation

Pulse 70 good. Temp.

Height 5 ft 2 3/4" Weight 134 1/2 lbs.

Disease Epileptic Insanity. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, John Wilson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886.						
Aug:	16.				134½.	Patient is in the Second division and during the last few days has had several severe epileptic attacks. He will scarcely answer a question when addressed to him. On 14th Curt: was placed upon Pot: Bromid: 30 grs every 6 hrs last night he got out of bed and attacked a patient (Burgess) in the next bed with his nails scratching nose and ears. He returned to bed on approach of attendant and pretended to be asleep.
	31.					One or two fits lately, liable to impulsive outbreaks attacked another patient the other night
13.10.86.						Has been quiet lately but fits have been present
1 Oct 1887.						This patient does not change much – the fits continue he will not answer a question but does as he is told for the most part. He is a pale epileptic looking youth with short hair standing on end.
2 Jan 1888						Very acquisitive & also a thief – A very cunning fellow who needs watching – his voice is very far from sonorous.
30 March 1888						No change.
15 June 1888						This lad seldom speaks except when spoken to. He is quiet & still takes fits.
1 October						No change
20 Decr						This is an acquisitive dirty degraded epileptic – he is fierce & irritable & needs attention.
30 March 1889						He is as usual except in regard to his foot. He has a foot which is swollen & almost blue from weak circulation.
1 July						He is still taking fits – His leg & foot are better.

NAME. John Wilson

D. E.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE
10 Septr.			1889			This man is not now taking fits. He is quiet - very acquisitive and weakminded.
18 Nov.						Still subject to fits and is in a state of irritability at times. Health fairly good.
6th March			1890.			Fits 3 or 4 times a week. Mind much enfeebled. Knee Jerks exaggerated, also the Triceps and Wrist Jerks. Bodily health good.
12 June			1890			No change.
18 August						He still takes fits - is very fat & flabby & occasionally restless.
0 Nov.						Still takes fits.

563.

NAME, Thomas Middleton. No.

Admitted, 5th August. 1886. Pr. Ad.

Sex, Male. Age, 49. Marriage, Married. Occupation, Dyker.

Education, Poor. Religion, Protestant

Private or Pauper, Private. Where from? Union St. Kirkenbright.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. – Kind

Duration Where treated

Hered. History—Insanity None.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes.

Dangerous Yes.

Duration of Existing Attack Six Years.

Other Facts or Remarks Patient seems to have been more acutely insane about 6 years ago when he was under treatment in the R.C.A. Since that time he has never been altogether sane.

Facts of Medical Certificates very excited manner Has assaulted his wife without any reasonable cause Says he is unable to work on account of weakness when he can walk long distances. Says he is not in health when reverse is the case. 2. Sleeps little at night Threatens to "do" for his wife very irritable and excitable Constantly abusing wife.

1 Has abused his wife without any cause violent and excited in manner Sleeps little Sometimes not at all 2. Has threatened to kill his wife and has previously been in an asylum.

NAME John Middleton.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory Fairly good.

Coherence Quite good. Can answer questions? at length

Delusions Has delusions of some ill-treatment which he alleges he has received from his wife. and concerning his own health.

Other Abnormalities

Bodily.

Appearance A well developed well nourished man.

Skin healthy. Hair brown turning grey.

Eyes blue. Arcus Senilis. Pupils Equal responsive

Muscularity Good. Fatness

Nervous System—*Motor* healthy.

Sensory healthy.

Reflex Action Normal. Special Senses Acute.

Retina

Lungs Healthy.

Heart Apex beat normal in position no murmur.

Tongue clean. Bowels regular.

Other Organs, Abnormalities, Bruises, &c. No marks of injury.

Appetite good.

Urine Healthy.

Menstruation

Pulse 68 of good character. Temp.

Height 5 ft 7½ in. Weight 162 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition good.

PREDOMINANT FEATURES.

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

565.

NAME, John Maddison.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Aug: 16.			68		162.	Patient is in first division. He requests to go out to work declaring that he would willingly do so if he were able. Says his health has been quite destroyed by his wife's conduct. Has a sullen suspicious look. Left pupil slightly irregular in outline and larger than left.
31.						Looks now but complains of pains and weakness in epigastric region & Eats and sleeps well. Has complaints of the unfaithfulness of his wife &c.
13-10-86.						No change he is still the healthy complaining & hypochondriacal.
14/1/87.					160	
26/2/87						More Cheerful frequently singing, but still somewhat hypochondriacal. Considers himself a much abused man & constantly accuses his wife of infidelity & ingratitude threatens to divorce her whenever he sees her.
						Discharged recovered

NAME, John Middleton.

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

567 + See page 885

NAME, Bartholomew Dodds. No.

Admitted, 7th August. 1886 Pr. Ad.

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

Education, Poor. Religion, R.C.

Private or Pauper, Pauper. Where from? Penninghame 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

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME Bartholomew Dodds.

STATE ON ~~ADMISSION~~ July 8th 1887.

Mental.

Exaltation

Depression

Excitement

Enfeeblement. Childish in manner. occasionally requires help in dressing. forgets meal times if not looked after

Memory. A few salient events are clearly remembered.

Coherence. At times incoherent. Can answer questions? yes slowly & with difficulty

Delusions

Other Abnormalities

Bodily.

Appearance. Short stout with irregular features

Skin Hair brown short & crisp

Eyes brown Pupils equal regular, react normally.

Muscularity. Considerable Fatness moderate

Nervous System—*Motor*. Epileptic convulsions at intervals. Otherwise normal.

Sensory. normal

Reflex Action normal Special Senses. normal.

Retina

Lungs normal to percussion & auscultation

Heart Apex normal. Sound pure & regular. fairly strong.

Tongue. pale & indented Bowels. regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine Clear acid Sp. gr. 1020. No abnormal constituents

Menstruation

Pulse 65. regular & of good character. Temp. 98° F.

Height 5 ft 3¼ in. Weight 130 lb.

Disease Imbecility with Epilepsy *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

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

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NAME, Bartholomew Dodds.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886.						He is a weak minded Epileptic without a single bad or quality except his extreme stupidity. He is subject to fits occurring in batches about every fortnight. His sister says that he was been in the same way since he was a boy of 11.
Tel.						Sent to Stranraer Poorhouse
						Discharged Unrecovered. Tel. 3rd 1887.
1887.						
July 8th	98°		65		130	Readmitted ~~for~~ as a transfer from Poorhouse in good health - mental state quite unaltered.
Aug 26. 1887						B. Dodds is just an imbecile who has as a rule very little power of mentalisation & no memory. His speech is peculiar the muscles of articulation do not co-ordinate properly & shew a tremor & twitching that seriously impair his ability to pronounce the syllables distinctly. The speech here is sharper than a G.P. speech tho' like it there is a somewhat monotonous voice & the condition described above. But the longer one urges him to repeat words the greater his loss of power of the muscles - in fact his speech in many ways resembles a G.P. speech. He cannot say "British Constitution" but says "Brish" tremulously, then a pause, then "Consen". This performance is done with a kind of stammer & followed by a satisfied smile which arises from his imbecility. He is very susceptible of praise & if told that his attempts

NAME, Bartholomew Dodds.

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
					to pronounce words are highly creditable he is greatly pleased - His mental enfeblement is great - This mans ears are a perfect picture & seem a sort of reversion in the animal kingdom - the upper part of the pinna is spread out & enlarged & curved a little forward so that he looks like a bat a such animal.
					 - rather larger than natural but same shape.
					1st Sept 2 No change in B.D. still in bed as ever.
					1st Oct 2 Taking fits now & is dull & depressed - his fits are by night.
					2 Jan 1888 Troubled with fits at times but at present in good spirits.
					30 March 1888 At times dangerous & strikes at people. He has delusions the result of his fits.
					15 June 1888 Still taking fits & is very irritable.
					1 October Still irritable - & has delusions that he sees the Devil &c.
					30 Decr. This man has a fight occasionally. He is quiet except when the fits make him irritable.
					30 March 1889 He is still taking fits & has several delusions. He is irritable and dangerous.
					1 July No change.
					10 Septr. He has acute Synovitis of left knee. This knee was treated for the acute stage & then aspirated - It seems almost as if about to become Sclerotic. But he uses it now. His fits continue.
					18 Novr Still tame & subject to fits.

see page. ~~894~~ 885

NAME, John Muir. No.

Admitted, 14th August 1886. 11 A.M. Pr. Ad.

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

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Dunsdeer.

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

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

Dr Reddie. Obstinacy. For the last year he has not been known to speak unless conduct and irregularities. Has threatened to murder his mother. His family has no power over him to control his conduct.

Dr Davidson. Has complained of his head for years been treated for insomnia & complaints of getting poisoned for it. Cannot be got to speak now. Threatened violence to his mother refuses food.

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NAME John Muir.

STATE ON ADMISSION.

Mental.

Exaltation –

Depression

Excitement

Enfeeblement

Memory cannot be tested.

Coherence –

Can answer questions? No. except by writing.

Delusions

Other Abnormalities

Bodily.

Appearance

Skin

Hair

Eyes

Pupils

Muscularity

Fatness

Nervous System—*Motor*

Sensory

Reflex Action

Special Senses

Retina

Lungs

Heart

Tongue

Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse

Temp.

Height

Weight

Disease – *Skae's Classification*

General Bodily Health and Condition 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 Enfeblement.

573

NAME, John Muir

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886. Aug: 14						Patient was placed in the first Division and for several days remained in the State of semi Stupor in which he was admitted. He refuses to answer questions or rather takes no notice of them beyond looking at Questioner in a suspicious sort of way. When told to do anything he does it promptly. Continues in the same position until ordered out. Bodily health good.
Aug 16.						He now answers questions occasionally when spoken to. Any speech is preceded by much play and twitching of labial muscle. He seems often to try to answer but not to be able.
31.						No further improvement. Tried a week ago to Escape and when stopped spoke readily but has not spoken since. Slow and sluggish in movements. Works now with the barrow Squad.
Oct 16.						Continues the same sluggish machine as before. He sits and smokes when let alone looking on with a Cynical looking smile at anything that goes on but shewing no interest. He seldom speaks and then only in interjections. Was asked to answer questions and manages to do it several times with considerable difficulty. More recently seems quite unable to do so & writes answers to questions but these are very incoherent and he usually looks at his own writing in a puzzled way as if he could not make it out.
1887. Aug 26						This man is quite silent – refuses to answer a question acts just like a machine Is not too quick in looking after his bodily functions; At times shews ill-temper; Works with the squads – is fond of smoking & appears to take no interest in anything else.
1st Oct. 87.						
2 Jan 1888						J.M. shews no change – is an inveterate beggar for tobacco tho' he can't speak.

Farm annexe. 90

John Muir

No 4912

Admitted 14 August 1886 Case book no 2 NS page 571
Sent to Annexe 8th Dec 1899

December 23rd 1899:— In fair bodily health. He works actively and well as a byreman. He is mentally enfeebled and reticent never speaks, may occasionally nod an affirmative but never more. Goes about his work in an automatic way.

February 19th 1900:— Has been looking more flushed thinner & more exhausted looking recently. He in all probability has commencing pb this is though there areas yet no active signs.

July 26th — The warmer weather has improved him again and he is more stout of esher looking: Easily managed hard worker.

January 19th 1901: Little change to report since last. Note: His condition is below par.

Jany 13th 1902: The condition is reduced: He is thin and somewhat anaemic. He sleeps & eats well however — The apical condition is one of slight dulness on percussion & prolongation of breathing without any moist sounds. No change mentally — He is any hard worker.

1903 Jany 10th: Quiet. Cemented & never speaks. An excellent worker in byre. In good health.

July 10th: Much the same in every way. Keeps in good health.

1904 Jan: 10th: No change. In fair health.

1905 Nov 26. Works in the byres. No change.

1906 Sept 3rd Has not been in good health lately so he was sent to Sanatorium today.

See Case Bk. II

John Muir.

	& is taking food well & not coughing at all.
	impaired & is difficult to manage. He is stubborn & resistive & is very difficult as regards his food. Physically his condition is not good, he is thin & subject to oedema & swelling of the legs & feet. Examination of the chest shows dulness on percussion & impaired breath sounds on the left side.
December 11. 06	Is not doing very well - he does not take food well & is losing weight. Cough is not troublesome & he has no temperature.
February 12. 07.	Improving somewhat, is taking food rather better & is giving less trouble & being less resistive.
June 27.	He is now getting up daily & only occasionally do the lower extremities become oedematous - he is giving no trouble & gaining in weight. He has a mitral Systolic murmur which is heard in all the cardiac area.
November 28. 07.	This patient is improving considerably. & is now up all day taking food well & working a little in the garden. Condition of lungs is improving & mentally he is brighter & a more agreeable patient.
April 22. 1908	This man continues to improve

NAME. John Muir

Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
30 Mar 1888					No change.
15 June 1888					This man is quiet & will not speak. He goes on in just the same way as before.
1 Octr					Still silent & refuses to speak.
21 Decr					No change - he works on the farm & his one pleasure in life is tobacco
30 Mar. 1889					This man will not speak. He works on the farm.
1 July					Quite silent - In good health.
10 Septr.					No change in this man. He is an inveterate beggar for tobacco
1st March 1890					He is silent & will not speak - He still works on the farm.
12 June					Is quite silent -
18 August					Works on the farm & is not to be induced to speak.
10 Novr					In good health.
8 Dec 1899					Sent to Farm Annexe. q.v.
96 Sept 30th					Has been in Sanatorium since beginning of month. He looks much better & takes his food well, his temperature is always up a little and sometimes it rises to 100.
1907. 1908					- vide pages inserted.

14. Jan 1909. In male Hospital. In debilitated health. Is a useful man working with Mr Cameron the Cook in Kitchen

16. Aug. 1909. Transferred to Farm Annexe Building. Looks thin & debilitated but does not complain. Is dimentally enfeebled but is a useful man in Kitchen Scullery.

23. Octr. 1909. Urine examined to-day

S.G. 1016. Acid: Opalescent; Offensive odour. Tubings - nil; Phosphates - 035 mgr. per 20 cc; Glass react. neg; Indigo. neg:

Contains numerous pus cells in deposit - when stained with Lichen Neelsen do not show any T.B. but numerous Vacilli of resemblance to B. coli. communis.

March 10. 1910. Patient works regularly at Farm & Kitchen Scullery his health thro' debilitated has not become any worse.

P. 918

John Muir.

September 17. 06 Admitted from Farm Annexe. Patient is very delusional & ill-tempered & is difficult to manage. He is stubborn & resistive & is very difficult as regards his food. Physically his condition is not good, he is thin & subject to oedema & swelling of the legs & feet. Examination of the chest shows dulness on percussion & impaired breath sounds on the left side.

December 11. 06 Is not doing very well - he does not take food well & is losing weight. Cough is not troublesome & he has no temperature.

February 12. 07. Improving somewhat, is taking food rather better & is giving less trouble & being less resistive.

June 27. He is now getting up daily & only occasionally do the lower extremities become oedematous - he is giving no trouble & gaining in weight. He has a mitral Systolic murmur which is heard in all the cardiac area.

November 28. 07. This patient is improving considerably. & is now up all day taking food well & working a little in the garden. Condition of lungs is improving & mentally he is brighter & a more agreeable patient.

April 22. 1908 This man continues to improve

...ir.

PROGRESS OF CASE.

	...mange.
15 June 1888	This man is quiet & will not speak. He goes on in just the same way as before.
1 Octr	Still silent & refuses to speak.
21 Decr	No change - he works on the farm & his one pleasure in life is tobacco
30 Mar. 1889	This man will not speak. He works on the farm.
1 July	Quite silent - In good health.
10 Septr.	No change in this man. He is an inveterate beggar for tobacco
1st March 1890	He is silent & will not speak - He still works on the farm.
12 June	Is quite silent -
18 August	Works on the farm & is not to be induced to speak.
10 Novr	In good health.
8 Dec 1899 -	Sent to Farm Annexe. q.v.
96 Sept 30th	Has been in Sanatorium since beginning of month. He looks much better & takes his food well, his temperature is always up a little and sometimes it rises to 100.
1907. 1908 - vide pages inserted.	14. Jan. 1909. In male Hospital. In debilitated health. Is a useful man working with Mrs Cameron the Cook in Kitchen
	16. Aug. 1909. Transferred to Farm Annexe Building Looks thin & debilitated but does not complain. Is dimentally enfeebled but is a useful man in Kitchen Scullery.
	23. Octr. 1909. Urine examined to-day
	8.9.1016. Acid: Opalescent; Offensive odour. Fehling - nil; Phosphates - 035 mgr. per 20 cc; Glass react. neg; Indigo. neg: Contains numerous pus cells in deposit - when stained with Lichtenstein do not show any T.B. but numerous Vacilli of resemblance to B. coli. communis.
	March 10. 1910. Patient works regularly at Farm & Kitchen Scullery his health this debilitated has not become any work.

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NAME, Thomas Hoare. No.

Admitted, 14th August 1886. Pr. Ad. none.

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

Education, University M.A. Cantab. Religion, Protestant.

Private or Pauper, Private. Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity* Father insane.

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

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease — *Skin's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B 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 Hoare.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887 Mar 20th						Mr Hoare has resided at Kirkmichael House all winter & has had shooting all the season. He has been fairly contented as long as he had unlimited meal & drink. His appetite was enormous & at a meal he has been known to eat a leg of mutton with the usual accessories in proportion & finish off with half a dozen eggs. He has been allowed three glasses of whisky daily & as much beer as he chose to drink. He usually took the whisky undiluted.
Mar 24th						Mr Hoare came in from Kirkmichael Mar. 20th. For the first week he was somewhat restless but fairly sensible though difficult to please in his diet & eating with inordinate appetite. On night in the drawing room Mr Hoare was noisy, talking & laughing in a foolish & purposeless manner. hawking & spitting before the ladies in a manner foreign to his nature & paying marked attentions to the female domestics
Mar 25th						gradually becoming more excited & while out on the links playing golf he was turning somersaults & playing cricket & football with the boys on the green. to their great amusement. He is coarse & disgusting in his method of eating noisy & foolish at table & erotic in his conduct.
Mar 26th						Pot. Bromid 3ss 20. to die. prescribed. was quite rational in the morning & amused himself in the morning by playing Squash-ball. In the afternoon went out to play football & nearly stripped himself naked during the game. & twice unbuttoned his knickerbockers & let them fall exposing himself. In the evening he threw the first dose of his medicine in the fire & then repenting swallowed the whole bottle full amounting to about 3ij Pot. Bromid. Did not go to bed till 4 a.m. but sat up drumming on the piano. Did not sleep at all this the morning unblushingly stated that he had been masturbating all night or as he said "doing a little frigging"

NAME, Thomas Hoare

DAY.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						His faeces were found smeared all over the carpet. She had deposited his drawers in the night stool.
June 27						All today he has loafed about his room in Pyjamas writing letters of poetical effusions of a most ridiculous character. He also covered much paper with incoherent scribbling of an erotic nature. Went to bed very late & slept well.
June 28						Much quieter & more reasonable all day, but has not gone out. Had his meals in his own room & forced himself at dinner time.
June 29th						Last night Mr H. did not go to bed till 3 a.m. but sat all night smoking & masturbating & even proposed sodomy to his attendant. This morning told the night attendant that he had defaecated all over the floor. The floor was found carefully sponged, but with no faeces on it.
July 5th						Mr Hoare slept well last night & did not masturbate. He is still as changeable as the wind & recedes with facility but is at present in general good humoured.
July 8th						During the last two months Mr Hoare's condition has remained little altered. He is a confirmed masturbator & goes about it in a most extraordinary way. Thus on one occasion his pillow was found covered with tooth paste which he had been using as a lubricant for his penis. Frequently his soap was found with a round hole in it & it was found that he inserted his penis into this hole. Sometimes he twisted up a piece of bread into a circle & laid it with string for the same purpose.
July 27						During the last fortnight Mr Hoare's condition has become decidedly worse. His habits have become more depraved than formerly. He has been seen drinking out of the water closet & drinking his urine. His masturbatory habits continue. He has had hallucinations of hearing & holds conversations with the voices which he hears. The railway whistles in the distance he imagines are voices which call him to go home. He has also lately had delusions of persecution. He accuses the warders of poisoning him & his attendants.

(Continued on page 823)

NAME, Richard Quinn. No.

Admitted, 9th September 1886. Pr. Ad.

Sex, Male. Age, 23. Marriage, Single. Occupation, Gamekeeper.

Education, Slight. Religion, Roman Catholic.

Private or Pauper, Pauper. Where from? Kirkconnel.

HISTORY.

Causation.

Disposition Good natured

Habits

Previous Attacks—No. — Kind

Duration Where treated

Hered. History—Insanity —

Other Diseases

Predisposing Adolescence — He had an injury on the back of the head 8 years ago when a cart passed over it.

Exciting He was much excited by seeing a boy now drowning and by the efforts he made to save him - a month before

Symptoms. First.

Mental

Bodily

Recent.

Mental He was noisy and troublesome would not put on his clothes; nor take food - Talked in an insane way about the holy communion.

Bodily Appetite bad and bowels out of order.

Insane Homicidal Propensities none.

Suicidal " " No.

Dangerous Yes.

Duration of Existing Attack 3 Weeks.

Other Facts or Remarks There is a large Element of Religious mania mixed with his disease. He is constantly crossing himself says he must wait for the holy Communion before taking food stubbornly refuses when asked to work but does everything with a bland smile on his face.

Facts of Medical Certificates

Dr Cunningham. Dumfries. His facial Expression indicates mental disorder He has strange fancies and imagines all sorts of things. He is dangerously destitute and sleepless and required to be well watched

Dr Bryden. Dumfries. Has a wild excited look and has delusions. Imagines voices at night urging him to fight for his church. He also says he has visions of the Blessed Virgin & the Saviour.

NAME

STATE ON ADMISSION.

Mental.

Exaltation: Talks in a high flown way of having a mission from Heaven to convert all here to the Holy Catholic faith.

Depression:

Excitement:

Enfeeblement:

Memory: Sluggish.

Coherence: Good. Can answer questions? Yes but gives a religious turn to his answer.

Delusions: Says he must convert all here to the Catholic faith; that he has been betrayed before being brought here. That he must not eat before the Communion

Other Abnormalities: Gets in a state of Ecstasy at times arms folded eyes turned up and when aroused looks angrily at intruder. Refuses food.

Bodily.

Appearance: Tall well made and healthy looking youth.

Skin: Fresh and healthy. Hair: Black moustache & beard begun.

Eyes: Conjunctivae jaundiced. blue. Pupils: Equal regular Equal sensibly contracted.

Muscularity: Very good. Fatness: healthy amount.

Nervous System—*Motor*: good.

Sensory: Dull.

Reflex Action: Skin & Tendon due. Special Senses: Normal. Hallucinations of hearing & seeing.

Retina:

Lungs: Healthy.

Heart: Apex beat normal no abnormal sounds.

Tongue: brown fur. Bowels: Constipated.

Other Organs, Abnormalities, Bruises, &c.: There is a long curved scar about 3 inches in length behind the left ear inflicted by a cart wheel 8 years ago.

Appetite: good

Urine: healthy

Menstruation:

Pulse: 76 strong full & regular. Temp.:

Height: 5 ft 10. Weight: 12 St · 2 lb.

Disease: Mania of Adolescence. *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.
	×							×	

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NAME, Richard Quinn

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9th Sept:					170	He was placed in the second division and given a strong purge. He slept quietly after admission but when spoken to gave strong evidence of his disease in his religious talk. Wanted to convert all the house to the Holy Catholic faith. Said he was waiting for Communion. Refused food next day but took it after on being threatened with force.
16th Sept.						He is quieting down occasionally misses a meal giving the old reasons. He was sent to work with the Barrow squad but nothing could be made of him as he flatly refused to work. He is liable to outbreaks of sudden violence on any one near him and once or twice has started with his fists to beat in the door panels.
23 Sept.						Still refusing to work. His bowels were constipated and his conjunctivae injected & jaundiced so was treated with Podophyllin pills for a night or two. His religious delusions are not brought so much to the front as before.
5th Oct:						He occasionally misses a meal still but has shewn his stomach tube being used on another patient and was evidently impressed. His beard is beginning to grow.
Oct 30th						Patient cheerful & healthy. Works a little with the barrow squad. Takes his meals heartily & does not show any delusions.
Dec 28						For the last ten days Quinn has been excited frequently muttering to himself & accusing fellow patients of having evil influence on him. Last night he broke open the door of the Seclusion room in which he sleeps. He has not yet attempted any personal violence. His bodily health is good, he is growing fat & strong, his beard is growing.
Dec 28th						Quinn is again quiet & his delusions are less obvious though he still scowls occasionally at some of the former objects of his suspicions he does not use threatening language.
Jan 14					178	
Jan 24th						Quinn removed to Kirkmichael to aid the farm keeper in trapping rabbits.

NAME, Richard Quinn.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Quinn proved a failure at Kirkmichael. He did much as he pleased. Would not get up in the mornings & once stayed out all night. He has accordingly returned here. He is good natured but lazy. Says he does not like working unless he is paid for it. He affects the Society of all the women about the place & is a great favourite with them. Being rather a dandy in his dress.
						Discharged Recovered February 188[illegible].

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NAME, John Thomas Goodwin. No.

Admitted, 11 September. 1886. Pr. Ad.

Sex, Male. Age. Marriage, Occupation,

Education, Religion,

Private or Pauper, Voluntary. Where from?

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

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression Great Depression. Fears for future despair with regard to business affairs &c.

Excitement His fears and thoughts rouse him to constant walking about moaning and wringing his hands.

Enfeeblement

Memory good.

Coherence perfect. Can answer questions? perfectly

Delusions That his affairs have all gone to the bad. That he is quite lost for the future. &c.

Other Abnormalities

Bodily.

Appearance Unhappy, anxious appearance. Eyes fixed on the ground.

Skin Healthy. Hair Brown, rather scanty.

Eyes Blue. Pupils Equal, regular & active.

Muscularity Fair. Fatness Diminished

Nervous System—*Motor* - Great restlessness. Continual walking about unless forced to sit when patient rubs one hand with the other.

Sensory Acute.

Reflex Action Normal. Special Senses Sight of left eye impaired.

Retina

Lungs Healthy.

Heart Healthy.

Tongue Tremulous. Coated on dorsum. Bowels Constipated - Slight prolapsus ani.

Other Organs, Abnormalities, Bruises, &c.

Appetite Impaired. —

Urine

Menstruation

Pulse 66 per minute. Temp.

Height 5 ft. 6 1/2 inches. Weight 121 lbs

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 Thomas Goodwin.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15.9.86.					121	Since admission Mr Goodwin has shown extreme distress, walking up and down, moaning and wringing his hands. Exaculating at times "Oh. I'm lost!" or "Oh! that terrible future". He thinks his affairs are ruined thinks that he can never return home then after a few minutes will say "What will I do when I go home if I dont get better". When questioned it was found that he suffered from a fissure of the anus which sometimes gave him intense pain. It was thought that this might be at the root of the matter so
14/9/86					111	Dr Morrison operated upon it on the 20th.
29.9.86.						Not much improvement has yet taken place. He persists in going to stool and straining till prolapse takes place. Put upon Pulv. Glycyrrhizae Co: Fi each night.
Sep						
13 Oct.						Not much improvement has yet taken place. He is a general nuisance in the Gallery goes constantly groaning about even during dinner. He does not take food well. His sister who saw him a week or two ago thought he was improved from what he had been
Nov 8						Mr Goodwin's condition is unaltered. He has been removed to the sick room for the purpose of having his piles operated upon –
Nov 15th					117 lbs	Mr Goodwin operated on – piles removed by clamp & cautery.
Nov 27th					114	Bowels moved with considerable pain.
Dec 11th					116	Some external piles remain.
Dec 22nd						Mr Goodwin is suffering from Carbuncular
Jan 18th					109.	boils in the fold of the buttocks. Whether or not these were due to the irritation of the operation or not, it is impossible to say.
Feb 4th						His bowels are very difficult to move & aperients
Feb 19th						are used regularly. He is having 4 eggs & 8 pints
Mar 14					108.	of milk daily with 2oz whisky & one pint porter. Today pepsin thrice daily was begun followed by dilute hydrochloric acid after meals. 4 eggs & 8 pints of milk daily
Aug 26th						Mr Goodwin's bodily health is good. He takes his food well. and sleeps every night, but says he has terrible dreams. His mental condition is growing worse. He walks about all

NAME, John Thomas Goodwin.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						day groaning and wringing his hands, making himself a nuisance both in the grounds and in the house. Fortunately he is always quiet through the night. He cannot be got to do any work at all. He says he is "the "very place of despair", that he is in hell, and that both his body and soul are lost. He speaks quite sensibly, and admits that his groaning can do no good, but says
14/87					97.	he cannot help it.
15/87						There is no improvement in Mr. Goodwin's condition. He wanders about, wringing his hands, groaning, and crying "My God, my God!"
17/87						No improvement in Mr. Goodwin's condition. He continues to lose blood at stool: this has gone on more or less ever since his piles were removed. He gets cascara n.30 at night to keep his bowels open: otherwise he will not go to stool for days for fear of pain and loss of blood. Locally, unguentum Gallae & opii is applied. His constant groaning is a perfect nuisance, and irritates the other patients in the Infirmary. Fortunately he is always quiet when in bed.
21/87						Mr. Goodwin lost a large quantity of blood at stool this morning He is very weak. Examination shews the mucous membrane of the rectum to be very lax: no new growth can be detected. At stool some prolapse takes place, and protrusion of bleeding internal piles. He has been ordered an enema of cold water, ℥iv. every morning before rising, and the cascara has been stopped.
22/87					95	Mr. Goodwin became gradually weaker from loss of blood, which nothing would check. He had had an enema of cold water every morning, with tincture of Hamamelis internally, without any effect. He was sent home to London today in order that he might be near his friends in the event of an operation being attempted. His mental condition has become still worse. His perpetual loud groaning was injurious to the other patients in the Infirmary.
						Discharged. Not recovered.

NAME, William Forsyth. No.

Admitted, 14th Sept: 1886. Pr. Ad.

Sex, Male. Age. Marriage, Occupation,

Education, Religion,

Private or Pauper, Voluntary. Where from? Girvan.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Disease

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 Forsyth.

STATE ON ADMISSION.

Mental.

Exaltation slight.

Depression

Excitement

Enfeeblement

Memory Good.

Coherence Normal. Can answer questions? Yes. satisfactorily.

Delusions none.

Other Abnormalities

Bodily.

Appearance Middle height. well built.

Skin Healthy. Hair

Eyes Pupils

Muscularity Fair. Fatness moderate.

Nervous System—*Motor* Slight muscular tremor observed.

Sensory normal.

Reflex Action Special Senses normal.

Retina

Lungs Healthy.

Heart Healthy

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight 153 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.

589

NAME, William Forsyth.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10 Oct.					153lbs.	This patient shows no trace of anæmia and very little nervousness. There is some muscular tremor present and an erethic appearance but he goes out walking, plays billiards dances and plays card and does them all well with great apparent enjoyment.
16th Oct.						Yesterday Mr Forsyth went to meet a friend from Ayr and returned home all right. Today he went again but came home very intoxicated in about 2 hrs. He is usually free and easy on the subject of liquor but he seems very much ashamed of his performance as yet.
8th Nov.						Mr Forsyth discharged himself.

NAME. William Forsyth.

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

591

NAME, William Cecil Moray. No.

Admitted, 26 Sept 1886. Pr. Ad.

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

Education, Religion,

Private or Pauper, Private. Where from? Oak Park. Letterkenny. Ireland.

HISTORY.

Causation.

Disposition

Habits Uncertain

Previous Attacks—No. 1 Ten years ago. Kind

Duration Where treated Manchester Asylum Prestwich.

Hered. History—Insanity An uncle died insane

Other Diseases

Predisposing perhaps Masturbation. which he practised to excess since the age of 15 years till a year or two ago.

Exciting

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental

Bodily He says he has been falling off in body weight lately.

Insane Habits and Propensities

Suicidal No.

Dangerous No.

Duration of Existing Attack He seems not to have been quite well since last attack

Other Facts or Remarks

Facts of Medical Certificates

Dr Macdonald Dumfries. — He says that he has come thro' great trials. that two years ago this gave him medicines which induced Spermatorrhoea. He says his friends send him here for piles. He has lately had peculiar sensations in his head.

Dr Dryden. His attendant says he has attacks of irrational behaviour as wandering about. He is very garrulous, and is very suspicious of those who come in contact with him. He says he has been assaulted at night by voices and he imagines that Roman Catholics are seeking to do him injury.

NAME William Cecil Gray.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Some slight depression expressed in his face and manner and he appears as if he were afraid of most trivial things.

Excitement

Enfeeblement

Memory moderately good.

Coherence good Can answer questions? well.

Delusions He has delusions of suspicion against some neighbours in Ireland who are supposed to intend harm to his property.

Other Abnormalities

Bodily.

Appearance He is a tall hairy looking muscular man.

Skin healthy. Hair brown.

Eyes blue Pupils Equal reg: Semicontractia responsive.

Muscularity good. Fatness moderate.

Nervous System—*Motor* Some muscular tremor is present otherwise muscular power is good.

Sensory Natural.

Reflex Action normal. Special Senses normal.

Retina

Lungs Some flattening on right side above and under clavicle and in this area breath sounds are inaudible. Slight increase of vocal resonance.

Heart Apex beat normal. Sounds healthy.

Tongue Slightly furred at back. Bowels regular. Some haemorrhoids are present.

Other Organs, Abnormalities, Bruises, &c. There is a prominence over the area of the liver but the dulness seems normal.

Appetite good.

Urine 1026 Spec: grav: No albumen or sugar.

Menstruation

Pulse 72 regular. Temp. —

Height 5 ft. 8. Weight 9 st 11.

Disease Insanity of Masturbation *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

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NAME. William Cecil Wray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29.9.86.					137.	On admission Mr Wray was placed in the High level gallery, and seems to have settled down pretty well already. He talks rationally and answers questions well but is evidently nervous about himself. He was very anxious when his Physical condition was being taken to know that his lungs were all right. He is now very anxious to have some piles that are troubling him operated upon. He goes in heartily for all the amusements going and plays most games but is rather vain of his accomplishments.
13.10.86.						Mr Wray has attached himself to Mr Grubbe a rather native of Ireland and the two seem excellent friends. He is fond of talking of his ailments and studies with morbid anxiety a small pile on the edge of his anus.
						Mr Wray still continues a busy tailor. Goes walks still as if from a sense of duty but his return seems a constant source of anxiety. He makes no ostentatious operations &c. and is now delighting in a large supply of Confection of Pepper which has been warranted efficacious.
Nov 5th						Mr Wray has been for some time paying the most careful attention to his piles. He asked the writer in a most pressing manner to operate on it when he was met by a ready response. She hesitated after much talking concluded that he would be continued his Conservative treatment. She is still nursing his piles. He has parole & usually accompanies Mr Grubbe everywhere. but not to the Table d'hote.
Dec 14th					143	Mr Wray is still Mr Grubbe's familiar. He still has periodic attacks of solicitude about his piles & comes to the assistant Physician to talk about them & always determines to have them operated on but never has it done. He works well with the Garden squad, plays billiards & is contented & happy.
14/3/87					142.	
14/9/87					137	
27/9/87						Yesterday the operation, which Mr Wray has so long desired, was performed, a fairly large internal pile being removed by means of the clamp and cautery, under Chloroform. He is

NAME, William Cecil Wray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						suffering no bad effects this morning, his temperature being normal. He is in the Infirmary.
1/2/87						Mr. Wray was up this afternoon. He twice lost a little blood on defecation since the operation, but he is losing none now, and his bowels are moved with very little pain.
3/2/87						He went back to his room in the ~~High~~ Mid West today.
12/2/87					137	Mr. Wray is in capital health, and less anxious about himself. He is more active than he used to be, works well in the gallery, and takes long walks with Mr. Moore. He talks quite rationally, but his mental development is not very great. He has rather a high opinion of his own powers both in business and sport.
8/88						About a fortnight ago Mr. Wray complained of difficulty in making water, and pain before and after micturition, with occasional stoppage of the stream. He did not think the stream had been gradually getting smaller. ~~Tom~~ Last night ~~ago~~ he was seized with severe pain and complete retention of urine: the pain being spasmodic, and evidently due to involuntary contractions of the bladder which were unable to overcome the obstruction. His bladder was not greatly distended. A hot hip bath and hot fomentations were ordered, and m 20 of Liquor. opii administered. A little water was passed with some difficulty, and he felt better in the morning. Later in the day it was found necessary to administer chloroform to get a catheter through the tight stricture which was found to exist, and which was to a large extent spasmodic. A good deal of blood came from the urethra during the passage of the instrument. A No. 5 Silver catheter was used. The water was again drawn off under Chloroform at 10 P.M.
9/88						Mr. Wray slept well last night, but the stricture is as tight as ever, and he cannot pass a drop of water. Chloroform was given morning and evening and the urine drawn off. A morphia suppository was given at night, as he had considerable pain from the urethra. A good deal of blood was lost during the passage of the catheter.
10/88						Mr. Wray slept well, and had no pain during the night. Catheter (No. 6 Silver) was passed under chloroform in the morning, and kept in the bladder all day. It was removed at 10 P.M. and a ¼ grain morphia suppository inserted. An attempt to pass the catheter without chloroform failed. Still a good deal of bleeding from the urethra.
11/88		99.4		64		Mr. Wray slept well last night. He passed about ℥ii urine in the morning, but an attempt to pass the catheter without chloroform was again unsuccessful, a considerable quantity of blood coming away. Same treatment as yesterday.

(continued on page 853)

595

NAME, ~~Geo~~ David Brown Johnson. No.

Admitted, 19th October 1886 Pr. Ad.

Sex, Male Age, 65 years. Marriage, married Occupation, None.

Education, Only 3 years at school. Religion, Protestant

Private or Pauper, Private. Where from?

HISTORY.

Causation.

Disposition as a rule cheerful. Patient is subject to fits of depression

Habits Temperate in use of alcohol tobacco. Studious.

Previous Attacks—No. Has had 6 or 7 attacks Kind Same as present.

Duration Where treated Morningside Crichton Gartnavel

Hered. History—Insanity

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no.

Dangerous not apparently so.

Duration of Existing Attack about one month.

Other Facts or Remarks

Facts of Medical Certificates

Dr Riddell 9 days. He is highly excited in his manner, talking quite incoherently about religion & about prophesy. Believes that he is a great prophet himself. Has also threatened to strike any person who will not do as he recommends

Dr Bryden. Dumfries says. He is very excited & full of delusions. He says that he is endowed with the powers that Jesus Christ possessed, that he can work miracles &c He says that he stopped the last Russian war by writing to Lord Palmerston &c

NAME David Brown Johnstone.

STATE ON ADMISSION.

Mental.

Exaltation Patient highly excited in perpetual motion, leaping, dancing & singing. Says he can cure all diseases by touch. He can climb the highest mountain without fatigue. can fly in the air. &c.

Depression

Excitement Not marked. laughs & talks perpetually.

Enfeeblement — None.

Memory good for both long past & recent events.

Coherence good Can answer questions? yes — but soon rambles off to other subjects

Delusions Believes himself to have equal power with Christ to ~~answer prayer~~ cure disease. Says he is the son of the wandering Jew. Says he can fly, can make the dumb speak.

Other Abnormalities

Bodily.

Appearance Tall, broad chested. well nourished face rather pale.

Skin clean smooth & rather dry. Hair Gray long but scanty on the top of head

Eyes blue Pupils equal. moderately dilated react to light.

Muscularity Very great Fatness moderate

Nervous System—*Motor* Patient is muscularly strong. there are no tremors or more than any nervous trembling

Sensory Ordinary sensibility is a little dulled.

Reflex Action Normal. Special Senses Normal.

Retina

Lungs No cough. Percussion & auscultation normal. lungs expand equally & well.

Heart No murmurs.

Tongue Moist & clean. rather pale Bowels move daily.

Other Organs, Abnormalities, Bruises, &c. Liver not enlarged. Some abrasion on the shins. Slight œdema of both legs.

Appetite Excellent. patient dines heartily.

Urine Amber colour - acid - Sp gr 1030. no deposit no albumen.

Menstruation

Pulse Pulse 100 regular. of moderate tension Temp. —

Height 5 ft. 10½ in. Weight 11 st 12 lbs

Disease Acute Mania *Skae's Classification*

General Bodily Health and Condition Excellent.

PREDOMINANT FEATURES.

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

NAME, David Brown Johnston.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Oct 19				100	166	Patient was sleepless during the night. laughing singing. pulling his bed shad about. & never in bed. broke bedroom crockery & was found lying under his mattress & when pulled from below it said he had just risen from the dead. Walked out with attendant, took his food well.
Oct 20th						Very noisy all night. Disturbed the whole house by battering at his door. Lay quiet from 12 to 3. Walked out during the day - took his food well. Is inclined to be abusive in his language & talks continually - dances leaps & sings vigorously.
Oct 21st						No change. patient does not seem in the least exhausted. Was very noisy after 3 a.m. Walked out. took food well At 10 P.M. 3½ Bromide of Potassium given.
Oct 22.						Slept for 5 hours then very noisy. Walked out as usual - took food freely
Oct 23 ~~Oct 22~~						Was quiet last night till 6 o'clock. Still very noisy during the day but the excitement is abating.
Oct 24						Slept well till 6 a.m. Walked out.
Oct 29						Patient is now much quieter - sleeps well at night still imagines himself Christ or the Son of the wandering Jew. Frequently he dresses himself up in fantastic garb & poses in various characters such as a beggar woman or a turk. At times he writes long & unconnected letters. Bodily health excellent.
Nov 4th						Mr Johnson is in excellent health & spirits. He sleeps well at night & takes his food well. He is full of projects. He has written innumerable letters during last week inviting all whom he knows personally or by repute & all those living in their neighbourhood to an entertainment at his house at Halloween. His delusions are varying but he still thinks himself possessed of supernatural powers. He thinks all animate & inanimate matter is subservient to his will but he does not disdain to ask for writing paper &c. He smokes & reads the papers & still dances about but he is quite harmless.

NAME, David Brown Johnson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Dec 23		98°		74	180	Mr Johnson who has been quite well during the last month was to day discharged in excellent health, having increased lbs. in weight since admission. Discharged Recovered Dec 23 1886.

599

NAME, John Blamaire (Voluntary) No.
Admitted, October 22nd 1886. Pr. Ad.
Sex, Male Age, 60 years Marriage, married Occupation, Sea Merchant
Education, Fair. Religion, Protestant -
Private or Pauper, Private Where from? Carlisle.

HISTORY.

Causation.
Disposition Quiet
Habits Non-Smoker. Temperate in use of alcohol.
Previous Attacks—No. One. in 1881. Kind Similar to present
Duration Where treated Cruchton R. Institution
Hered. History—Insanity None known.
Other Diseases
Predisposing Business Troubles.
Exciting Sleeplessness.

Symptoms. First.
Mental Depression.
Bodily

Recent.
Mental
Bodily

Insane Habits and Propensities None -
Suicidal No.
Dangerous No.
Duration of Existing Attack About 3 months -
Other Facts or Remarks

Facts of Medical Certificates

NAME John Blamire

STATE ON ADMISSION.

Mental.

Exaltation

Depression Patient's manner is quiet. Has expression melancholy. He looks haggard & depressed.

Excitement

Enfeeblement

Memory Excellent.

Coherence Good. Can answer questions? Yes. clearly & fluently

Delusions Believes he is a lost man for time & eternity, because he has committed the unpardonable sin.

Other Abnormalities

Bodily.

Appearance Thin spare man. face well coloured but thin with temporal hollowing.

Skin clean & healthy. Hair Gray & scanty

Eyes blue Pupils equal rather contracted. react to light- & for accommodation

Muscularity slight- Fatness nil.

Nervous System—*Motor* walks quite naturally. no tremors or incoordination.

Sensory normal.

Reflex Action normal - Special Senses slightly short sighted

Retina

Lungs expand fully & equally. Percussion & auscultation is normal - no cough.

Heart Sounds normal. not enlarged.

Tongue indented. white coating with centre Bowels. inclined to be inactive

Other Organs, Abnormalities, Bruises, &c. Liver dulness total 6 3/4 in.

Conjunctivae have a slight yellow tinge.

Appetite very deficient.

Urine

Menstruation

Pulse 70 per min. full. regular Temp. 98·6° F.

Height 5 ft 8 in. Weight 9 stones.

Disease Simple Melancholy. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, John Blamaire. (Voluntary.)

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Oct 23					126	Patient's condition unaltered. Slept hardly at all & was so miserable that he would not come to table d'hôte. Said he could not eat.
Oct 24						Slept none last night. Tongue this morning loaded with brown coloured deposit. Breath foul bowels constipated. Ordered powders of Rubarb Pot Betart & Guaiac thrice daily. & a glass of whisky & hot water at bedtime.
Oct 29						Patient is less depressed than on admission. He attends table d'hôte & is quiet & gentlemanly in his manner. He has played billiards once or twice & frequents the billiard room a good deal. He still complains of want of sleep & says what sleep he has is disturbed by bad dreams. His tongue is still loaded & his bowels do not yet move freely. A mixture of Nux Vomica. Rubarb Quinine & Quassia given.
Nov 5th						Mr Blamire still continues much depressed. He attends table d'hôte but his appetite is not very robust. His bowels do not yet move regularly & he is troubled with eructations of wind after meals. His tongue is somewhat cleaner. Quinine. Nux Vom. & Acid Nit Hydrochlor. given.
Novr 13th						Mr Blamire is still in very low spirits. He does his best to keep his mind occupied. He walks out regularly. plays billiards occasionally & attended the last drawing room party & played an excellent game at whist. He has still bad dreams but the night watch reports that he sleeps well.
Dec 14th					142	He attends table d'hôte & takes his food well.
Dec 27th						No much improvement in Mr Blamire. He is very apathetic & requires much persuasion before he will go out for a walk. He has had a slight attack of bronchitis from which he is just recovering. He states that his sleep is still disturbed by disagreeable dreams. He will not attend either dances or card parties & rarely plays billiards, though he is always willing to mark for those who are playing. He is in fact most unselfish & tries to oblige those around him in every way.

NAME, John Blamire.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
'87 Ju. 16th						Mr Blamire is still much depressed though he is reticent. He still complains of disturbed sleep & bad dreams. Paraldehyde gave him somewhat sounder sleep but increased his depression greatly so after a weeks trial it was discontinued. His tongue is still brown on the posterior third. He is taking powders of Bismuth, Soda Rhubarb & Nux Vomica.
Jly 12th						During the last two months Mr Blamire has improved considerably. He is more chatty & animated & takes considerable interest in the cricket matches sometimes acting as scorer sometimes as umpire. He will not himself admit any improvement & in the mornings he does appear dull & unhappy. He still complains of bad sleep disturbed by disagreeable dreams & also of a constant uneasy feeling in the epigastrium. ~~During the la~~ On the night of July 10th & 11th 180 gr Hydriodate of Hyoscene was given hypodermically & Mr Blamire says he slept much sounder & had fewer dreams than he has had since admission.
Ap. 30th						Mr. Blamire's condition remains much the same. He reads the newspapers, takes interest in cricket, and occasionally plays billiards, but when spoken to about his condition he says he is as miserable and hopeless as ever. He does not enjoy his food very well, and his bowels are constipated. He is taking podophyllin pills. He does not sleep well, and for some nights has been getting bromidia.
Oct. 14th					149	Mr. Blamire is still much depressed, but he is rather inclined to exaggerate his misery. He is reticent about the cause of his trouble. He walks out regularly, frequents the billiard room, though he does not play much, and takes a quiet interest in all that goes on. He reads the newspapers diligently, and is well informed about current events.
Dec. 14th						Mr. Blamire is more depressed than at the time of last entry. He is moody and silent, and has lost interest in everything. He believes that his suffering is a punishment for his supposed neglect of religious opportunities: in reality he was an active and useful man. His bodily health is not failing, but he is still much afflicted by indigestion and constipation.

(Continued on page 848)

603

NAME, Joseph Maximillian Haen. No.
Admitted, October 29th 1886 Pr. Ad. Mt St. Michaels
Sex, Male. Age, 19 years. Marriage, Unmarried. Occupation, Teacher & Servant
Education, Good. speaks French, English & German Religion, Roman Catholic.
Private or Pauper, Private. Where from? Mt. St. Michaels' Dumfries.

HISTORY.

Causation.

Disposition
Habits Steady & industrious but [illegible] addicted much that he masturbates.
Previous Attacks—No. None. Kind
Duration Where treated
Hered. History—Insanity None.
Other Diseases
Predisposing
Exciting Masturbation.

Symptoms. First.

Mental Excessive religious enthusiasm.
Bodily

Recent.

Mental Fits of depression & fits of irritability
Bodily

Insane Habits and Propensities None.
Suicidal No.
Dangerous Not apparently so.
Duration of Existing Attack Three months with exception of eight months.
Other Facts or Remarks

Facts of Medical Certificates

John Cunningham L.R.C.P.&S.I. says:- His facial expression indicates mental disorder, He talks incoherently & on subject of religion.
Hugh Cunningham L.R.C.P.Edin &c. He imagines that he is in constant communication with God his son Jesus Christ. He has a wild expression of the countenance.

NAME Joseph Maximillian Haen.

STATE ON ADMISSION.

Mental.

Exaltation

Depression. The patient appears dull & apathetic. he lies back in his chair & shuts his eyes. When his attention is attracted he smiles like a pleased child.

Excitement The next moment he is weeping bitterly.

Enfeeblement The listless way in which the patient lies in his chair seems to be due to exhaustion. He answers questions in a slow flattened manner as if it cost him an effort.

Memory Fairly good. for both recent & distant events.

Coherence Impaired. Can answer questions? Yes but slowly & hesitatingly.

Delusions That he is the son of Mary. That he is in hell. Mistakes one person for another. Thinks he thought a patient in his room was his own mother's spirit.

Other Abnormalities

Bodily.

Appearance Complexion fair. Figure short but well proportioned.

Skin Clean. Dry rather hot. Hair brown

Eyes blue. Pupils equal. react to light rather for accommodation

Muscularity Great. Fatness moderate.

Nervous System—*Motor* No tremors. no marked muscular weakness. Superficial & organic reflexes normal. Patellar reflexes greatly exaggerated.

Sensory Patient allows a pen to be stuck into his hands or arms or legs & scarcely notices it.

Reflex Action Patellar reflex exaggerated Special Senses Normal —

Retina

Lungs Expand freely & equally. Normal to percussion & Auscultation.

Heart Healthy.

Tongue Pale. moist. thickly Coated on front 2/3. Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite Fair.

Urine Healthy.

Menstruation

Pulse Rapid. small. regular. jerky. 120. Temp. 99° F.

Height 5 ft 5 in. Weight 8 st 12 lbs.

Disease Insanity of Masturbation - Melancholia *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.
		yes.						yes.	yes

605

NAME, Joseph Maximillian Haen.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Oct 29th		99°		110	8st 12 124	When this patient was admitted he seemed to be in a state of partial stupor. He answered questions in an absent manner in a few whispered voice. At one moment he would begin to weep bitterly, the next moment he smiled like a pleased baby. His will seemed to be absolutely paralyzed. He stayed just where he was put & did just as he was told. To questions about his ~~parentage~~ occupation &c he gave coherent though hesitating answers. but when asked who he was he mistakenly answered I am the son of mary – but he knows his own name. When a lighted candle was held up near him & he was asked what it was he said it was food. &c. He asked for no food but took it at once when it was given him.
Oct 30th						During the night the patient has been very restless pulling about his bed clothes & rolling himself up in them. He slept hardly at all two hours found in the morning covered with excrement from head to foot. This morning the attendant found him masturbating & he then admitted that he was in the habit of masturbating frequently.
Nov 6th						This patient has improved greatly. He is docile & greatly attached to his attendant whom he follows about like a dog. He has been carefully watched to prevent masturbation & has once only been found attempting it. He eats & sleeps well & to day was reading the papers. His bodily health is excellent He has still the delusion that he is the son of Mary He still seems to have no will of his own, he does without question whatever he is told to do. To night he is moody depressed but speaks more rationally asked why no one has been to see him & then he is to go back to his convent.
Nov 11th						Mr Haen was found masturbating by the night watch on each of his visits. To day he is much more depressed & melancholy.
Nov 13th						For last two nights he has been put in a

NAME, Joseph Maximillian Haen.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						Straight jacket. & is quite reconciled with. He works with the garden party during the day seems longing the work. Yesterday. Brother Superior visited him was greatly pleased with the change in him. Mr Haen spoke quietly & rationally seemed much pleased to see his friend.
Nov 22						The straight jacket has been discontinued during the last three or four days Mr Haen has been none the worse He is quiet & depressed & has a habit of repeating all questions asked him 'to his God' but he works well & the the garden party has not been found absenting himself of late.
Dec 14						Joseph Haen was to day discharged unrecovered He still has delusions of identity. He calls every one Jesus or the Holy Trinity & wants to worship them. He is facile & has very little volitional power His bodily health is very good & he works well
					135	with the garden party.

Discharged unrecovered
December 14th 1886.

607

NAME, James Weddell — No.

Admitted, November 3rd 1886. — Pr. Ad. 40 Broomlands. Paisley

Sex, Male — Age, 38 years — Marriage, married — Occupation, Spirit Merchant

Education, Meagre — Religion, Protestant.

Private or Pauper, Private. — Where from? Paisley.

HISTORY.

Causation.

Disposition

Habits Intemperate use of alcohol –

Previous Attacks—No. 4 attacks — Kind Similar to present – –

Duration — Where treated Paisley Parochial Asylum.

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Intemperance Has been drinking heavily for the last month or more.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous apparently not. His wife states that he has threatened to kill her.

Duration of Existing Attack about six weeks.

Other Facts or Remarks

Facts of Medical Certificates

Frank Wilson M.B. says:- His actions are thoroughly irrational indicating a confusion of things mentally proving want of soundness. I have twice previously certified him as insane in exactly similar circumstances.

John Holmes M.D. says:- 1st Talks incoherently. 2nd Has delusions – thinks that God is speaking to him –

NAME James Weddell.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Patient thinks that his bodily health is bad & that he is going beyond Cure

Excitement

Enfeeblement Slight with tremor of muscles.

Memory Good.

Coherence Normal. Can answer questions? Yes, clearly

Delusions

Other Abnormalities

Bodily.

Appearance Tall powerfully built. red face & nose.

Skin Some pigmentation on shins Hair brown. rather long & scanty.

Eyes blue. Pupils Small. regular. equal. React normally.

Muscularity Considerable. Fatness moderate.

Nervous System—*Motor* Distinct tremor of extremities. slight tremor of tongue.

Sensory Normal.

Reflex Action Patellar reflexes increased. Special Senses Some hallucination of vision.

Retina

Lungs Expand freely & equally. Normal to percussion & auscultation.

Heart Normal.

Tongue moist. red & irritated on centre & edges along the edges. Bowels. Confined.

Other Organs, Abnormalities, Bruises, &c.

Slight anasarca about ankles & shins. Veins on the legs dilated.

Liver not enlarged. Spleen normal.

Appetite Deficient.

Urine Pale. clear 1015 acid. Contains no albumen.

Menstruation

Pulse Full regular. tension moderate 80. Temp. 98·8°7.

Height 5 feet. 10½ inches. Weight 112 lbs 6 lbs.

Disease Suicidal Melancholia. *Skae's Classification* Alcoholic 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.
		yes			yes.			yes.	

609

NAME, James Weddell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 4th					160	Mr Weddell slept badly during the night & complains of seeing numerous profane visions & hearing voices. He is tremulous & is somewhat despondent. Sent out for exercise during the day. Ate well & at night had a game at billiards.
Nov 5						States that he did not sleep at all last night but the night watch says he found him sleeping on his morning rounds. Is still tremulous but is working in the gallery this morning.
Nov 10th						Mr Weddell has been rapidly improving his appetite & digestion are good he seems much less despondent but still says he feels as though the stars were speaking to him as though God was displeased with him. He now sleeps soundly the whole night through. The tremor in the arms is much less. He has parole within the grounds for learning to play billiards.
Nov 13th						On Nov. 11th Mr Weddell's parole was stopped as he was about to go out without his clothes saying that a voice from heaven had told him to do so. He has since gone out with the walking & driving parties. He works about the gallery. Very willingly seems to be quite happy when doing so. This morning he was rather excited made his way to the gate bare headed saying the voice from heaven had told him to fetch his wife. He appears to have no suicidal tendencies.
Nov 18.						Mr Weddell to day made an attempt at suicide by drinking some strong liquor Ammoniacal which was lying in the attendants room. He suddenly rushed in when the attendants back was turned. Fortunately he vomited immediately. His tongue fauces & palate were considerably irritated but his stomach & larynx escaped. He was at once removed to the infirmary & remains there. He is greatly depressed & seems ashamed of his attempt. He works

NAME. James Weddell

DAY.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						with the Garden party.
Dec 9th						Mr Weddell is rather worse. His hallucinations of hearing still continue & he seems less able to reason with them than formerly. He constantly talks of his wickedness & thinks that every one round him is telling him of his wickedness. He hints that he would like to put an end to himself. He works well with the Garden party & helps in the work of the Gallery.
Dec 11					153	
Dec 28						During the last week Mr Weddell has improved greatly. He sleeps well & states that he hears the voices less frequently than formerly & he takes a more hopeful view of his own case & looks forward to his recovery.
1887						
Jan 31st					154	Mr Weddell discharged to the care of his wife. He is somewhat improved but still very desponding & believes he is not going to recover. He works well & when kept talking or working appears fairly happy.
						Not Recovered

611

NAME, Ebenezer Brown. No.

Admitted, November 8th 1886 Pr. Ad.

Sex, Male Age, 14 years Marriage, unmarried Occupation, —

Education, none. Religion, —

Private or Pauper, Pauper. Where from? Royal Albert Asylum. Lancaster.

HISTORY.

Causation.

Disposition

Habits Dirty.

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity None can be ascertained.

Other Diseases

Predisposing

Exciting History of what appears to have been an attack of inflammation of the brain at 2 years age.

Symptoms. First.

Mental Irritability.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Voids his motions under him in his clothes & the bed.

Suicidal No

Dangerous No.

Duration of Existing Attack 12 years.

Other Facts or Remarks

Facts of Medical Certificates

Robert McKerchar M.B. says. He is quite imbecile, unable to read &c.

John P. Lewis M.D. says:- Imbecile expression, cannot speak & does not understand anything said to him. Does not obey any direction given to him. Very restless always busy doing something. Does not attend to any call of nature.

NAME Ebenezer Brown.

STATE ON ADMISSION.

Mental.

Exaltation Considerable. Patient is in perpetual motion. Laughs & romps about the room

Depression

Excitement

Enfeeblement

Memory No means of judging.

Coherence Patient cannot speak. Can answer questions? —

Delusions

Other Abnormalities

Bodily.

Appearance Stout well built boy. short for his years.

Skin Lavies of the scalp Hair Brown.

Eyes blue. expressionless. Pupils moderately dilated. respond to light.

Muscularity Good. Fatness Considerable.

Nervous System—Motor functions well performed.

Sensory Apparently acute.

Reflex Action Slightly exaggerated Special Senses Hearing either absent or very deficient

Retina

Lungs Expand freely & equally. normal to percussion & auscultation.

Heart Normal.

Tongue Clean. Bowels move frequently.

Other Organs, Abnormalities, Bruises, &c. A bruise on the forehead.

Appetite ravenous.

Urine healthy.

Menstruation

Pulse 80. regular. full. Temp. 98.6°F.

Height Weight 4 st 12 lbs.

Disease Primary Dementia. Skae's Classification

General Bodily Health and Condition Excellent.

PREDOMINANT FEATURES.

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

NAME, Ebenezer Brown.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 10th						The patient appears to be a congenital Idiot. He has never spoken. He utters inarticulate cries. Has a way of his own of laughing. He obeys simple signs, such as going where he is pointed to. Holding a hand held out to him, but he does not appear to notice what is said to him. Pays no attention to noises made in his vicinity. He constantly dirties his clothes & the bed.
Nov 15th						He appears to have a rather destructive tendency. He has been placed in the 2nd Division & during the day a patient looks after him. An attempt is being made to educate him to go to the water closets at regular hours.
Nov 18th						Patient had an epileptic fit
June 16th						Another epileptic fit Remains in good health
Oct 21. 1887.						No change in this child who is a pitiable object - He goes out in charge of a man & gets plenty of fresh air - eats like an animal. Simply devouring anything that is given to him. No more fits in the meantime - He gets a bath every night.
2 Jan 1888						Much the same There is scarcely any change in this idiot.
30 Mar 1888						This boy has had fits & was in bed but is now better - His diet was changed to milk diet as he chews the cud.
15 June 1888						Still the same.
1 October						This imbecile had had several fits & is very pale but soon recovers.
21 December						He is much the same - a dirty noisy troublesome idiot.
30 Mar. 1889						There is no improvement.
1 July						An utterly filthy idiot
10 Septr						wet & dirty continually & chews the cud.

NAME. Ebenezer Brown.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
18 November 1889						This boy man is utterly depraved & mindless & as filthy as ever.
10 Mar 1890						No change.
12 June						He still makes Extraordinary noises & Gestures - & is too filthy to describe.
18 August						Filthy.
10 November						Same state of Idiocy & filth. He takes fits.

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NAME, George Craig — No.

Admitted, November — Pr. Ad.

Sex, male — Age, 64 — Marriage, married — Occupation, Master Mariner

Education, Fair — Religion, Protestant.

Private or Pauper, Private — Where from? Glasgow.

HISTORY.

Causation.

Disposition Cheerful + happy.

Habits Industrious. Temperate.

Previous Attacks—No. None — Kind

Duration — Where treated

Hered. History—Insanity Sister in Glasgow Royal asylum. Father was eccentric

Other Diseases. One sister suffers from neuralgia.

Predisposing. Heredity + gouty diathesis.

Exciting Mental strain. worry, with overwork.

Symptoms. First.

Mental. Suddenly expressed a delusion about the medical man who was attending him. Said he, Mr Craig had offended him + that he would not visit him (Mr Craig) again. Quite unfounded

Bodily Weakness. languor + exhaustion after the day's work.

Symptoms. Recent.

Mental Great depression. numerous delusions - refusal to take food because he thought it was not paid for it.

Bodily Great emaciation. + enfeeblement. Coldness of + blueness of + pain in the back. loss of appetite

Insane Habits and Propensities None.

Suicidal Has frequently been heard to say he wished he were dead. + would throw himself over the window

Dangerous No.

Duration of Existing Attack. About 6 months. ; began rather suddenly.

Other Facts or Remarks

Before the attack came on the patient was engaged in superintending the building of a ship. He had some quarrels with the workmen + used the very newest expletives afterwards. His wife noticed that he was generally very much exhausted after his days work + could hardly sit up in the evening. He frequently said that if the trouble + worry of his work continued he would go out of his mind.

Facts of Medical Certificates

Dr J. A Dryden: He is dull stupid melancholic + will not engage in conversation. He says he is being ruined by his wife's extravagance which is a delusion.

Thos. Davidson M.B.C.S. says:- He is particularly dull + has lost all recollection of his past history. His answers are occasionally away from the point. Very melancholic + tired of life.

NAME George Craig.

STATE ON ADMISSION.

Exaltation

Depression Marked. Patient groans frequently. Mis expression is one of great misery. He refuses all comforts saying that he is not worth them.

Excitement

Enfeeblement Considerable. Patient answers questions slowly & with great understanding & says correct questions. Knows Rooms & Hospital. Met him last night & admission.

Memory much impaired.

Coherence good. Can answer questions? not well

Delusions that he is hopelessly lost. That he cannot take food as his bowels are stuffed up with clothes.

Other Abnormalities Patient takes no interest in anything around him. Will stand for hours in the middle of room looking abjectly miserable if allowed to do so.

Appearance Spare. squarely built. hollow cheeked man

Skin dry. acne rosacea on face. Hair Silver gray. Healthy.

Eyes blue. Pupils equal moderately dilated. react normally to light & alter for accommodation.

Muscularity Slight. Fatness nil.

Nervous System—*Motor*. Power very feeble. Coordination good. no tremors. no choreic movements.

Sensory Common sensibility dulled.

Reflex Action Tendon Reflex normal - epigastric increased. Special Senses. healthy -

Retina

Lungs Dulness over front of left & right lung with impaired respiratory murmur & vocal resonance. Lung elsewhere hyperresonant to percussion. Otherwise normal.

Heart. Action weak but regular. Slight impurity of 2nd sound at aortic area.

Tongue large pale flabby, with white coating Bowels. Constipated.

Other Organs, Abnormalities, Bruises, &c. Liver dulness is decreased & the edge of the liver cannot be palpated. Several dilated veins run upwards from the hypogastrium to the epigastrium over the abdominal wall.

Appetite. Patient refuses all food does not appear.

Urine clear. amber colour. mucous deposit. 1022 Sp. gr. acid. Small amount of albumen.

Menstruation

Pulse 74 small. soft regular. Temp. 97·8.

Height 5 ft 8½ in Weight 9 stones (98 lbs)

Disease Melancholia with delusions *Skae's Classification* Senile insanity

General Bodily Health and Condition Very poorly under par. 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.
		yes.							yes.

NAME, George Craig

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 11th					98	The patient slept fairly well all night. He is in the sick room. He has in addition to what he will take of the ordinary diet six eggs daily, with 3 pints of new milk. Beef tea ad lib. & 6oz whisky daily. He refuses his food & only takes it after very great persuasion. He rarely speaks & seems to try to avoid all comfortable places such as arm chairs fire side corners
Nov 18th						Mr Craig is taking his food by dint of great persuasion
Nov 27					102	He sleeps fairly well at night & walks out during
Dec 8					103	the day. He can hardly be got to speak at all & answers questions in the most indirect manner
Dec 22nd						Mr Craig is somewhat improved. He takes his food well & has once or twice done a little work in the gallery. He is restless at nights & frequently get out of bed & walks about. He does not speak much but shakes hands
Dec 14th					107	readily & occasionally answers questions.
Dec 26th						Yesterday Mr Craig went to dine with his wife in Dumfries but refused to taste food there, evidently because he believed he could not pay for it. He has been placed in the Dormitory to be under observation at night.
~~Feb 21st~~						~~Removed to 2nd House & placed in 2nd Division I.~~
14/3/87					126	~~Was very noisy all night~~
24/3/87						During the last 3 months Capt Craig has improved greatly. He is much stouter & stronger & does not now suffer from coldness of the extremities. He takes his food well & sleeps soundly. He still is very quiet & has an expression of misery but he never gives vent to any melancholic delusion. He formerly had a delusion that Mrs. Craig was not his wife & he resented her visits but now he recognises her & is glad to see her. He talks about home matters & appears interested in her news.
April 28th						Much improved in health & increased in weight. Expresses no delusions but is very taciturn. Has a strong objection to new faces & is much attached to his attendant.

NAME,

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Talks with his wife intelligently & takes an interest in family news.
						Discharged. April 28th 1887.

NAME, John Macdonald. No.

Admitted, November 17th 1886. Pr. Ad.

Sex, Male. Age, 34 years. Marriage, Single. Occupation, None fixed.

Education, Moderate. Religion, Protestant.

Private or Pauper, Private. Where from? Greenock.

HISTORY.

Causation.

Disposition Distant except to intimate friends. Easily led away but lively & cheerful with them

Habits. Intemperate to August last. since then temperate. ~~Industrious~~ Unsettled. Social

Previous Attacks—No. Several Kind Fits of excitement after drinking

Duration a day or so at a time Where treated. at home.

Hered. History—Insanity. A brother is said to have committed suicide while in a

Other Diseases. state of mental depression.

Predisposing.

Exciting Probably alcoholic excess.

Symptoms. First.

Mental Had delusions of suspicion about his sister. irritability of temper.

Bodily. Loosing flesh lately. refusing food. pain in the head & costiveness.

Recent.

Mental Suspicions that all his acquaintances thought ill of him because his sister told them he was intemperate

Bodily

Insane Habits and Propensities

Suicidal. No.

Dangerous No.

Duration of Existing Attack. A fortnight? on its present state. For 2 years past

Other Facts or Remarks. the patient has been excentric in his behaviour.

Facts of Medical Certificates

I. Various delusions, especially the notion that poison was put into his food by his sister Flora & another lady companion & that cats were trained for poisoning his food. He threatens also to take away his sisters life & also threatens suicide.

II. Has delusions of suspicion. He imagines that some person in his fathers house is tampering with his food. He maintains that the same person 3 months ago tried to poison him with gas. The person he suspects is one of his sisters, but he can give no adequate reason for his suspicions.

NAME John Macdonald.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Patient has an anxious expression. but beyond that there is no evidence of depression.

Excitement

Enfeeblement

Memory Appears to be good.

Coherence. Patient is quite Coherent Can answer questions? yes with intelligence.

Delusions

Other Abnormalities

Bodily.

Appearance Small slight built. sallow complexion

Skin free from disease Hair black

Eyes blue. sight good Pupils equal. regular. react normally to light & in accommodation.

Muscularity slight. Fatness nil.

Nervous System—*Motor* power fair. no tremors or incoordination

Sensory normal.

Reflex Action healthy — Special Senses healthy.

Retina

Lungs Normal to percussion & auscultation. a few coarse rales over trachea & larger branchi.

Heart Sounds regular & pure but weak. apex beat in normal position.

Tongue pale. moist, flabby, clean. Bowels Constipated.

Other Organs, Abnormalities, Bruises, &c. Liver. not enlarged.

Appetite. good.

Urine Cloudy due to deposits. Sp. gr. 1035. acid. no sugar or albumen.

Menstruation

Pulse 70 per minute. small & soft. regular Temp. 98·8° F.

Height 5 ft. 2 in. Weight 97 lbs.

Disease Melancholia with Hallucinations Skae's Classification Alcoholic Insanity.

General Bodily Health and Condition Much 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.
		yes.							

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NAME. John Macdonald.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 14th					97.	A Conversation with Mr Macdonald this morning elicited the following information. He had a fair education. has been in a shipping office. has acted as a sailor & for the last four years has been a Sugar store Keeper. Six years ago he had a severe fall on his head. He fell 40 feet. He lay insensible for an hour or two after lay in bed for some days. but he was as well as formerly in a few weeks. except that he occasionally has a feeling as though a tight band constricted his forehead. or as though he had on a tight hat. This feeling is so definite that he often involuntarily puts up his hand to push back the hat he imagines is there. Mr Macdonald has been temperate for the last 2 months. but before that he drank heavily. About 18 months ago he began to hear curious ticking sounds as though a watch was close to him. He also at times heard voices & people moving about (this door) Often he got up in the night & imagined he smelled fusses which he thought were going to suffocate him. He believed that it was so then but he now says he thinks those sounds & smells were simply delusions although he still hears the ticking sound at times he pays no attention to it. At the time he had those symptoms he was reading some medical books belonging to his brother who was a medical student. & he became afraid that he was going to have 'paralysis' & so went to a Doctor who told him his fancies were all delusions. Mr Macdonald answers all questions put to him clearly intelligently & willingly no attempt at concealment. His memory is good. he is perfectly Coherent his power of attention is good. He sleeps well & eats well. Nothing wrong in his manner.
Nov 28th						Mr Macdonald remains quiet & apparently contented. He has been working with the garden party for some days & appears to like the work. Beyond a slight reserve he appears in every way a sane man.
Dec 4th					104.	

NAME. John Macdonald

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Dec 20th 24/87.					106	Granted parole within the grounds Discharged. Cured on Jan 24th 1887.

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NAME, Peter Crawford. No.

Admitted, November 19th 1886 Pr. Ad.

Sex, male. Age, 33 years. Marriage, married. Occupation, Farmer.

Education, Religion, L.C of Scotland.

Private or Pauper, Private. Where from?

HISTORY.

Causation.

Disposition Cheerful happy elastic.

Habits Steady, hard working. Taking meals at irregular hours & getting very little rest.

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity— Mother insane for 5 years died 8 years ago.

Other Diseases

Predisposing— Heredity?

Exciting Probably originated on the lapses of health. Travelling too much & doing without sleep

Symptoms. First.

Mental Dulness & disinclination to speak & loss of interest in his business. Constantly saying that his business was going to ruin.

Bodily 2 months ago vomiting with pain in the forehead back of neck.

Symptoms. Recent.

Mental About Nov 9th or so he became excited. talked much about his money matters being in a bad state.

Bodily Sickness. Vomiting after food. Pain in the Stomach. Patient grew thinner

Insane Habits and Propensities

Suicidal Yes. He made an attempt shortly before admission. Made for the railway track, when a train was coming

Dangerous no

Duration of Existing Attack (Pt says acute). Three months.

Other Facts or Remarks For last 3 months patient has been dull. Speaking little. Been in a desponding way about business. He suffered from indigestion & sleeplessness during that time. He was constantly travelling about the country buying horses &c. Often did not take more than 3 hours sleep in 24 hrs. & his meals he took at very irregular hours. He pushed on his marriage thinking that he would feel happier after it. When he had been married only 3 or 4 days he had a sudden fit of excitement with melancholic delusions. Went to his father's house & while there attempted suicide by drowning. Has only indistinct memory of the attempt afterwards.

Facts of Medical Certificates John Smith M.D says:- "Insane appearance, dull melancholy tells me everything going wrong with him. Wishes he was dead. Has several delusions" 2nd His brother says that during the last few weeks his manner is entirely changed & he has more than once attempted suicide.

R. B. Lorraine M.B. says:- Very dull depressed. Thinks his wife does not care for him. Wishes sometimes he were dead. Says he feels miserable & wretched.

NAME Peter Crawford.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Considerable. Patient wears a look of misery. Is very reserved & only speaks when spoken to.

Excitement

Enfeeblement

Memory Good for both recent & distant events.

Coherence. Patient is quite coherent Can answer questions? Yes. Slowly & as though unwilling to 50 50.

Delusions.

Other Abnormalities

Bodily.

Appearance Stout, florid, strongly built, upright.

Skin moist, warm. Hair brown.

Eyes blue. Pupils Equal, regular react normally (light & after accommodation)

Muscularity great. Fatness Very considerable.

Nervous System—*Motor.* Gait shows no abnormality. Power good. Co-ordination good. Slight fibrillary twitchings of the tongue. No tremors of the extremities.

Sensory. Normal.

Reflex Action Patellar reflexes exaggerated. Slight ankle clonus. Cremasteric normal. Other reflexes absent. Special Senses Hallucinations of hearing —

Retina

Lungs expand freely equally. Chest well developed. Lungs normal to percussion & auscultation.

Heart sounds strong regular & pure. Apex beat in 5th left interspace. 2½ in from middle line.

Tongue Clean & moist. Bowels slightly Constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine Clear, pale yellow, acid. Sp. gr. 1018. no abnormal constituents.

Menstruation

Pulse 82 per. min regular & well filled. Temp. At 8.30 PM. Nov. 20th 99° 7.

Height 5 feet 11½ inches. Weight 12 stone 5 lb. (173 lbs.)

Disease Melancholia. *Stark's Classification*

General Bodily Health and Condition Fairly good.

PREDOMINANT FEATURES.

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

625

NAME, Peter Crawford.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 20th					173	Mr Crawford slept well on the night of admission. He is rather nervous easily startled. In Conversation he answers questions slowly & as though he suspected they were asked for no good purpose. He spoke intelligently of his farm work &c. He said he suffered from nervous debility. That he was married on the 19th of October 1886 & has not had Satisfactory connection with his wife. This has made him miserable he thinks that his wife is about to demand a separation. Today Mr Crawford walked out with an attendant. He inspected the Stables & seemed interested & pleased & expresses himself satisfied with his surroundings. He is in the High West Gallery.
Nov 28th						Mr Crawford has been quiet & apparently contented. He has only once expressed the delusion, that he has committed a great crime, that every one knows of it & the detectives are on his track. At times he says he feels very miserable. When questioned about the Cause of his misery he gives no answer but on ordinary subjects his mind is quite clear & he converses freely.
Dec 14th					171	
Dec 22nd					174	Mr Crawford has improved considerably. His friends frequently visit him & he seems to have got over his delusion about his wife. He plays at football this Cheerful & is as a rule. His bodily health is steadily improving.
1887. Jan 31st						Mr Crawford has parole in the grounds. He is working with the gardening party & is slightly improved & enquiring about his prospects of liberation. He now takes more interest in his surroundings than on two occasions gone to the dance & watched with evident pleasure.
Feb 10th						Mr Crawford has improved considerably. He is still occasionally very dull & depressed. But some days he is cheerful & quite happy & talkative. So late as Jan 28th his letters home were very despondent & showed that he still had delusions such as that he had committed some great crime for which he must die.

NAME, Peter Crawford.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
[illegible] 10th						Mr Crawford for the last ten days or a fortnight has been a different being. He was happy as the day is long & has gone several times to visit his family. He is full of his coming liberation & laying out plans for his future. In fact he is perfectly recovered.
March 3rd					180.	Mr Peter Crawford was to day discharged Cured. He was in excellent spirits & had increased in weight 7lb during his stay.

Discharged Cured. Mar 3rd 1887.

April 19th Remains in splendid health has handed work to his excellent spirits.

NAME, Robert Bowe Gilson. No.

Admitted, November 20th 1886. Readmitted Nov 25th 1886 Pr. Ad.

Sex, Male Age, Marriage, Married. Occupation,

Education, Religion,

Private or Pauper, Private. Where from?

HISTORY.

Causation.

Disposition Cheerful - social not sensitive.

Habits Intemperate in use of alchol. Industrious.

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity - A cousin of the patient's is in Morningside Asylum.

Other Diseases Bilious temperment in other members of the family.

Predisposing

Exciting

Symptoms. First.

Mental. In 1883 returned from America & there was noticed a change in his disposition. He became more excitable & conversational. Had grand notions.

Bodily.

Recent.

Mental - Immoral behaviour. Drunkenness. Inattention to business. Then an attack of acute mania, when the patient could talk rationally.

Bodily Had very expansive notions &c.

It was noticed that his gait was very unsteady - at beginning of 1886.

Insane Habits and Propensities -

Suicidal no.

Dangerous no.

Duration of Existing Attack - About 3 years.

Other Facts or Remarks. Patient's brother states that in 1883 the patient began to be more talkative than usual & had rather grand notions. In 1884 this was more pronounced. At the beginning of 1886. He became intemperate & neglected his business. Stayed away from home for days at a time & bought all sorts of useless things. Spent money most extravagantly & was violently maniacal in February '86 when he was removed to an asylum. He had very expansive notions at that time. For the last 3 months he has been much depressed & anxious about his money matters. Has been very pessimistic. His affection for his wife is undeminished.

Facts of Medical Certificates

I Melancholic insane appearance & desponding conversation. Tells me that he cannot rest as everything is going wrong with him. 2nd Father says he is restless & almost unmanageable.

II. Patient very desponding in his acts & conversation. Thinks he is going to die & that everything is going to the bad with him.

Facts of Certificate of Nov 20th are similar.

NAME Robert Bowe Gibson –

STATE ON ADMISSION.

Mental.

Exaltation

Depression The patient sits silent & takes hardly any notice of his surroundings or any interest in them.

Excitement

Enfeeblement Power of attention seems wanting. Patient answers questions after some delay & in a

Memory

Coherence. Patient is quite coherent. Can answer questions? yes, but slowly

Delusions That he is very ill & will die almost immediately. That he cannot read.

Other Abnormalities

Bodily.

Appearance Tall, well made. Settled grave features & melancholy expression.

Skin Moist & healthy. Hair gray.

Eyes gray. Pupils equal. regular. respond to light normally & alike in accommodation.

Muscularity good Fatness Considerable.

Nervous System—*Motor*. Power good. no tremors or incoordination. Speech & gait are normal.

Sensory functions normal.

Reflex Action Feeble reflex action. Special Senses normal

Retina

Lungs normal by percussion & auscultation. Chest well formed & expands freely & equally.

Heart Slightly irregular in the force. A faint sound may be heard in mitral area.

Tongue Clean & moist. Bowels Constipated.

Other Organs, Abnormalities, Bruises, &c. Patellar reflexes increased on both sides. Ankle clonus on both sides. Superficial reflexes, especially the plantar are increased on both sides.

Appetite. The patient says he has none. He takes his food fairly well.

Urine Clear, yellow. acid. Sp. gr. 1016. Oxalates, no albumen.

Menstruation

Pulse Small, regular. Tension rather high. 82. Temp. Normal –

Height 5ft. 10½ inches. Weight 11 st 5 lbs.

Disease Hypochondriacal Melancholia. Skae's Classification

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

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NAME, Robert Bowe Gibson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22/11/86					159	Mr Gibson on the day following his admission was quiet + reserved he took his breakfast but refused his dinner. He asked one of the attendants to send for the Doctor at once as he was dying. He was walked out in the grounds all afternoon + took his tea in the Evening. To day he reads the papers + has played at billiards + evidently enjoyed it.
~~25/11/86~~ Nov 23rd						Patient was discharged on expiry of certificate of emergency. Readmitted on sheriffs order Nov 25th 1886.
Nov 28th						Mr Gibson takes his food well. He is very quiet + takes very little interest in anything. He is in a state of great concern about his bowels not moving frequently enough. He walks out daily with an attendant. He came to the dance yesterday, but only looked on. Mr Gibson has made no distinct progress. One day he is very depressed + sits alone, listless + unconcerned in anything around with a look of anxiety + misery on his face. At other times he brightens up a little + plays a game at billiards. He constantly says he is very ill + almost dying. A slight unsteadiness is seen in his gait + some shakiness of the hands at times as in putting on his boots.
Dec 14.					152.	
Dec 22nd						No improvement in Mr Gibson's condition. He will sit all day listless + silent + ~~is~~ requires unless very great efforts are made to get him out. He will take no interest in anything, cannot be got to play billiards or attend the evening parties. + rarely speaks unless when spoken to. He is generally drowsy + frequently his hands are tremulous + his gait unsteady. His face is uneven, slightly pulled to the right side, + frequently a slight twitching is seen on that side. The left hand is weaker than the right + frequently is tremulous + incoordinate in its action so much so that he is sometimes unable to fasten his buttons with it.
1887. Jan 19th						Mr Gibson continues in a state of mental depression but his symptoms of incoordination have not become any worse. One day he is rather cheerful + smiles + says he feels a little better, but the next he is dull + says he is very ill. He hardly ever speaks except when spoken to + then answers in a drawling, hesitating

NAME, Robert Bowe Gibson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						manner. He has melancholy delusions. Thus, when told to put on his clothes in the morning, he sometimes says: "How can I? I have none."
Jan 23rd 1907.						This morning Mr Gibson got up as usual & was seen by the attendant dressing. The attendant left him & returned in a few minutes & found him lying on the floor, quite conscious but not able to speak much, not convulsed, his face pale & his limbs rather stiff. He assisted him to rise & dressed him. Mr G. then walked along the gallery with a very staggering gait, inclining to go to the right side. He seemed to get more unsteady & was therefore sent back to bed. &
	97°5		110	9 A.M.		examined. His pulse was full strong & rather hard 110 per min. skin moist & cool. Respiration sighing & somewhat irregular as though it had to be stimulated by the will. Face pale & expression anxious. Patient seemed to have difficulty in speaking but understood well what was said to him. & could answer yes & no. The face was distinctly pulled to the left side, & when the patient attempted to whistle he failed & the distortion was exaggerated. & when he took a full breath through the nose the right nostril & lip moved but the left did not. The pupils were equal & responded to light. There was marked nystagmus & it was especially seen when the ~~eyes~~ patient attempted to look to the left side & there was then seen to be partial paralysis of the muscles which cause deviation to the left. A rythmical twitching of the right side of the face was noticed. There was paresis of the left arm & leg & there was incoordination in the arm. as the patient could grasp firmly at one moment & not at another. Left plantar reflex much diminished almost gone, right very active. Temperature. 97.5°F.
						An enema was administered. & produced a free evacuation. Milk & lime water to be given frequently during the day.
				2.30 P.M.		Mr G. is still partially aphasic but understands quite well the what is said to him. By questioning it was found that he felt suddenly dizzy & fell but did not loose consciousness at all. He has cut his ear slightly in his fall. The twitching on the right side of the face has ceased & it is now observed on the left side.* The paresis of the ocular muscles continues. & the left pupil is larger

* There is also twitching of the left arm.

continued on Page 810

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NAME, Thomas Tenan. No.

Admitted, November 20th 1886. Pr. Ad.

Sex, Male. Age, 32 Marriage, Single. Occupation, Rag. Gatherer.

Education, . Religion, Roman Catholic.

Private or Pauper, Pauper. Where from? Maxwelltown.

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 All the patient's life.

Other Facts or Remarks

Facts of Medical Certificates

J. Marshall M.B. Says: v. General morose appearance, rambles in his talk, has an insane appearance.

2) Raves at night disturbs people in the house.

J. Smith M.D. Says:- Is an imbecile in appearance manner & Conversation.

632

NAME Thomas Keenan.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement.

Memory. Seems to be fairly good.

Coherence Can answer questions! yes. Simple ones.

Delusions

Other Abnormalities

Bodily.

Appearance Short. Stout. heavily built. Cranium small. features heavy. Expression vacant.

Skin healthy. Hair fray with commencing baldness.

Eyes Small blue. Pupils equal react normally to light & accommodation.

Muscularity considerable. Fatness great.

Nervous System—*Motor* Power good. Co-ordination good. No tremors. Gait normal. Speech very indistinct

Sensory Tactile Sensibility & perception of pain much blunted.

Reflex Action Patellar reflexes much exaggerated otherwise normal. Special Senses normal.

Retina

Lungs Expand freely equally. resonant & normal to auscultation.

Heart. Of normal size. Sounds are pure & regular.

Tongue Clean & moist. Bowels regular.

Other Organs, Abnormalities, Bruises, &c.

The left radial pulse is much smaller than the right though synchronous with it.

Appetite good.

Urine Clear, yellow. acid. 1022 Sp. gr. No abnormal constituents.

Menstruation

Pulse 152. small & soft. Temp. at 8 PM. 100°7.

Height 5 ft 5 in. Weight 12 st. 4 lb.

Disease Congenital 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.
									yes.

633

NAME. Thomas Teenan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Dec 22		102°		100.	172.	Teenan is in the 1st day is out. He is cheerful & good natured & works well & seems perfectly contented with his lot.
Dec 24 1887 June 8th		98.6°		78.		Thomas Teenan had an epileptic fit last night it was not preceded or followed by any unusual excitement. He is in good bodily health & contented & happy.
Oct 1. 1887.						Is quiet & works with the Squads
Oct 21.						There is no change in this man. He eats his food & sleeps well. Gives no trouble at present & seems contented
2 Jan 1888						T. T. is the same imbecile - no change has taken place in him
30 mar 1888						This man works as before - he is at present rather excited but does no one any harm.
16 June 1888						T. T is fond of collecting rubbish. He fills his pockets with miscellaneous stuff.
10 October						Has had a boil on his face but is now better. He is in fairly good health.
20 Decr						This man is generally quiet but is occasionally boisterous & his language is bad. He knocks on the floor at night.
30 Mar. 1889						He is much the same.
1 July						Still a silly fellow. in his usual health - boisterous & noisy but not dangerous.
10 Septr.						Still restless & noisy but quite tractable & biddable easy to deal with.
18 Novr						He is working out of doors but is not very industrious - a silly harmless fellow.
Decr 30th Novr						Discharged Today To the Dfs. Poorhouse.
5 Decr 1889						Returned under Sheriff's Warrant.

NAME. Thomas Feenan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						He is much the same as before showing no special change continues the same.
4th Decr						
7th Decr						He has settled down contentedly & is as well as usual. He works on as if he had never been away.
11th December 1889						This man's condition shows no alteration from that and he is merely a cunning fellow who knows when he is well off & what to do to secure priveleges such as good food & accommodation & other (little) comforts. His articulation is very imperfect so that only people who know him can understand what he says.
12th Decr.						He is quiet & sleeps well - & has been so since he came (5th Decr) He is not dangerous & appears to be merely a man with deficient brain functions - what powers of mind he has he uses & that to his own advantage. He has sworn, all through, no trouble at night, sleeps well, is quite quiet & contented by day & harmless always.
19 Decr.						Thomas Feenan's mental condition is that described in the letter book - page 283.
25 Decr.						He is quiet & harmless, likes his quarters & is anxious to stay in them. He is much put out by any hint at his being sent away anywhere.
30 Decr.						This man is not dangerous to himself or others & is perfectly tractable & easily managed. There is no reason why he should not be in a Poorhouse so far as his mental state goes.
31st Decr 1889						Discharged to the Dumfries Poorhouse.

see page 981

635

NAME, James Kelly — No.

Admitted, November 23rd 1886. — Pr. Ad.

Sex, Male — Age, 34 years. — Marriage, Single. — Occupation, Mason.

Education, Slight. — Religion, Protestant.

Private or Pauper, Pauper. — Where from? New Lucc -

HISTORY.

Causation.

Disposition

Habits Temperate in sexual indulgence. Occasionally intemperate in use of alcohol. Indiscretions

Previous Attacks—No. None. — Kind

Duration — Where treated

Hered. History—Insanity ~~None admitted~~ An uncle is weak minded.

Other Diseases

Predisposing -

Exciting Said by the patient & his friends to be a fall on the head. Two weeks before symptoms were observed.

Symptoms. First.

Mental. Excitability. Impulsiveness. The patient about 8 months ago ran suddenly into a pond & cut his head on a stone. Could assign no cause for the act & was unconscious of its occurrence till after it was over.

Bodily

Symptoms. Recent.

Mental Delusions about religious matters - Patient hears people howling all round him often starts up & runs out of the house to escape the voices.

Bodily

Insane Habits and Propensities None.

Suicidal probably -

Dangerous no.

Duration of Existing Attack About 6 months.

Other Facts or Remarks

Facts of Medical Certificates I^st He has a very melancholy downcast appearance. Says there is nothing wrong with him but he wants death. Advises me to go to a physician in heaven. He says his head is working inside but not outside. Says someone is doing all going about the place with false goods &c. &c.
2nd Seeing out at irregular hours talking in an irrational way of religious. creating disturbance in the streets
IIst He is in a state of religious despondency. has no hope of salvation in consequence of past sins & indiscretions. He wishes he was dead. He will have nothing to do with earthly physicians.
2nd Mother says he is at times despondent & at others excited & fond on his language.

NAME James Kelly.

STATE ON ADMISSION.

Mental.

Exaltation

Depression - Patient when not employed sits silent as though brooding over his troubles. His expression is melancholy & he says he wishes he was dead.

Excitement

Enfeeblement.

Memory is good for distant & recent events, except at the period when his illness began.

Coherence Patient is quite coherent - Can answer questions? Yes readily.

Delusions -

Other Abnormalities

Bodily.

Appearance Tall, broad shouldered. Facial expression dull & melancholic.

Skin Moist. healthy - Hair Dark.

Eyes blue. Conjunctivae injected Pupils - equal & regular & react normally to light & alter in accommodation.

Muscularity - Patient is a very muscular man Fatness - fair.

Nervous System—*Motor* - Power good. no tremors or incoordination. Gait & speech normal.

Sensory Tactile sensibility normal. Patient complains of curious feelings in his head which he cannot describe.

Reflex Action. Normal. Special Senses - Healthy -

Retina

Lungs Expand freely & equally & are normal to percussion & auscultation.

Heart Apex beat in 6th left interspace 3 in from middle line. Sounds pure & strong.

Tongue Moist. with slight fur in centre. slightly tremulous Bowels Constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite for food is fair.

Urine. Pale yellow. clear. acid. Sp. gr. 1020 no abnormal constituents

Menstruation

Pulse 108 per minute. regular. soft. Temp. 99.2°F. at midday -

Height 5 ft 8½ in. Weight 11 st. 8 lbs.

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition - Good -

PREDOMINANT FEATURES.

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

NAME, James Kelly

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 25th						John Kelly has been placed in the 1st Division & works as a labourer very hard. When not occupied he sits apart by himself, in a dejected attitude with a look of despondency on his face. He rarely speaks except when spoken to & takes little interest in his surroundings. He says he has lost all interest in life, & wishes he could die. He says he feels that his head is all wrong. Strange thoughts & voices accusing him annoy him constantly & he cannot get rid of them. He eats well & sleeps well.
Dec 22nd						Kelly is working well & steadily but as yet has shown little or no decrease in his depression. He still complains of the indescribable feelings or thoughts which assail him at all times.
1887 Jan 6th						No improvement in this case. He is still greatly depressed & is more irritable than on admission. He frequently swears & uses foul language when he believes himself unobserved though he admits no hallucinations of hearing.
Jan 12th						Still no improvement in Kelly. He is morose & unsociable. He works well but is constantly swearing at large. Today when questioned about this habit he said he swore at those people who came & put stuff in his ears at night & so caused his illness. He says this stuff causes no pain or noise in the ears but causes a feeling of discomfort in the right temporal region & causes the disagreeable thoughts that trouble him.
Feb 26th						Not much change. Sulky & depressed & sometimes noisy all night talking & cursing continually often seen to take off his cap, turn it outside in & beat it vigorously as though he thought some injurious material was put into it. Says some one puts stuff into his ears & evidently believes that some unknown power is at work on him.

AME, James Kelly

DATE	Temperat. Morn. Even.	Pulse. Morn. Even.	Weight, lbs.	PROGRESS OF CASE.
1st Septr 1887.				No change in Kelly - He hears voices still & still has the same delusions - At night he is noisy & will not sleep - He is a good worker. The other day he got a tooth pulled as it pained him. He goes about with a dejected air & is unsociable.
18 Octr 1887.				Still delusional - noisy at night unsociable; swears - takes off his cap violently saying that poison is put on his head. A violent excitable suicidal man with many delusions about men's penes &c &c - thinks a woman is in his head & tries to tear her out - Is strongly homicidal.
2 Jan 1888				Kelly is noisy at night & in a state of constant excitement - no change.
30 March 1888				Still cursing & swearing - jumps high into the air to rid of himself of devils wh. enter his eyes & nose &c.
15 June 1888				As noisy and troublesome as before.
1 October				This man still has his delusions but is not nearly so bad as he was He occasionally becomes much excited, at these times he will not wear a coat or perhaps a hat thinking it "galvanised with dirt" or that the "woman" is in it - He is a most ferocious fellow.
20 Decr				I.K. is much better he is excited only at times & is as a rule quiet. He has become much stouter.
30 Mar. 1889				Much the same.
30 Apl. 1889				He was sent to Strauraer Poorhouse.
6 July 1889				Returned as unsuitable for Poorhouse treatment. See Certificates He is just the same as on discharge.

6 Dec 1889 Sent to Frome Lunatic. See p 8 80 (?) Died 16th March 1900.

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NAME, John Robert Somerville No.

Admitted, November 27th 1886. Pr. Ad.

Sex, Male. Age, 47 years. Marriage, married. Occupation, Med. Practitioner

Education, Good. Religion, Protestant.

Private or Pauper, Private. Where from? Ayr.

HISTORY.

Causation.

Disposition

Habits Industrious but intemperate in use of alcohol & tobacco.

Previous Attacks—No. Two. Date first in 1880. Kind Melancholia

Duration — Where treated —

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting Intemperance

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous becoming so.

Duration of Existing Attack Five weeks.

Other Facts or Remarks. Patient for 20 years practised in China & Sidwell. Returned home in 1880. Since then he has shot & fished much. Has drunk to excess. He has exhibited a most unsettled state of mind, has purchased three practices in succession & has thrown them all up with considerable pecuniary loss. About 5 weeks ago bought a practice in Isle of Man, had begun to work well & on Sunday left to work to buy an estate in the island. He drank much champagne over the purchase, had an attack of D. T. & returned to his family in the State in which he was admitted here.

Facts of Medical Certificates

Dr C. H. Shaw says:- He is restless excited incoherent in speech. He has hallucinations of vision e.g. he asserts that he sees the Sultan of Turkey in the room: also various other persons; the latter under delusions such as, that he quite recently travelled in the same railway carriage compartment with the Prince of Wales.

Dr Dobbie says:- He is restless, noisy, incoherent & frequently abusive in talking, is becoming destructive & dangerous in his habits, has delusions of various kinds & hallucinations of sight & hearing.

640

NAME John Robert Somerville

STATE ON ADMISSION.

Mental.

Exaltation. Patient says he feels well & happy. Talks incessantly in a sprightly & peculiar way, dances & sings.

Depression

Excitement

Enfeeblement. The patient's rapidly becomes incoherent in his ideas & allowed to talk much. He passes his urine in bed the night of admission.

Memory. Is good

Coherence. Words good. Ideas very little Can answer questions? Yes

Delusions Has delusion of identity which however are not fixed.

Other Abnormalities

Bodily.

Appearance Short, thick set. face tanned by exposure. Sanguine temperament.

Skin Numerous moles on back. healthy. Hair Black, becoming gray. marked baldness.

Eyes blue. movements normal. Pupils equal, regular, react normally to light & after in accomodation

Muscularity Considerable. Fatness considerable.

Nervous System—Motor. Power good. Coordination good. Occasional slight tremors are noticed in the fingers, none in the lips. Slight hesitancy in articulating words rapidly.

Sensory. Sensation appears to be normal.

Reflex Action. Tendon reflex aggravated. Special Senses Has hallucinations of vision

Retina

Lungs Chest well formed. lungs expand freely equally. Res normal to percussion & auscultation.

Heart Action rapid but regular. Sounds pure. Apex beat in normal position.

Tongue Rather dry & coated in centre. Bowels. Constipated.

Other Organs, Abnormalities, Bruises, &c. Liver dulness cannot be made out distinctly owing to the movements of the patient.

Appetite. not very good.

Urine Clear dark yellow. acid. Sp gr. 1020. no abnormal constituents.

Menstruation

Pulse 84 per min. Small soft, regular. Temp. 99°7

Height 6 feet. 4 inches. Weight 148 lbs.

Disease Acute Mania. Skae's Classification Alcoholic 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.
	yes.							yes.	

641

NAME, John Robert Somerville.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Nov 27				80	148	This gentleman was admitted about 8 PM. He was very talkative & jocular in his manner but not violent. He spoke & acted very much like a man under the influence of alcohol. His conversation was racy & humorous but at times his ideas became very incongruous. He was happy & contented to all appearance but made constant attempts to escape from the room but only when he thought he could slip away unobserved by the attendant. He was noisy & talkative all night & slept hardly at all. He wet his bed during the night.
Nov 28						His condition is similar to last night. He walked out with an attendant. Did not take his food well.
Dec 6th						Very little change in Dr Somerville's condition.
Dec 11th					143	He has on two occasions been very noisy & restless during the night with disagreeable hallucinations of sight like those of D.S. He has slept quietly for the last 3 nights. Still has delusions of identity. Appetite is not yet very good.
Dec 22						D.S. is becoming steadily worse. He is frequently noisy at night & has lately been quarrelsome & has thrown his slippers at several patients. He has still delusions of identity. & is very talkative.
Dec 26th						Dr Somerville was so noisy & violent & quarrelsome that he was removed to the Mid. East Gallery.
Dec 29th						was very noisy all night & destroyed the plaster of the walls in his room.
1887 Jan 2nd						Still noisy at night. Very mischievous, talkative & restless during the day.
Jan 5th						D.S. was visited by his wife to day & behaved in a manner so eccentric as to astonish her. Mrs Somerville gives a history of two former periods in her husbands life since his return from China. In each of which periods he became extravagant & drunken. The first period was in 1880. The second in 1885. Each period of excitement was followed by one of depression in which the patient deplored his extravagances & follies. Then followed a period of normal behaviour.

NAME, John Robert Somerville

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Jan. 5th						No change in D'S's behaviour. He is still very talkative & mischievous, tearing his clothes & destroying everything he can lay his hands on. Three days ago a haematoma on the left ear was noticed. It has been blistered & is already subsiding. He now sleeps quietly at night.
Jan 7th						The ear on which the haematoma is, is very much
Jan 8					128.	inflamed. Its external meatus is occluded. There is swelling & tenderness over the mastoid process behind it.
Jan 31st						D' Somerville's ear has suppurated, opened & discharged. It has now healed up again. & appears to be subsiding. His mental condition is if anything worse. He is constantly talking & generally in an almost incoherent manner. He rarely gives a coherent answer to a question. He is very destructive, tears his clothes &c & will throw anything he finds about, into the fire. He dresses & washes himself but is always untidy in his dress unless put right frequently. About ten days ago D'S. was very dirty in his habits for about 3 or 4 days but has now cleanly.
Feb 16						D' Somerville is now much quieter. He sleeps well at night after the exhibition of 3ii Paraldehyde. His ear has healed up & there is not much deformity left.
Feb 17					131	For testing & night dress to shreds last night.
Mar 3.						No improvement. Still destructive. Suffering from a boil on his buttock.
Mar 23rd					129.	Still very destructive. tearing his clothes to ribbons wants mischievous. is neither wet nor dirty. Sent out with gardening party. but only sat & hoed or preached alternately & threw about stones & dirt.
Mar 24						Set to wheel a barrow to day. two attempts fairly well. Required constant supervision.
Mar 26th						Out door employment stopped.
Apr. 25th						D' Somerville is still noisy, talkative, and very incoherent. He is much addicted to obscene and profane language. He is not now destructive, but is very untidy. He sleeps fairly well. He gets 25 grs. bromide of pot. thrice daily. He is very restless, constantly buttoning & unbuttoning his coat.

see page 862

643

NAME, William Fleming Scott No.

Admitted, November 27th 1886 Pr. Ad.

Sex, Male Age, 24 years Marriage, Single Occupation, Ships Purser

Education, Good general & commercial in Scotland Religion, —

Private or Pauper, Private Where from? 18 Westbourne Terrace London W.

HISTORY.

Causation.

Disposition Cheerful & frank

Habits Steady & industrious

Previous Attacks—No. One. Kind ?

Duration Dec 1883 to Feb 1885. 15 mos. Where treated New Zealand.

Hered. History—Insanity None acknowledged.

Other Disease None known. Parents both died of Inflt of Lungs.

Predisposing

Exciting Perhaps the death of his mother on Nov 11th 1886. She was dangerously ill at the time the patient first showed symptoms.

Symptoms. First.

Mental He became absent minded, talked to himself aloud all day & his conduct at meals was very eccentric.

Bodily Complained at first of pains in the head.

Recent.

Mental He has become rather unmanageable

Bodily Lately he has been sleepless. His food does not seem to agree with him & he has become bodily weaker.

Insane Habits and Propensities

Suicidal No

Dangerous No.

Duration of Existing Attack Since Oct. 22nd 1886.

Other Facts or Remarks

Facts of Medical Certificates I. He is very garrulous & full of delusions. He says that Queen Victoria is very anxious to marry him. Also that the whole of London belongs to him, that he is the Supreme ruler of the universe (John J. H. Dyson L.R.C.P. & S.)

II. Has rambling incoherency of speech & many delusions. Tells me that the C.R.I. & the whole of China belongs to him.

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NAME William Heming Scott

STATE ON ADMISSION.

Mental.

Exaltation. The patient believes himself a very clever person. He can do anything he likes. Can skate splendidly, sing magnificently &c.

Depression

Excitement Beyond incessant talking would be facetious remarks there is none.

Enfeeblement

Memory is good

Coherence Patient is quite Coherent Can answer questions? Yes.

Delusions. That he has two wives who have been taken from him. That he lives on tobacco, that he is the owner of the institution.

Other Abnormalities

Bodily.

Appearance Short well built with florid complexion

Skin Clean & moist Hair thick & dark

Eyes blue. Pupils Equal regular react normally.

Muscularity good. Fatness moderate.

Nervous System—*Motor*. Motor function well performed.

Sensory Sensory function normal.

Reflex Action Normal. Special Senses normal

Retina

Lungs Normal no perversion or anæsthesia.

Heart Apex beat normal. Sounds strong & pure.

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height 5 ft. 9½ in. Weight 143 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

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

645

NAME, William Fleming Scott.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1886 Nov 27th					143	Mr Scott is talkative & argumentative. He makes numerous statements concerning his own prowess which however are evidently not believed by himself but meant to be believed by others. His conversation is at times incomprehensible.
Nov 30th						Mr S. to day came to table d'hôte & behaved well. He plays football to day most vigorously & well. He evidently considers himself a person of vast importance
Dec 14					144	though he does not definitely say who he is.
Dec 22nd						Mr Scott behaved so well during the first week of his residence that he was granted parole within the grounds. He was considered quite safe till Dec 18th when he made a violent assault on the Assistant Physician in his own room, where he had ensconced himself without permission. His parole has been accordingly stopped & he now has his meals in the High West Gallery & works with the Garden Squad. The reason of the assault seems to have been that Mr S. was indignant at being deprived of his watch which was taken from him on his arrival & evidently thought the assistant Physician was the party at fault. He is now sulky but apparently a little ashamed
14/3/87.					141.	of his conduct, though he has as yet made no apology.
1887 April 24th						Mr Scott has been a steady & good worker with the gardening party since last entry. For fully a week after the above incident he was sulky & dull. At dances he generally stood in a corner talking to himself & laughing. He confessed in a most shamefaced way that he masturbated almost every night. A course of Bromide for 30 every night caused a marked improvement & Mr S. soon stated that he had given up the bad habit. He steadily improved became more cheerful & sociable & on April 1st was again granted parole. He does not now express any delusions.
July 12th						Since last entry Mr Scott has improved & again relapsed slightly several times. though on the whole he has much improved.

NAME. William Henry Scott.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He has played in the grounds on one of the cricket-team - but though he shows occasional evidence of good form he generally collapses at matches. He appears to forget his surroundings & stands with his eyes fixed on the ground smiling to himself & when roused by the fact that there is a ball to field he goes after it in the most listless manner, though when in his best moods he both fields & bats admirably. When not playing cricket he is inclined to be unsociable in his habits & will stand for hours out on the lawn studying his boots with his hands in his pockets. When spoken to he answers quite sensibly & even at times witty & sarcastic. He denies indulgence in masturbation. Appears to be in excellent health. Is stout, ruddy & well nourished.
14/9/8					141	Mr. Scott continues in capital health, but mentally his condition remains much the same. He is very listless and self-absorbed, keeping apart from the other patients. He wanders about with his hands in his pockets, with a vacant expression or smiling to himself. He goes out with the gardening party, but is not an active workman. He speaks quite sensibly when addressed, and does not express any delusions. He complains that living among a "lot of lunatics" has a most depressing influence on him. But he says he is much better since he came.
3/10/8						Mr. Scott was visited by his brother yesterday, and went out with him all afternoon. This has cheered him up considerably.
14/12/8					146	There is no marked improvement in Mr. Scott's condition. Recently he was practising masturbation to a great excess, and became much depressed. He spoke freely about his condition, said he was unfit to live, and talked of suicide. He promised to make an effort to give up the habit, on being told that there was no hope for him otherwise; and he appears to have succeeded to some extent, as he is now much more cheerful. He is still very absent-minded, but very facile, he asks advice on the most trifling matters. He goes out walking with Mr. Hoare and Mr. Wray, and is much less inclined to lounge idly about. His bodily health is good.
25/2/9						Mr. Scott is much worse at present. He is excited and incoherent. He masturbates. Has been ordered KBr. gr. 30, t.i.d.
27/2/9						A brisk purgative was given yesterday, and he is much quieter today.

(continued on page 854)

NAME, Andrew Wallace. No.

Admitted, December 6th 1886. Pr. Ad.

Sex, Male. Age, 28 years. Marriage, Single. Occupation, Cabinet Maker.

Education, Religion, Presbyterian.

Private or Pauper, Pauper. Where from? Kirkcudbright.

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 Has threatened to take his life.

Dangerous .. yes.

Duration of Existing Attack About 12 months

Other Facts or Remarks

Facts of Medical Certificates

Wm Johnstone M.D.:- 1st Will not answer the simplest Question.

2nd His mother informs me that he threatened to take away his life. That he has attacked some of the people in the street & has broken windows in the neighbouring houses without any provocation.

John Macmyn M.B. & C.M.:- 1st Will scarcely answer any questions & lies in a low melancholy state. 2nd His mother informs me that last night without any provocation he broke some window-panes in the street where he lives. That he suspects she poisons his tea. That he assaulted a man who goes with the milk cart.

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NAME Andrew Wallace

STATE ON ADMISSION.

Mental

Exaltation

Depression Patient has a facial expression combining misery & apathy. He sits apart listless & apathetic & will not answer questions. He appears to take no

Excitement interest in anything around him

Enfeeblement Patients' Volitional power appears to be in abeyance. He never moves except when ordered to do so. Seems to have no desire to leave this place.

Memory Cannot be tested.

Coherence " Can answer questions? Does not do so.

Delusions

Other Abnormalities

Bodily.

Appearance Pale faced, hollow cheeked. thin & narrow chested.

Skin Healthy. Hair black. thick. black beard.

Eyes Grey. Pupils left smaller. react to light & accommodation

Muscularity small. Fatness very small in amount.

Nervous System—*Motor* Power is fair. Slight tremor of tongue. Gait is slow & unsteady.

Sensory Tactile sensation appears to be normal.

Reflex Action Patellar reflex normal. Superficial reflexes absent. Special Senses healthy.

Retina

Lungs Normal to percussion & auscultation. Chest narrow & flat. Lungs expand equally but only to small extent.

Heart Apex beat normal. Cardiac sounds regular but very feeble. pure.

Tongue Moist. Slightly coated. Bowels Constipated.

Other Organs, Abnormalities, Bruises, &c.

Hands & feet are generally blue & cold. even after exercise.

Appetite rather feeble -

Urine Contains copious deposit of urates. Sp. gr. 1030. acid reaction. No albumen.

Menstruation

Pulse 76. Small. soft. regular. Temp. 98° 7.

Height 5 ft. 7½ inches. Weight 140 lbs.

Disease Dementia *Skae's Classification*

General Bodily Health and Condition Feeble.

PREDOMINANT FEATURES.

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

649

NAME, Andrew Wallace

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Dec 13th					140	This patient is quiet orderly but listless & takes no interest in anything. When asked Questions he sometimes answers but looks away & smiles in a silly manner as though he had not the slightest interest in the matter. He works with the barrow Squad His expression when at rest is melancholic with a good deal of vacancy added. His mind is greatly enfeebled. He does not Know how long he has been here & does not appear to know or care when he is.
Jan 6th 1887.					128.	No improvement in this case. Patient is still very apathetic hardly ever speaks associates with no one. To day he was noticed trying to make his escape & when asked why said he was not put to work at the barrows.
Feb 27th						No change to report. Continues listless & rarely speaks, but only Smiles in a Contemptuous manner when spoken to. To day attempted to make his escape by climbing the wall at the Stables.
Mar 12th						To day this patient was transferred to Woodilee Asylum Lenzie. Discharged Unrecovered.

650

AME, Andrew Wallace

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

651

NAME, David Gilmour No.

Admitted, December 20th 1886 Pr. Ad.

Sex, Male Age, 60 years. Marriage, married Occupation, Farmer.

Education, Religion, Protestant

Private or Pauper, Private Where from? Greenbank. Ayrshire.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity none ascertained.

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Negative answer given on certificate. great reason for doubt.

Dangerous. no.

Duration of Existing Attack Two weeks. probably 3 months.

Other Facts or Remarks

Facts of Medical Certificates I. He is in great concern about his soul, thinks he is the most wicked man that ever lived that God is about to afflict him by suddenly killing him — that his family are all wicked in an unusual degree. His appearance is melancholy & despond Brother says - he is changed, is sleepless & unwilling to be seen, thinks his farm is to be burnt up & has his coffin & grave prepared for his approaching death.

II. He labours under an extreme religious melancholy, says he is the worst of sinners & God is about to call him to a terrible judgement after a sudden death. He is suspicious dull, despairingly despondent & says at times he is not responsible for his acts, unable to consider meeting to be watched

652

NAME David Gilmour

STATE ON ADMISSION.

Exaltation

Depression. Anxious expression. Says those around him are looking at him & condemning him for his wickedness. He believes some terrible calamity is about to happen to his family.

Excitement. He is rather restless last night talks much & is out of bed.

Enfeeblement

Memory. Patient's memory is good for recent & past events.

Coherence Patient is quite Coherent Can answer questions? Yes.

Delusions. That he is the greatest sinner on earth & is eternally damned. & others of a similar nature.

Other Abnormalities

Appearance Very round shouldered, dull anxious & unhappy looking.

Skin. Slight acne on arms & legs. Hair. Black becoming gray. Slight baldness.

Eyes. blue. Pupils. Equal, regular & react normally.

Muscularity. Good. Fatness Considerable.

Nervous System—*Motor*. Power good. gait normal. Coordination normal. No tremor.

Sensory. Sensory functions normal.

Reflex Action. Normal. Special Senses. Hearing very dull. Others normal.

Retina

Lungs Normal to Auscultation & percussion.

Heart Apex beat in 5th left interspace 4in. from middle line. 1st sound rough in mitral area.

Tongue. Moist but very pale. Bowels. Constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite fair.

Urine Pale clear 1018 acid. no abnormal constituents.

Menstruation

Pulse. 104 small soft. regular. Temp. 98·2° F.

Height. 5 ft. 5½ inches Weight 11 stones.

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.
		yes.			yes				

653

NAME, David Gilmour.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Dec 20th						This patient on admission was placed in the Infirmary. He was restless & depressed & fearful that some disaster was about to happen to his family. He thought that every one around him knew that he had committed a great sin.
Dec 22nd						Patient has been restless at night - this morning was very noisy when the night attendant opened his door he ran out & assistance was required before he could be induced to return this room. A little later the attendant of the gallery on going into his room found that he was attempting to strangle himself by twisting a sheet round his neck. When asked why he attempted to commit suicide he said he was excited at the time & could not help it.
Dec 27th						Mr Gilmour was very noisy this morning & disturbed all the patients in the Dormitory where he had been placed. He has been accordingly put in a room by himself & no sheets or pillow cases left with which he might strangle himself. He is still much depressed & believes that some great disaster has befallen his family.
1884. Jan 2nd						During the last three nights Mr Gilmour has very noisy & excited. During the day he is depressed anxious foreboding but at night he becomes violently excited calls out for mercy & attempts to kill himself by knocking his head against the walls of this room. He was accordingly put to bed in a straight jacket. but he tore it to ribbons & when the night attendant opened the door he dashed out and the services of another attendant were required before he could be got into his room. The following night he broke a pair of handcuffs & bruised himself a good deal by kicking the walls. A drink of hot whisky toddy given when the symptoms began last night had a good effect he slept heavily for about 6 hours, but in the morning he was stupid & dazed. In a few hours he was as usual depressed but fairly reasonable.

NAME. David Gilmour.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He states that at the time he is so violent he knows nothing of his actions but he gradually remembers all about it afterwards.
Jan 3						Last night he was securely fixed down to prevent him injuring himself he was pretty quiet but did not sleep. To day he is even more depressed than formerly & show some motor restlessness. A padded room is being prepared for his reception.
Jan 4th						Last night Mr Gilmour slept for some hours but struggled a good deal & caused abrasion on Ankles & wrists. He was not so noisy as on former nights. To night he lies in the new padded room with a straight jacket on & is warm & comfortable. To day he has not worked with the trenching party as the abrasion on his heel renders walking painful.
Jan 5th						Mr Gilmour has been very quiet at night & has slept well since the last entry. He is still kept in a padded room at night but all restraint has been abolished. During the day he is much depressed & constantly moaning & calling for mercy. He frequently asks what time to day he is to be hanged and looks in the streets to go to judgement & thanks each day his last on earth.
						His trophic functions are very low. He has numerous abrasions on his fingers legs & the result of his struggles & these are very slow in healing. He takes his food well & to day was taken out for exercise. During the last two days he has appeared very drowsy & heavy.
Feb 4th						Mr Gilmour has become somewhat less excited by is still much depressed & constantly crying for mercy & asking when he is to be executed. He refuses his food & has to be fed by the spoon. He is constantly attempting to escape from his Gallery under the impression that he is annoying all those around him. He refuses to put on a new pair of slippers which he says do not belong to him & he even tries to put them down the Water Closet to try & get rid of them. He has been loosing weight. His legs are much

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655

NAME, Thomas Anderson. No.

Admitted, 6 January 4th 1887 Pr. Ad.:

Sex, Male Age, 68 years Marriage, married Occupation, Quarryman

Education, Religion, Protestant.

Private or Pauper, Private Where from? Lochar Bridge

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Several. Kind Mania with delusions of suspicion

Duration Jan 85 & July 86 Where treated S. C. A.

Hered. History—Insanity A daughter is insane.

Other Diseases

Predisposing

Exciting

Symptoms. Fixed.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No.

Dangerous Not very.

Duration of Existing Attack 4 fortnight ?

Other Facts or Remarks

When discharged from S.C.A. in July 1886. Mr Anderson weighed over 200 lbs.

Facts of Medical Certificates

Thomas Ferguson says 1st He is excited noisy, preaching, & swearing

Magnus he has contracted to build a railway from Carstairs to Beattock. Says he feeds his horse on tea & can travel 10000 miles an hour. 2nd His wife says that he has not rested for several days and nights & that he has become quite unmanageable.

J.A. Dryden says. 1st He is very talkative incoherent & full of delusions. He says that he is in possession of the largest diamonds in the world which he found while constructing a canal to Beattock to allow the fleet to come inland &c.

NAME Thomas Anderson.

STATE ON ADMISSION.

Exaltation. Marked. Patient is constantly talking. Has delusions of grandeur. Says he is God almighty &c. Rapid change of ideas. happy, self satisfied.

Depression

Excitement. Considerable. Patient is restless, moving about much. He is constantly talking & gesticulating violently

Enfeeblement

Memory Very good. for both recent & long past events.

Coherence. Patient is fairly coherent Can answer questions? Yes quite intelligibly

Delusions. That he is God almighty. That he can make a railway from Dumfries to Edinburgh in two days & many others of a like nature.

Other Abnormalities

Appearance Face pallid & haggard.

Skin Purpuric rash on left ear & cheek. Hair White, plentiful.

Eyes Blue. Cataract in both eyes. Pupils react slowly to light because of cataract. The right pupil is more dilated & insensible.

Muscularity. Considerable. Fatness. Very ~~Cons~~ slight.

Nervous System—*Motor*. Power good. No tremors or incoordination of extremities or limbs. Articulation is very defective all the words are slurred so as to be unrecognisable.

Sensory. Sensation is unimpaired.

Reflex Action. Dulled. Special Senses Sight & hearing defective.

Retina

Lungs. Normal to percussion & auscultation. Chest well formed & expands freely & equally on both sides.

Heart. Sounds very faint but pure.

Tongue Moist. Milky white colour Bowels. Constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite Very feeble. but the patient takes his food with a little persuasion.

Urine

Menstruation

Pulse 75 regular. but very thready. Temp. 99°7.

Height 5" 11 3/4 in Weight 12 st 2 lbs.

Disease Acute Mania *Skae's Classification*

General Bodily Health and Condition Very feeble.

PREDOMINANT FEATURES.

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

657

NAME, Thomas Anderson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887 Jan 5th	99°		75		168	This patient was admitted at 4 PM. yesterday noisy talkative but quite coherent & articulate plainly. He was full of delusions of grandeur but quite understood where he was, recognised those whom he has seen in his former detention & threatened all those who were concerned in his detention. His bodily condition was most unsatisfactory. His pulse was extremely weak though not rapid, his breath had a foul sour odour the tongue & fauces were of a milky white colour. Appetite was very feeble & there was considerable motor restlessness at frequent intervals during the night he did not sleep at all & was very restless & violent & threw a chamber utensil at the head of an attendant.
						This morning his weakness was increased & his speech was articulation was so defective that it was quite impossible to understand him. but there were no other paralytic symptoms.
						He was exercised in the open air during the day & to work ordinary diet milk the addition of two Custards one night & morning each containing 2 pints milk & one egg with in addition 2 oz whisky in the evening one. At about ten o'clock last night he was seized with violent vomiting & a large quantity of material like hare soup. Containing fragments of food was vomited. The material had a somewhat faecal smell.
						The abdomen was somewhat distended but quite flaccid & there was no tenderness on pressure & no hernia could be discovered. Temperature still about normal. Excitement & noise still continues & the articulation was very indistinct, but he said he had no pain. Paraldehyde m40. administered.
						To night he understands perfectly what is said to him & answers by gestures when he is told that his verbal answers not understood.
Jan 6th						Mr Anderson slept well last night. to day he is quiet & rather drowsy. Articulation still defective Took his food well to day & the bowels moved thoroughly.

NAME. Thomas Anderson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Jan 12th						Since last entry Mr A. has improved steadily & has shown no excitement. He takes his food well & sleeps soundly at night. His articulation has become more distinct, though it is still imperfect. He does not talk about his delusions, but is very facile & coincides with almost everything that is said to him.
Jan 31st						Mr Anderson is still improving. He takes his food well sleeps well. He has still numerous delusions which are constantly changing & he is still abnormally talkative & usually has a short period of excitement at least once a day, generally
Feb 10th						Mr Anderson is going on satisfactorily, & his periods of excitement are less frequent. He is constantly demanding his discharge as he says his business is going to ruin in his absence. He has been visited by his sister & was glad to see her.
Feb 26th						Still frequently noisy generally at night or in the morning - less most fluent oaths during his periods of excitement & accuses all about him of conspiring against him & threatens them with the most terrible results.
Oct 21. 1887.						T. A. still in a raving condition - for some time he was depressed & constantly vomited. Nothing will stop the vomiting for any time & he seemed most miserable. He has now ceased vomiting & talks constantly & loudly talking the greatest nonsense imaginable at times threatening everyone, at times boasting inordinately, at times swearing & praying - going thro' various stages phases. He is noisy at night & very excited by day at times becoming almost violent.
2 Jan 1888						Still violent but less so than he was. Is troublesome & noisy at times. No vomiting.
30 Mar 1888						No vomiting - noisy & troublesome as before.
15 June 1888						Was vomiting & depressed lately, but is better again.
1st July 1888						Died

659

NAME, Alexander Shennan No.

Admitted, ~~December~~ January 5th 1887 Pr. Ad.

Sex, Age, 61 years Marriage, married Occupation, Clergyman

Education, Good University training Religion, Presbyterian

Private or Pauper, Where from? Bathgate.

HISTORY.

Connection.

Disposition Naturally reserved

Habits Steady & industrious. is a great reader & collector of books

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity None.

Other Diseases Affection of the heart on paternal side of family.

Predisposing Attack of heart disease 5 years ago supposed to have affected health

Exciting None ascertained & supposed when a summon & charge against him connected with a girl.

Fixed Symptoms.

Mental A growing dullness & absent mindedness, at first attributed to deafness, also increased irritability.

Bodily Marked falling off in flesh

Recent Symptoms.

Mental Melancholy & reserved manner gradually becoming more pronounced, delusions frequently expressed

Bodily Appearance greatly altered, the patient previously a full bodied man has become very thin.

Insane Habits and Propensities

Suicidal Has been noticed fingering his razor & pipe & handling knives in a curious way

Dangerous Not to others, but doubtful.

Duration of Existing Attack Certainly since the first week of November 1886.

Other Facts or Remarks

He has lately become dirty & untidy.

Facts of Medical Certificates Alex. Peddie F.R.C.P.E. says (1) Self accusation as to impropriety of conduct & dishonest actions, which I believe to have no foundation in truth or at least highly exaggerated. as also having sinned against the Holy Ghost. His aspect is also that of marked Melancholia & deep despair (2) The above: also extreme restlessness, insomnia, at times refusing food; at other times supposing it to contain poison; and suspected to have intended Suicide

Alex. J. Sinclair M.D. – Exhibits great despondency of manner, has delusion that he has ruined financially all his relations. States that blasphemous thoughts run in his mind & that the infernal spirit may tempt him to commit suicide. & His wife states that he has insomnia, has become untidy & dirty in his habits - occasionally refuses food, is suspicious of poisoning, is subject to fits of excitement in which he wanders about the house calling 'Oh dear!'

NAME Alexander Shennan.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Considerable. The patient believes that he has been very stupid, that he is damned that financial ruin has overtaken him

Excitement

Enfeeblement. Memory & attention & power of application are much enfeebled.

Memory - For remote events good. For recent events impaired

Coherence - Patient is quite coherent. Can answer questions? yes.

Delusions. That he is damned. stunned in this world & the next. Considers his wife insane. Believes that he has been a great defaulter in financial matters & must undergo punishment

Other Abnormalities

Bodily.

Appearance Thin pale, sallow faced. with anxious & melancholy expression

Skin Numerous moles. somewhat oily. Hair brown. baldness of the crown.

Eyes blue. Pupils Equal respond normally to light & in accommodation

Muscularity slight. Fatness - nil.

Nervous System—*Motor* - Power moderate. no tremors or incoordination -

Sensory - functions normal -

Reflex Action - Exalted. Special Senses - Healthy -

Retina

Lungs - Hyperresonant to percussion. Respiratory murmur faint -

Heart - Apex beat displaced down & out. area increased. occasional asystole.

Tongue. Epithelium thickened & furrowed. Bowels. very constipated.

Other Organs, Abnormalities, Bruises, &c. No cardiac murmurs are heard but the heart's action is rapid irregular & occasionally the first sound is not heard.

Appetite - poor.

Urine. Dark yellow. Clear. acid. 1022. no abnormal constituents.

Menstruation

Pulse 105 Small. soft. irregular in force & occasionally intermitting Temp. 98·2

Height 5" 8½ in. Weight 116½ lbs.

Disease Melancholia *Skae's Classification* Senile insanity.

General Bodily Health and Condition - Feeble.

PREDOMINANT FEATURES.

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

661

NAME, Alexander Shennan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887 Jan 6		98.2°		105	116½	Mr Shennan was admitted last night - placed in the Infirmary. He did not sleep much during the night. In the morning he seemed anxious & confused & asked to see his son who had accompanied him here & then returned home. Says it is impossible for him to stay here as he has no money to pay for what he gets.
Jan 7th						Was very restless last night - constantly getting out of bed slept very little. This morning he is quiet, but confused. Talks in rather a rambling way evidently under the influence of delusions.
Jan 12th						A few days ago it was discovered that Mr S. had been eating his excrement, when questioned about it he did not deny it but said he thought it was part of the treatment. Since then he has had an enema every night. He has several large piles just over the sphincter. He has numerous delusions about which he talks in a confused way. He imagines that all those around him object to his society as he is so wicked & he constantly asks to be allowed to leave as he has no money to pay for his maintenance. For that reason he also refuses his food & much persuasion has to be used to make him take it. He is having extra diet, Eggs & milk ad lib & has exercise in the grounds every day. Yesterday he was moved into the dormitory to be under more frequent observation & this morning he was found drinking the urine out of one of the chamber. He has been put back in a single room & the utensil is left so that he must call the night attendant when he requires relief. He has frequent transitory delusions. Thus yesterday he suddenly said, "You must tell Dr Rutherford that I had no hand in the matter but it is entirely beyond my control & against my wish". When asked what he referred to he said "I understood there was to be a Roman Catholic service held here & that I saw the two priests preparing to officiate"
						He speaks in a confused hesitating way & there are long pauses in his sentences as if he forgot what he was about to say. His memory is very defective This morning the attendant put on a clean collar

NAME. Alexander Shennan.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Half an hour after words he complained that he had not had a clean collar since he arrived here.
Jan 5th					121	Mr Shennan remains very depressed. He is constantly referring to his sins making self accusations & confessions. He believes his family are starving through his wickedness that he ought not to be here as he cannot pay for his maintenance. At nights he is restless sleeps very little. He will get out of bed a dozen times in the night to micturate. His memory is very defficient.
Feb 6th						Mr Shennan has had ℥ss Paraldehyde at night & gets good sound sleep. He looks much better & his tongue is not so irritated in appearance.
14/3/87.					116	He has been removed to the High West Gallery.
24/3/87.						Attended Drawing Room party & chatted pleasantly with Miss Bowden a patient.
1/6/87.						Mr Shennan has been more & more restless at night & been refusing his food, he has therefore been moved to the Infirmary. He still has frequent micturations at night that seems to be the principal cause of his
7/6/87.					132.	restlessness. The frequency of micturition is probably a reflex trouble due to his haemorrhoids.
26/7/87.						Mr Shennan is steadily growing worse. He is full of delusions of a melancholic nature. He gets out of his bed at night because he fears he is depriving some one else of it. He refuses his food for a similar reason. & constantly has to be fed & often considerable force is necessary to get the food administered. He is still much emaciated & his circulation is very feeble.
30th Aug.						Mr Shennan brought in from the grounds in a fainting condition. Said it came on suddenly without pain - went to stool on coming in & passed a large soft light coloured motion. Pulse faint. but fairly regular. marked pallour & cold nose & extremities -
Aug. 31st						Mr. Shennan has had no more fainting turns. But he is as weak and melancholic as formerly. He is taking a fair amount of food, and is getting Syrup. Ferri Superphosph. and codliver oil. Micturition is scarcely so frequent, but he still

(continued on page 814)

663

NAME, George Kerr. No.

Admitted, January 19th 1887. Pr. Ad.

Sex, male. Age, 13½ years Marriage, Single Occupation, none.

Education, Religion,

Private or Pauper, Pauper. Where from? Melrose Asylum.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack From Infancy. patient never exhibited any

Other Facts or Remarks intelligence

Facts of Medical Certificates

That he is an idiot

664

NAME George Kerr

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement - The patient is an idiot. He cannot speak & is dirty in his habits unless attended to.

Memory - Cannot be estimated.

Coherence - Cannot speak. Can answer questions? No.

Delusions -

Other Abnormalities -

Bodily.

Appearance - Small for his age. Head large & broad. Expression idiotic

Skin - Smooth & fine. Hair - fair & plentiful

Eyes - Small blue. far apart Pupils - Equal & regular. respond to light

Muscularity - fair Fatness - Considerable

Nervous System—*Motor* - Constant motor excitement with facial contortions & rythmical movements of the head & arms.

Sensory - Functions appear to be healthy

Reflex Action - Cannot be estimated. Special Senses - Hearing & sight are present.

Retina

Lungs - Normal to percussion. Auscultation is impossible owing to the patient's restlessness.

Heart - Action regular. No abnormalities detected.

Tongue - Clean & moist. Bowels - Regular daily

Other Organs, Abnormalities, Bruises, &c.

Appetite - Good but not voracious. He masticates his food.

Urine - Acid. Clear 1020 Sp. g. No abnormal constituents

Menstruation

Pulse 85 per min - Soft. regular Temp. 98° F.

Height 4 ft 2½ in. Weight 66 lbs.

Disease - Idiocy. *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.

665

NAME, George Kerr

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Jan 20th Jan 21st	98°		85		66.	Patient has been placed on the Infirmary division. This patient is restless & in constant motion pulling faces, twisting his hands & arms about, jumping, growling or making other curious noises. He is quite unable to speak but understands when he is called & comes to the person who calls him. He is as a rule obedient, but if crossed or coerced in any way he scratches, bites & kicks most vigorously. He is pretty clean in his habits & does not often soil his clothes. He eats his food in a less ravenous manner than is usual with idiots.
1st Oct 1887.						There is no change in this idiot. he is like an animal in all his ways & imitates, evidently, all that he notices people & animals do.
2 Jan 1888						The same state. This boy does not change much.
30 Mar 1888						He looks in good health & is the pleasanter of the two idiots here
16 June 1888						No change.
1 October						This boy is still in the same condition. He is noisy at night.
20 December						He remains noisy & needs a man to look after him constantly
30 March 1889						This boy is a case of acquired idiocy. not Cretinous.
1 July						His boy is still dirty in his habits and mentally is much the same.
10 Sept.						Dirty still in his habits.
18 Nov.						His bodily health is good. no change in him.
10 Mar 1890						Still an idiot.
10 August						He never takes fits & is growing in stature. not in wisdom.
11 Nov.						Same state.

NAME,

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18 5 95						Patient was found dead in bed this morning. He had suffered from Phthisis Pulmonalis for about two years

667

NAME, Reginald Melville Gough. No.

Admitted, January 24th 1887. Pr. Ad.

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

Education, Liberal University Religion, Church of England.

Private or Pauper, Private. Where from? Chilton Moor Vicarage. Durham.

HISTORY.

Causation.

Disposition. Reserved & quiet.

Habits. Industrious.

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity. Grandmother & Cousin insane.

Other Diseases. Father is a man of neurotic temperament

Predisposing. Adolescence, Overwork? Heredity

Exciting.

Symptoms. First.

Mental. Inability to apply his mind to study. deficient memory. Feeling as though he was going to loose his self control.

Bodily.

Recent.

Mental. Fits of depression followed by periods of violent excitement with delusion that people were speaking ill of him. Destructive habits during these periods.

Bodily. Loss of weight.

Insane Habits and Propensities.

Suicidal No.

Dangerous probably.

Duration of Existing Attack. About one year.

Other Facts or Remarks. A year & half ago Mr G. went to Keble College, Oxford. After a second trial at the entrance examination he passed in. Since then his mental vigour has gradually declined. A year ago he said he felt that his brain would not work & at times especially in Chapel he felt as though he would loose his self control. In the beginning of 1887. the impulses to destruction first showed themselves. He kicked a table & clock & pieces &c. While at Oxford he used to imagine the people spoke ill of him & called him a lunatic & so forth. He has been very restless & suspicious & has slept badly, though he has a good appetite.

Facts of Medical Certificates

T. H. Clark. says: He is simple, childish & peculiarly self pleased. Says he has heard voices commenting on himself & his friends 2. Mrs father says. He accuses her father of using indecent language towards him. He has once or twice shown sudden fits of violence.

J. H. Bryden says: His facial expression denotes mental disorder. He is dull & stupid & takes a long time to answer the simplest question put to him. He says he hears voices during the night telling him how to regulate his conduct &c.

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NAME Reginald Melville Gough

STATE ON ADMISSION.

Mental.

Exaltation None.

Depression None.

Excitement. None.

Enfeeblement. Patient does not appear to understand questions put to him until he thinks for a moment or two. He does not know that he is in an asylum, yet makes no objection to discipline & does not ask where he is.

Memory. Patient complains that he cannot remember what he was.

Coherence. Patient is quite Coherent in answering questions! Yes in a hesitating way.

Delusions.

Other Abnormalities

Bodily.

Appearance. Slightly built. intelligent expression

Skin. Clean & healthy. Hair. fair, scanty.

Eyes blue. Pupils. Equal. regular. react normally.

Muscularity. moderate Fatness. Nil.

Nervous System—*Motor*. functions normal.

Sensory functions normal

Reflex Action. of normal intensity. Special Senses. Vision myopic. probably hallucinations of hearing.

Retina

Lungs. Expand freely & equally. normal to percussion & auscultation. Chest rather flat.

Heart. Sounds pure & regular. somewhat faint.

Tongue. moist. Cracked & indented Bowels. regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite. good

Urine. 1028 Sp. gr. acid. no abnormal Constituents.

Menstruation

Pulse. 96. moderate tension. regular Temp. 98.6° F.

Height. 5ft 4½ in. Weight 7st. 8lbs. (106 lbs.)

Disease. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

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NAME. Reginald Melville Gough.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887 Jan 27	98°		96		106	This gentleman has been very quiet & retiring since admission. He speaks very little & seems rather inclined to sit & do nothing. He answers questions in an intelligent manner & correctly but before answering he hesitates as though there was a delay in the mental process by which he analysed the question & arranged his answer. He takes up the papers & reads them but can give no account of what he has been reading a few minutes after he has laid them down.
{14/3/87.					113}	To day Jan 27 he has been sent out with the gentlemen &c working party who are trenching on the farm.
25/7/87.						Mr Gough has shown little or no change in his mental state. He cannot be got to take an interest in any amusement & he is but an indifferent worker with the outdoor party. When he attends the tennis parties he lies on his back taking no notice of the game. & in his gallery he lies usually on the sofa quite indifferent to all around him. He never volunteers a remark & answers usually in monosyllables when he is spoken to. He is tidy in his habits & fairly neat in his dress. He usually drowsy & heavy during the day though he sleeps well at night. Bodily he is in excellent health. His appetite is excellent.
Aug. 26th						Mr. Gough's condition has changed very little, but his manner is scarcely so dull and listless. He smiles in a pleasant, but rather vacant, way when spoken to, but his answers are usually monosyllabic. He cannot be roused to interest himself in anything; when taken up to the cricket field he wanders about with his hands in his pockets. He has the appearance of a masturbator, but he denies that he abuses himself.
14/9/87					112.	
27/9/87						Mr. Gough is not improving. He is as listless as ever, taking interest in nothing. He has a habit of laughing to himself, which shews itself chiefly in chapel.

NAME, Reginald Melville Gough.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14/1/87					110	Mr. Gough is quite demented. He sits in a corner, doing absolutely nothing, and will scarcely answer the simplest questions. He cannot tell the day of the week. He has a habit of pressing his hand to his forhead, with the air of one who feels confused. He frequently laughs to himself.
20/1/88						No improvement. He is sent out with the working party, but makes a very lazy workman. He cannot answer questions. His only interest is in music: he plays the piano very well, and evidently appreciates and enjoys good music. He plays with considerable feeling. He can read ordinary music at sight. He is very untidy.
29/1/88						Tonight Mr Gough became excited for the first time since admission. He has been playing for some time, when he suddenly began to thump the piano with all his might, and struck the attendant who went to stop him. He quieted down soon after being removed from the piano. Evidently too much music upsets him. He plays a little every day.
20/2/88					115	
15/3/88					115	
5/3/89						Mr Gough is now rather dull + stupid, is in fair health.
25 April					122	No change.
June 30th 1889.					110.	Dull, stupid, taking no interest in anything. Physically in fairly good health. Works at the barrows daily.
Sept. 30 1889.					110.	Still the same - is quite demented and harmless as a rule. Gets at times excited a little or depressed. Physically fairly well.
1/11/90						Mr Gough is demented, takes little interest in his surroundings occasionally becomes excited and irritable
2-3-91						Went to Kinmount to-day. No change.
6-7-91						Returned from Kinmount. Is quiet, demented seldom speaks to any one. His bodily health is good.
23-7-92						Mr Gough is very stupid, never speaks unless addressed, is untidy in dress, takes no interest in anything. He goes out with the working party in the grounds.
12-11-92						No change. At Kinmount.
30-5-93						Has come back from Kinmount to Second House No change
February 13th 1900						In fair bodily health: mentally has element amaurotic: talks very incoherently + is very enfeebled memory or case mostly he is more restless and goes about singing + whistling: works in the garden at times. 912

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NAME, Francis Talbot Longworth Dames.

Admitted, February 9th 1887. Pr. Ad.

Sex, male Age, 26 years Marriage, Single. Occupation, Military Officer

Education, Mathematical & Scientific Religion, Church of Ireland.

Private or Pauper, Private. Where from? Netley Hospital

HISTORY.

Causation.

Disposition, Lively. Fond of outdoor sports. riding, tennis &c.

Habits Steady. Temperate in use of alcohol. Used tobacco to excess.

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases One brother epileptic since 3 years of age.

Predisposing.

Exciting.

Symptoms. First.

Mental Sleeplessness for some months. noticed more than a year ago. Talked nonsense was inclined to be mischievous. Violent.

Bodily. Loss of flesh. Sleeplessness.

Recent.

Mental Dirty habits. gradual disappearance of violence & excitement. Still talks. the dirty habits have disappeared.

Bodily. Gradual increase in weight. Sleeplessness disappearing.

Insane Habits and Propensities.

Suicidal no.

Dangerous no.

Duration of Existing Attack. Four & a half months. Since Oct 2nd 1886

Other Facts or Remarks

Facts of Medical Certificates J. Smith M. D.:- Insane expression of countenance general behaviour. and rambling incoherent speech; laughs without cause; has lost the power of recollection.

J. H. Dryden. L.R.C.P. &c. His expression, appearance & behaviour are those of an insane person. He laughs without cause & can give no account of where he has been for the last few days. He talks irrationally & assents to the most ridiculous propositions.

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NAME Francis Talbot Longworth Dames.

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement. Patient laughs without cause. contradicts himself continually. will assent to most ridiculous statements. He pays little attention to his surroundings.

Memory appears to be defective for events during the last 6 months.

Coherence. Patient is quite coherent Can answer questions? yes but often incorrectly.

Delusions.

Other Abnormalities

Appearance.

Skin. Somewhat greasy. Hair. thick. straight brown.

Eyes. brown. Pupils. equal regular moderately dilated. reach to light and accommodation normally.

Muscularity. Moderate. Fatness. Nil.

Nervous System—*Motor*. Power good. No incoordination.

Sensory. Sensory functions appear to be normal.

Reflex Action. Healthy. Special Senses. Hallucination of sight otherwise normal.

Retina

Lungs. Expand freely equally. Normal to percussion and auscultation.

Heart. Apex in 5th left intercostal space 2½ in from middle line. Sounds pure.

Tongue. Clean moist. Bowels. regular

Other Organs, Abnormalities, Bruises, &c.

Appetite. Excellent. but the patient is apt to forget to eat.

Urine. Acid. Clear yellow. 1020. No abnormal constituents

Menstruation

Pulse. 81 regular. Small soft. Temp. 98·2° F.

Height. 5 ft 11 in. Weight 9 st · 8 lb. (134 lb)

Disease *Skae's Classification*.

General Bodily Health and Condition. Considerably 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.

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NAME. Francis Talbot Longworth Dames.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887 Feb. 9th	9		122		134	Mr Dames since admission has been sleeping eating well He pays very little attention to his surroundings, but will sit for hours pulling most extraordinary faces & working his jaw from side to side. When questioned he answers mechanically & generally incorrectly tho he is quite coherent. He is fond of asking a return question which always is 'What's your name?' He occasionally asks for cigarettes but is only allowed one pipe in the evening.
Feb 10th	98.2		81.			
Feb 22nd						It has been found that Mr D. masturbates incessantly during the night & has several times wet his bed. One night although he was raised 6 times by the night watch he wet his bed 3 times evidently out of insane perversity & not from the neglect of a moment. He is little changed. When asked simple questions he answers usually incorrectly, but then laughs as though he intended a joke.
Feb 24th						Mr Dames was today circumcised. A comisole was applied at night to keep his hands from his penis.
Feb 26th						Mr Dames has been very noisy all night during the last two nights. His penis is healing rapidly. He seems to regard the little operation as a good joke & laughs immoderately whenever he looks at his penis The morning after operation he remarked to his attendant. "So you chloroformed me yesterday & castrated me did you?"
						Twice since admission Mr D. has had short periods of excitement during which he insisted he saw the devil sitting on his window sill.
Mar. 14th					137.	After operation there was for some days a great improvement in Mr Dames' mental state. He answered questions more rationally & appeared to realise his position to some extent. The following a fairly lucid account of his stay in

NAME, Francis Talbot Longworth Dames

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

Egypt. He wrote a letter to his mother but it was quite incoherent & full of obscene & profane language. Three nights ago he recommenced masturbation & on the evening of Mar 12th he became excited, threw chairs about the room & knocked down ornaments. He was very noisy at night & did considerable damage in his room

ed to the infirmary.
days he has wet himself
has been wet almost
he has been raised as
He often wets his bed
back after being at the
wets himself as it keeps
e still laughs immoderately
ing.

Mar 24th

s sent out with the gardening
During the last few days
appeared on his chin & this
queeze in the afternoon &
op him. & asked without to
ing. It is a fellow only
he went out with the
very shortly after beginning
and fell of earth & thrust it
rly choking himself in
pt to get him to wheel
barrows had to be stopped from the same reason.
He made numerous determined attempts to fill his mouth with earth cinders & lime.
He is quiet. & sits as before working his jaw from side to side & constantly salivating.
His expression is more vacant than formerly & he has slight ptosis of the left eyelid. His pupils are normal.

Mar 28th

During the last two days Mr Dames has become still more impulsive. He suddenly becomes violent & attacks anyone who is near him & as he uses his fists scientifically he is extremely dangerous. He attacks indifferently both patients

Continued on Page 818

FATAL GUN ACCIDENT TO AN OFFICER.

(FROM OUR CORRESPONDENT.)

A very sad accident which terminated fatally has cast a gloom over the neighbourhood of Edenderry, in the King's County. It appears that Captain F. L. Dames, eldest son of Captain Longworth Dames, D.L., of Greenhill, left his father's house at Greenhill early on the morning of Monday last to shoot wild geese. He was unaccompanied, the keeper's son having failed to keep an appointment to meet him in the yard. He proceeded about a mile and a half from the house, when he was observed by some boys to shoot two wild geese. This was the last that was seen of him alive. As he did not turn up towards the afternoon, having promised to be home to a late breakfast, inquiries were made and messengers sent out to search for him, but without effect on the Monday. But on Tuesday morning at about eight o'clock his body was found in an incumbent position by the side of a farm road and hedgerow, behind which it appeared that he had been stalking wild geese. He was stone dead, with a wound in his left temple, and one barrel of the gun had been discharged. It appeared from the position of the body and of the gun as compared with the wound, that he must have been carelessly dragging the gun after him, holding it near the muzzle, and that either from a concussion upon the ground or some other cause the gun must have exploded and caused instant death. A coroner's jury was empannelled on Tuesday afternoon before Mr Gowing, coroner for the King's County, and witnesses having been examined as to the circumstances of the finding of the body, the jury having heard three or four witnesses examined, intimated their opinion that the occurrence was purely accidental, and returned a verdict accordingly. The deceased young gentleman, who was only 27 years of age, was deservedly popular in his neighbourhood, and great sympathy is felt for his sorrowing parents and family. He was just about to join his Battery of the Royal Artillery at Portobello Barracks as captain, to which he had been gazetted within the last fortnight. The funeral, which was largely attended by his friends, took place at Ballyhurley Churchyard on Thursday.

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NAME. Francis Talbot Longworth Dames.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
1887 Feb. 9th	9		122.	134		Mr Dames since admission has been sleeping eating well He pays very little attention to his surroundings, but will sit for hours pulling most extraordinary faces & working his jaw from side to side. When questioned he answers mechanically & generally incorrectly tho he is quite coherent. He is told & asked various questions, Wh[at] [is] your name? A[nswers] cigarettes but is on[ly] the evening.
Feb 22nd						M[r] D. masturbates [at] night the has several [fits] although he [is] night watch he [is] evidently out of [fits] on the neglect of [fits] 25th [fits] little changed.
Feb 24th						M[r] D. answers he answers usually [fits] as though he [is] circumcised. [fits] night to keep his
Feb 26th						M[r] D. very noisy all night [fits] to. His penis is [fits] seems to regard the [fits] Re slangles immoderately Whenever he looks at his penis the morning after operation he remarked to his attendant. "So you chloroformed me yesterday & castrated me did you?"
						Twice since admission Mr D. has had short periods of excitement during which he intended he saw the devil sitting on his window sill.
Mar. 14th				137		After operation there was for some days a great improvement in Mr Dames' mental state. He answered questions more rationally & appeared to realise his position to some extent. the gave a fairly lucid account of his stay in 25th

tion. For art, design, and fit they are perfection itself. Ladies should see those before going elsewhere.

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74 MIDDLE ABBEY STREET.

THE Venerable Apostle of Temperance (Mr S. C. Hall), writing to Cantrell and Cochrane, says :—
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More mellow, more delicious draught
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"Better than the yields of France or Spain."

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(Late Conynham and Bennett),
Pharmaceutical Chemists,
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VEGETABLE AND FLOWER SEEDS.
POTATOES

NAME. Francis Talbot Longworth Dames

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

Egypt. He wrote a letter to his mother but it was quite incoherent & full of obscene & profane language. Three nights ago he recommenced masterbation & on the morning of Mar 12th he became excited, threw chairs about the room & knocked down ornaments. He was very noisy at night & did considerable damage in the room. To day he was removed to the infirmary. During the last ten days he has wet himself continually & the bed has been wet almost every night though he has been raised on as often as six times. He often wets his bed as soon as he is put back after being at the urinal. He says he can't help himself as it keeps him so warm. He still laughs immoderately & is constantly grimacing.

Mar 24th — Yesterday Mr Dames was sent out with the gardening party & worked well. During the last few days a small furuncle has appeared on his chin & this he began violently to squeeze in the afternoon & resisted all efforts to stop him. I asked Talbot to squeeze it hard saying. It is a fellow's only chance. To day he went out with the working party. but very shortly after beginning he suddenly seized a handful of gravelly & thrust it into his mouth nearly choking himself in so doing. An attempt to get him to wheel barrows had to be stopped from the same reason. He made numerous determined attempts to fill his mouth with earth cinders & lime. He is quiet. & sits as before working his jaws from side to side & constantly salivating. His expression is more vacant than formerly & he has slight ptosis of the left eyelid. The pupils are normal.

Mar 25th — During the last two days Mr Dames has become still more impulsive. He suddenly becomes violent attacks anyone who is near him & as he uses his fists scientifically he is extremely dangerous. He attacks indifferently both patients

Continued on Page 818

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NAME, Robert Jarquharson No.

Admitted, February 10th 1884. Pr. Ad.

Sex, Male. Ag. 36 years Marriage, Single Occupation, Architect

Education, Religion, Protestant

Private or Pauper, Private. Where from? Haddington.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity. An uncle committed Suicide & an aunt attempted it (both on maternal side)

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes.

Dangerous no.

Duration of Existing Attack For Four Years.

Other Facts or Remarks

Facts of Medical Certificates J. B. Rowlson L.R.C.S.Ed. Says: He is suffering from Melancholia; says he is dying threatens to poison himself & is full of fancies.

J. A. Dryden says:- He is dull depressed Melancholic. He imagines he is suffering from serious internal disease that he is about to die. When left to himself he sits brooding very despondent

1st Medical Attendant Says He has threatened to commit Suicide by poison.

NAME Robert Farquharson

STATE ON ADMISSION.

Mental.

Exaltation

Depression - Patient is in a very unhappy frame of mind. Believes he suffers from some internal growth & complains of plethoricum & vague pains.

Excitement

Enfeeblement.

Memory - is perfectly good

Coherence - Normal - Can answer questions? Yes.

Delusions - that he suffers from dangerous internal disease

Other Abnormalities

Bodily.

Appearance - Tall well built very fair complexion. Spare figure.

Skin - Slight acne on shoulders Hair - Very fair. rather scanty.

Eyes - blue. Slight External Strabismus Pupils Equal regular. react normally -

Muscularity - is fair. Fatness is moderate -

Nervous System—*Motor* - Nystagmus well marked - Occasional tremulous movement of head like paralysis agitans. No paralysis - or paresis.

Sensory - Tenderness on pressure across abdomen. Otherwise normal -

Reflex Action - of normal intensity Special Senses - marked myopia otherwise normal.

Retina

Lungs - Normal & percussion & auscultation -

Heart - Sounds faint & varying strength. Slight epigastric pulsation. Apex normal site. No murmurs

Tongue - Moist & clean - Bowels - Constipated. medicine taken habitually

Other Organs, Abnormalities, Bruises, &c.

Appetite - good.

Urine - Clear acid. S.G. 1025. No abnormal Constituents -

Menstruation

Pulse - 100 to 120 - Small thready. varying in force - Temp.

Height - 5 ft 9 in Weight 140 lbs.

Disease Hypochondriacal Melancholia *Clouston'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.
		yes -		yes.				of common sensation	

NAME, Robert Farquharson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887 Feb. 16th		98°		90.	140.	This gentleman has been placed in the High West Gallery. He is very hypochondriac & likes to have a private conversation with the medical assistant at least twice a day. He complains of abdominal pain generally just above the pubis & holds his hands on his abdomen & bends forwards as though he were suffering the most excruciating agonies. No evidence of abdominal disease is to be found. He is well nourished & there is no abdominal tenderness, retraction or distention. He has a weak irregular pulse but complains of no symptoms of heart affection. His symptom point more to spinal anaemia. He is inclined to be lazy; is usually found reclining on a couch & is ready with an excuse to allow him to shirk his daily walk. He takes great interest in the medicines he is having & is constantly asking for something new in the way of treatment.
Feb 26th						Mr Farquharson still very hypochondriac & writing very depressed letters full of absurdities complaining of a painful zone round lumbar region extending to pubis in front. To day fine p thermo cautery point applied down the spine.
Mar 14th					142.	A repeated application of the thermo cautery to the spine has produced no improvement in Mr F's pains. He is greatly depressed & especially concerned about the frequent nocturnal emissions which he has. At times he is quite childish & cries like a baby & wishes to go home. Says he has too weak to do anything even to go out & wishes to lie in bed as he says he feels no pain when in bed. He has parole in the grounds.
April 9th					147.	Today discharged at request of his friends.

Discharged Unrecovered.

NAME.

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

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NAME, Robert Macintosh. No.

Admitted, February 16th 1887 Pr. Ad. None.

Sex, Male Age, 31 years Marriage, Single. Occupation, Lace Manfr.

Education, Good Commercial Religion, Protestant.

Private or Pauper, Private. Where from? Galston, Ayrshire.

HISTORY.

Causation.

Disposition Cheerful & frank

Habits Steady industrious & temperate.

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity One brother one sister were melancholic recovered.

Other Diseases One sister is eccentric & weak minded.

Predisposing Has been harassed in business & was assaulted one night lately.

Exciting

First Symptoms.

Mental Absurd fancies & hallucinations.

Bodily Sleeplessness

Recent Symptoms.

Mental Hallucinations have become more pronounced. & the patient is easily angered.

Bodily

Insane Habits and Propensities Frequent purposeless swearing.

Suicidal No.

Dangerous No.

Duration of Existing Attack 2 days?

Other Facts or Remarks

Facts of Medical Certificates W. Trew M.D.: I was lying in bed listening to imaginary voices, repeating what they were saying & answering their questions. Cursing & swearing very loudly. conversing incoherently. (2) Brother says he is suspicious of his food being drugged & wont take it.

J. K. Dryden L.R.C.P. says. He is excited, talks wildly & incoherently. He is full of delusions. he says he has been dead ten times & that he is now tired of living & dying. He says that his friends are intriguing against him & mean to annoy him continually.

NAME Robert Macintosh.

STATE ON ADMISSION.

Exaltation Patient is talkative & evidently in good spirits & highly pleased with himself; talks in a pompous manner & says he is King of Scotland & in the same sentence says his name is Macintosh & he is a lace manufacturer.

Depression

Excitement

Enfeeblement

Memory is good for both recent & remote events

Coherence. Patient is quite coherent. Can answer questions? Yes.

Delusions. Changing rapidly. Generally of an exalted nature -

Other Abnormalities.

Appearance. Sallow & pasty complexion. Features indicate strumous diathesis.

Skin. dry. free from eruptions. Hair - Brown

Eyes blue. Pupils equal regular. react normally.

Muscularity - fair. Fatness Small.

Nervous System—*Motor* - Normal -

Sensory Normal -

Reflex Action Normal. Special Senses Hallucinations of hearing.

Retina

Lungs - Normal to percussion & auscultation.

Heart - Apex beat 2½ in from middle line forcible. Sound pure. strong & varying rapidity.

Tongue - edematous moist. tremulous coated. Bowels. Constipated.

Other Organs, Abnormalities, Bruises, &c. -

Appetite - Is fitful. usually deficient.

Urine - Dark yellow. Clear. Acid. Sp. gr. 1025. No abnormal constituents.

Menstruation

Pulse - 100. small & of moderate tension. Temp. 99° F. at 10 AM.

Height 5 ft 8 in Weight 111 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.
								Yes.	

681

NAME, Robert Macintosh.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887. Feb 16th	99°		100		111	This patient was placed in the Aged East on the morning of his admission. He was quiet all night. In the morning he refused to put on his clothes as he said they did not belong to him. He ate a good breakfast. Was quite quiet during the day. Evidently in a state of morbid self satisfaction. At night he was found out of bed with his head down on his bed in a listening attitude & said he was holding a conversation with the Head reporter of the Glasgow Herald'. He repeated 'sotto voce' the information which he was receiving but it was quite incoherent. His attention was difficult to attract but he got quietly into bed when requested to do so.
Feb 17th			120.			Was quiet all night but did not sleep. Pulse weak. Talking incoherently & has rapidly changing delusions.
Mar 1st	98°		86			This patient is quiet at nights. He eats poorly requires persuasion. He is very reticent & morbidly self satisfied but is very reticent on the subject of his delusions. When asked where he was said. 'Dumfries House'
Mar 4th					112.	For the last week he has been working with the gardening party. He is quiet & deferential & speaks very little. His appetite is deficient. He says he does not sleep well at night, but the night attendant has not found him awake.
April 2nd						To day Mr Macintosh walked away from the football field & walked into Dumfries where he was shortly after found regaling himself in a Public House.
July 25th						He has been observed masturbating once or twice. Little or no change in Mr Macintosh's mental state. Still appears to have hallucinations of hearing at nights. He is quiet & contented but listless & takes very little interest in work or amusement. His health remains fair.
						Discharged July 29th 1887.

AME,

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

683

NAME, Andrew McNaughton. No.

Admitted, February 17th 1887 Pr. Ad. two.

Sex, Male. Age, 40 years Marriage, Single. Occupation, Clerk & Printer

Education, Good English education Religion, Protestant.

Private or Pauper, Private. Where from? Kingstown.

HISTORY.

Causation.

Disposition Cheerful.

Habits Steady & industrious.

Previous Attacks—No. Kind

Duration 22 years Where treated Lancaster, Hayfield House, Musselburgh & S.C.A.

Hered. History—Insanity. Father & Brother insane

Other Diseases

Predisposing Unknown Hereditary

Exciting do.

Symptoms. First.

Mental Melancholy - apathy & stupor.

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities - None.

Suicidal No.

Dangerous No.

Duration of Existing Attack 22 years.

Other Facts or Remarks

Facts of Medical Certificates

W. S. Kerr M.B. He is quite melancholic - very quiet weak expression. Has nothing to say & will scarcely answer questions.

J. H. Bryden L.R.C.P.E. &c. He is dull & melancholic. He says he does not like his food as he is afraid it will make him burst. He says he cannot sleep at night as he hears voices talking to him.

NAME Andrew McNaughton.

STATE ON ADMISSION.

Exaltation

Depression The patient is slightly depressed & mildly hypochondriacal.

Excitement

Enfeeblement

Memory Is very good. for recent & remote events.

Coherence Patient is fairly coherent. Can answer questions? Yes

Delusions

Other Abnormalities

Appearance. Head approaching the fatal shape. complexion sallow.

Skin. healthy. free perspiring Hair. thin wiry dark brown. baldness beginning

Eyes blue. Pupils equal. regular react normally.

Muscularity fair. Fatness considerable.

Nervous System—*Motor*. normal.

Sensory normal.

Reflex Action Normal. Special Senses normal.

Retina

Bodily. Lungs. Normal to percussion & auscultation.

Heart. Normal in position. Sounds pure & regular moderately forcible.

Tongue. moist & clean. Bowels. move irregularly.

Other Organs, Abnormalities, Bruises, &c. Patient complains of difficulty in passing his urine stays at times slowly & only in small quantities at a time. Prostate appears slightly & equally enlarged. not tender. No stricture.

Appetite. Good. no discomfort after food.

Urine. Dark yellow. cloudy. deposit of urates. Sp. gr. 1030. trace of albumin. a few oxalates. few epithelial & blood cells. no tube casts.

Menstruation

Pulse. 90. regular. moderate volume Temp. 99°7 at 8 PM.

Height. 5 ft. 8 in. Weight 142 lbs.

Disease Recurrent 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.

685

NAME. Andrew Mc Naughton.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1897 Feb 18th						Placed in the 1st Division. Is mildly depressed slightly hypochondriacal
April 7						Has been employed at laboring work since admission has present mildly excited & talkative. Is friendly conceited somewhat inconsequential, fond of airing his views on politics which views are culled from the newspapers.
June 10th						For the last month has been much excited Very talkative impertinent, speaks to every one. Has very exalted notion of his own prowess especially in the cricket field though he cannot play a stroke. Is constantly writing to a girl whom he calls his sweetheart & his letters are most amorous. Walks about decorated with flowers wearing a straw hat with a gorgeous ribbon round it. Pays attention to all the females about.
July 12th						Still excited in his ideas talkative & his behaviour. He is the best cricketer in the County & can make 150 runs out any match, though in reality he can hardly hold a bat straight. He still writes numerous amorous letters to his Dulcinea, which letters are full of the most absurd & grandeloquent sentences.
1st Oct 1897.						A.M. is a fool who has great ideas of his own powers & especially so in regard to winning the hearts of the other Sex with whom he is not a safe person. He talks on every subject in a grand way & thinks himself a great politician, theologian, cricketer &c &c - & that he is not insane. He seems to have less moral sense than is necessary to balance his ~~mental~~ & animal departure. ~~deficiencies~~ liability to error

AME, Andrew McNaughton.

DATE	Temperat. Morn. Even.	Pulse. Morn. Even.	Weight, lbs.	PROGRESS OF CASE.
Jan. 1888				A talkative grandiloquent fellow who writes letters continually to his lady love - a maid in England.
30 Mar 1888				Helps the Attendants - is still the same - wants mental balance.
16 June 1888				Helps in work about the place -
1 October				This fellow is ~~a~~ very vain & mentally rather exalted. There is no change in his mental state.
20 December				Andrew McNaughton is in a state of mild mental exaltation - he has an unduly high opinion of him self, his appearance, abilities, personal attractions & his knowledge of the world &c &c. He is lacking in judgement & in moral sense - He has little self control & is decidedly erotic. At times he inclines to be quarrelsome.
30 Mar 1889				Much the same.
1 July				He works at the Sewerage & is useful - In good health.
August 1889				He had a "shock" - a seizure of some kind & has not been the same since.
10 Septr.				Weak & pale & not yet recovered from the seizure.
18 Novr				This man is better & is able to dance well enough now. His health is ~~st~~ more robust.
15 March 1890				He is working out of doors at times in charge of a gang of 4 men ~~of~~ ~~four~~.
12 ~~Mar~~ June				No change.
18 August				He works at the coal & has a gang of men under him.
10 Novr				This silly fellow enjoys the dances - it is beneath him to dance with a patient.

687

NAME, Thornton Gow Smith No.

Admitted, February 12th 1887. Pr. Ad.

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

Education, Good General & Legal (University) Religion, Protestant.

Private or Pauper, Private. Where from? Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration *Where treated*

Hered. History—*Insanity*

Other Diseases

Predisposing Heredity. Mother intemperate.

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

688

NAME Thornton Gow. Smith.

STATE ON ADMISSION.

Exaltation

Depression. Patient is greatly depressed. wishes himself dead. & bursts into tears when spoken to.

Excitement

Enfeeblement – Patient is unable to control his craving for drink & never loses an opportunity for becoming intoxicated.

Memory. Good for recent & remote events.

Coherence. Quite coherent. Can answer questions? Yes. with intelligence

Delusions –

Other Abnormalities –

Appearance – Slender build with fair complexion well marked features.

Skin. healthy. no bruises. Hair – fair. commencing baldness.

Eyes. blue. Pupils equal regular. react normally.

Muscularity fair. Fatness small.

Nervous System—*Motor*. Marked tremor of tongue hands. evidently due to recent excessive alcohol.

Sensory Normal.

Reflex Action Normal. Special Senses – Normal.

Retina

Lungs – Normal to percussion & auscultation

Heart – Sounds pure regular but varying in intensity. otherwise normal.

Tongue – Edematous indented coated slightly tremulous. Bowels – Constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite – deficient.

Urine – Pale clear. Acid. Sp gr 1018. no abnormal constituents.

Menstruation

Pulse – 90. regular. soft moderately full. Temp. 98.8°F. at 8 PM.

Height Weight

Disease Dipsomania. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

689

NAME. Thornton Gow Smith

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887. Oct 12						Mr Gow Smith was admitted in a state of semi-intoxication. He had been discharged only a week before. Had been drinking all the time. When he became sober he was in a condition bordering on Delirium Tremens. & really depressed & very emotional. He went to several tradesmen in Edinburgh & obtained articles on false pretences there he pawned & spent the proceeds in drink. He begged that he might be certified as he felt he could not control his craving for drink & was afraid he might do himself injury.
April 24th						Mr Gow Smith since admission has behaved very well. He has been working in the Stewards & the Clerks Office & has been quiet & contented. He has parole in the grounds & has never asked to get outside.
July 26th						Mr Gow Smith remains contented & apparently happy. He is still working as assistant to the Steward. He plays tennis with a considerable zest & appears to enjoy it.
Sept. 14th						Mr. Smith is now allowed a gate pass occasionally, and has never abused the privilege.
Dec. 14th						Mr. Smith is still behaving well, but his appearance and manner do not indicate much strength of will. He has no lack of self-confidence, and writes to his friends that he now feels able to "crush temptation under his foot" &c.
Jan. 30th 1888						Discharged today recovered.

NAME,

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

691

NAME, James Coltart No.

Admitted, February 19th 1887 Pr. Ad. Jan. 1873.

Sex, Male Age, 30 years Marriage, Single Occupation, Currier

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? High St. Inay, well known.

HISTORY.

Causation.

Disposition -

Habits

Previous Attacks—No. One in 1873. Kind Melancholia.

Duration 6 months. Where treated S. C. Asylum.

Hered. History—Insanity - None ascertained.

Other Diseases -

Predisposing want of work probably want of proper food.

Exciting

Symptoms. First.

Mental -

Bodily

Recent.

Mental

Bodily Sleeplessness, restlessness.

Insane Habits and Propensities

Suicidal No.

Dangerous No.

Duration of Existing Attack About 4 months.

Other Facts or Remarks -

Facts of Medical Certificates P. McMurray: says:- I great depression of spirits: Says he lost & cannot be saved; that he is ruined; that all his friends despise him.

II Father says. He is constantly telling him that he (his son) is lost & at times he get very excited.

J. Cunningham M. D. says: - His facial expression indicates mental disorder. He is very much depressed in mind. He tells me that at times he is tempted to do some rash act but so far has been able to resist the impulse.

II has seen before. Does not sleep much, is restless at night has delusions.

692

NAME James Collart.

STATE ON ADMISSION.

Exaltation

Depression Mildly depressed. believes himself the chief of sinners.

Excitement

Enfeeblement –

Memory – Excellent for recent & remote events.

Coherence – Quite coherent. Can answer questions? Yes intelligently.

Delusions –

Other Abnormalities

Appearance – Pale. pasty faced. Marked Squint. Stunnon face.

Skin – moist. clean. no bruises &c. Hair – Auburn. fluffy but wavy.

Eyes – blue. bilateral strabismus. Pupils. Equal. regular. react normally.

Muscularity – Slight. Fatness nil.

Nervous System—*Motor* – Normal.

Sensory Normal –

Reflex Action – Normal – Special Senses Normal.

Retina

Lungs – Normal to percussion & auscultation.

Heart – Normal in action. Sounds pure & regular.

Tongue – pale indented slightly tremulous. Bowels – move every second day.

Other Organs, Abnormalities, Bruises, &c.

Appetite – good.

Urine pale yellow. Acid. Sp. gr. 1012. No abnormal constituents.

Menstruation

Pulse – 75. soft. moderately full regular Temp. – 98°4. at noon.

Height 5 ft. 6½ in. Weight 118 lbs.

Disease Simple Melancholia. *Skae's Classification*

General Bodily Health and Condition – much 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.

693.

NAME. James Collart

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Sept 22nd	98°		75	77	118	This patient has been placed in the 1st Division. He is mildly depressed. Says he does not sleep well at night & when asked what he thinks about says he will tell no man but will only confess his sins to his maker. He is not unsocial & plays a good game at draughts & evidently enjoys it. He takes his food well & appears to be quite contented with his surroundings.
Mar 14th						Much improved & now in 3rd Division & working well out of doors. Much of his depression has apparently been removed by the cessation of nocturnal emissions which were frequent. A week's treatment with Pot. Bromid. grs 15 bis in die gave him great relief. He now attends the dances & participates in them & enjoys them.
Dec 10 1887.						J. C. is much better & never speaks of his emissions - he is not so depressed, but if mention is made of his removal he at once becomes melancholic - Enjoys the dances Works well with the squads.
27	Mar	1888				Much better. Discharged Recovered today.

AME,

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

695

NAME, Andrew Brodie. No.

Admitted, February 24th 1887. Pr. Ad. none.

Sex, Male. Age, 57 years. Marriage, Single Occupation, Labourer.

Education, Religion, Protestant.

Private or Pauper, Private. Where from? Bothwell - Glasgow Dist. Asylum

HISTORY.

Causation.

Disposition

Habits -.

Previous Attacks—No. - Kind

Duration Where treated

Hered. History—Insanity None ascertained.

Other Diseases

Predisposing unknown -

Exciting unknown -

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes.

Dangerous No.

Duration of Existing Attack About 10 months.

Other Facts or Remarks -

Facts of Medical Certificates

A. C. Clarke M. D. says:- He labours under melancholia of a religious character sometimes when more than usually depressed he refuses food.

Bodily Condition. Health - They are weak & he suffers from Motion Cordis. (Feb 15th 1887.)

Transferred from Glasgow District Asylum Bothwell.

NAME Andrew Brodie.

STATE ON ADMISSION.

Exaltation

Depression -

Excitement

Enfeeblement

Memory - Excellent for recent & remote events.

Coherence - Patient quite coherent Can answer questions? Yes with intelligence correctly.

Delusions -

Other Abnormalities

Appearance - Spare build. Anxious careworn expression.

Skin - Healthy no bruises or marks Hair - dark turning gray.

Eyes blue. Pupils - Equal regular. react normally -

Muscularity - Moderate Fatness - Small -

Nervous System—*Motor* - Normal no defects.

Sensory - Normal.

Reflex Action - Normal Special Senses - Normal.

Retina

Lungs - Normal to percussion & auscultation.

Heart Apex beat in 5th left interspace 3in from middle line. regular in time -

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Heart Sounds regular & pure for occasional reduplication of the first sound quite pure -

Appetite - Fair.

Urine - Clear pale. React. acid. Sp. gr. 1015 No abnormal constituents.

Menstruation

Pulse 75 regular. Small. rather soft Temp. 98° F.

Height 5 ft 6 in. Weight 136 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 Enfeblement.

NAME, Andrew Brodie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Feb 24		98°		75	136	Placed in 2nd House 1st Division.
March 3rd						This patient is depressed & moody. He looks very despondent & admits that he believes his soul lost because he has sinned against God more than any other man. The nature of this sin he will not state
June 30th						Patient found to day to have opening the blade of a small penknife evidently with Suicidal intent as he does not smoke or chew there no other use for a cutting instrument
July 15th						For last few days has been more than usually depressed & very unsociable. Talking more about his great sinfulness. Ordered a tonic
1st Oct 1887.						A. B. is dull & depressed, unsociable, stands looking sadly out of the window - takes no apparent interest in anything says he has sinned against God & cannot be forgiven. So miserable, speaks little works well - goes out with the Squads - never offers a remark. A thin sunburnt man -
2 Jan 1888						Quiet & depressed; shews no signs of cheerfulness - Has lost his sense of wellbeing -
30 Mar 1888						No change.
15 June 1888						Still dull & depressed - takes no interest in anything.
16 November 1888						Discharged Recovered

NAME,

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

699

NAME, George Nixon. No.

Admitted, February 26th 1887 Pr. Ad. 3 times from 1847 to

Sex, Male Age, 56 years Marriage, Single Occupation, Fisherman

Education, Religion, Protestant.

Private or Pauper, Pauper - Where from? Wigtown

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 3 or 4. Trivial 17 years old Kind mania.

Duration about 6 months each time Where treated Do Co. Asylum -

Hered. History—Insanity - None ascertained -

Other Diseases

Predisposing Born weak minded.

Exciting

Symptoms. First.

Mental Excitement. eccentric behaviour -

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 J. R. Bobie M.B. He is excitable talkative - rambling in his statements - says he is a philosopher & poet - that the mantle of Lord Beaconsfield has fallen on his shoulders - talks incoherently about religious subjects. W. M. McGuffie neighbour has noticed that he is excitable & suspicious lately. R. McClelland M.B. says:- His appearance is wild, his manner excitable. He is incoherent & rambling in his speech & says he has been swindled out of a large sum of money by his cousins (which is not the case) & Mrs Ewart informed me that last week he was shouting & screaming in the garden & dancing round a pole.

NAME George Nixon.

STATE ON ADMISSION.

Exaltation - Patient is very talkative & has an unceasing flow of heterogeneous ideas.

Depression

Excitement -

Enfeeblement -

Memory - Is unusually clear & concise for long past events.

Coherence - Patient is quite coherent. Can answer questions intelligently & correctly.

Delusions -

Other Abnormalities

Appearance - Stooped. narrow shoulders. Vacant expression.

Skin - free from disease generally. Hair - Scanty. grey. considerable baldness.

Eyes blue - Cataract both Pupils Equal. regular. insensible to light dilated

Muscularity - considerable - Fatness slight

Nervous System—*Motor* - Functions normal.

Sensory Normal -

Reflex Action - Exaggerated & superficial + Special Senses - Vision very imperfect.
Tendon reflex.

Retina

Lungs - Normal to percussion & auscultation.

Heart - Normal in position. Sounds pure strong regular.

Tongue - Clean but red & dry Bowels irregular.

Other Organs, Abnormalities, Bruises, &c.

Appetite - Is excellent.

Urine - Pale. clear. acid. Sp. gr. 1025. No abnormal constituents.

Menstruation

Pulse - 96. full soft regular Temp. 100° F. at 8 P.M.

Height 5 ft - 5½ in. Weight 132 lbs.

Disease Recurrent Mania *Skae's Classification*

General Bodily Health and Condition Good. except for slight Catarrh.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple 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 Nixon

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Feb 26th		100°		96	132.	Placed in 2nd Division. Happy & chatty. talkin fluently & comparing notes with old patients. & recalling his former stays in the asylum.
Mar 14th						The patient is slightly weak minded & very garrulous. He may be seen any day on the green performing the most curious antics as though he were necromancer. He claims to be a philosopher & poet & if asked to recite one of his pieces he proceeds to sing some curious doggerel which may be Gaelic but is certainly not English. He can see only very indistinctly & if one pulls one of his ears slyly & keeps out of sight. He makes curious movements with his arms & utters curious sounds evidently meant a charms against evil. In a letter to his sister a few days ago he says he is fighting against his enemies & will prevail.
Sept 23. 1887.						This old fellow remains in the same exalted state & thinks he is a poet, musician & philosopher. Thinks it a pity that he does not get paper for a friend to write on while he dictates his poems. He is very garrulous & when started cannot be stopped from talking – He is in good bodily health. Quite or nearly quite blind
2 Jan 1888						The same talkative querulous fellow with ideas of grandeur.
30 March 1888						This man is in a state of mental exaltation & is noisy – he is a great nuisance.
16 June 1888						Seems a little quieter – is in good health
31 July 1888						Discharged to Poorhouse in Stranraer.

NAME,

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

NAME, James Whitson. No.

Admitted, March 17th 1887. Pr. Ad. None.

Sex, Male. Age, 30 years Marriage, Single Occupation, Farm Servant.

Education, . Religion, . Protestant.

Private or Pauper, Pauper. Where from? Springfields – Grelna.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity None known

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental Loss of interest in work. inclination to idle. For last year patient has done little or no work.

Bodily

Recent.

Mental Delusions of persecution. increase of idleness. sapathy.

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack a month (statment)

Other Facts or Remarks

Facts of Medical Certificates W. Carruthers. S.R.C.P.L. 1. Patient is dull listless & depressed is able bodied but disinclined to work. 2. Neighbours say. he loiters about the village sleeps in outhouses & refuses to work.

Daniel Mackenzie M.B.C.M. says. (1) A general imbecile look & manner – delusions about money, friends & the ordinary circumstances of life. – Incapacity for any ordinary application.

(2) Unwillingness to work, neglect of his own personal comfort, stubbornness melancholy.

NAME James Whitson.

STATE ON ADMISSION.

Exaltation

Depression. Patient is dull. moody. disinclined to speak. Says he is very unhappy. That people speak ill of him.

Excitement

Enfeeblement.

Memory. Is good for both recent & remote events.

Coherence. Patient is quite coherent in answer questions? Yes. with ordinary intelligence

Delusions. That he can hear friends at a distance speaking ill of him. That his brother & sister-in-law drove him from his work by ill usage.

Other Abnormalities

Appearance. Stout, well built. florid complexion.

Skin. Smooth soft. no disease. Hair. dark in colour. plentiful.

Eyes. blue. Pupils. Equal. regular. react normally.

Muscularity. considerable. Fatness. Considerable.

Nervous System—*Motor*. Normal.

Sensory Normal.

Reflex Action. Normal. Special Senses. Normal (except hallucinations of hearing)

Retina

Lungs. Chest well formed. lungs expand freely & equally & are normal to percussion & auscultation.

Heart. Apex beat normal. Sounds pure & regular.

Tongue. Clean moist. Bowels. move regularly. daily.

Other Organs, Abnormalities, Bruises, &c.

Appetite. Good.

Urine. Sp. gr. 1022. clear acid. no abnormal constituents.

Menstruation

Pulse. 64 per minute. regular. Temp. 98°7. at 9 PM.

Height 5 ft 4¾. Weight 148 lb.

Disease

Skye's Classification.

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

NAME, James Whitson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Mar 22nd		98°		64	148	This patient on admission was placed in the 1st division. He had delusions about his friends, who he said ill used him. He also said he was able to hear them speaking about him four miles away. He speaks in a childish hesitating way shangs his head & blushes while speaking. Since admission he has been working well with the garden squad. & appears to take an interest in his work. He eats & sleeps well. & is now becoming more contented though he always says he must leave tomorrow.
April 22nd						This afternoon Whitson struck work & now insists that he must go home. Says he will go into service but does not like staying here. For the last fortnight he has been in the 3rd Division.
25/5/87.						Still refusing to work. & today refused to go out to the grounds for exercise. was carried down & when there took off his clothes & had to be brought back. Refused his supper at night.
26/5/87.						Still refusing food, but went out for exercise
27/5/87.						Took no food all day. much depressed & very sulky. went out for exercise of his own accord.
28/5/87.						Took his breakfast this morning; is still sulky & indignant & declares his intention of going away & threatens those who detain him.
5/6/87.						Has returned to his usual careless & idle state
13/7/86.						Whitson today became excited & refused to allow his hair to be cut. resisted & threatened vengance on those who detain him. is now sulky & defiant.
14/7/86.						Returned to his usual state.
Sept 23. 1887.						I. W. is a silly very idle fellow - laughs foolishly & will not do a stroke of work. He lies about all day sleeping part of the day. Demands to be allowed home & to go at once. Grumbles a great deal.
2 Jan 1888						I. W. refuses his food & will take none to all appearances he has has had nothing to eat for 5 days

NAME, James Whilson

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						but in reality has eaten [illegible] in secret. He was not fed with the tube. He becomes very violent & excited about going home. He resisted with all his strength, a bath 2 lately. He wishes to give as much trouble as possible.
31 March 1888						This man has several delusions – he will not go to the Hall & dodges about at dinner time & get some food in the Dispensary. He thinks his food is poisoned – He also thinks inoffensive patients talk about him & comes up to them & abuses them threatening their lives.
16 June 1888						Getting thinner – this fellow is a frequent masturbator & is getting worse – He suddenly becomes noisy & makes the most astonishing faces. He has a certain amount of self control at the same time.
1 October						No change.
20 December						This man still lurks about quiet & depressed & shewing absolutely no change. At times he is excited & on some days shouts & yells for a quarter of an hour at a time. He has hallucinations of hearing & imagines the voices talking about him & calling him all manner of names. Also he thinks the patients talk about him & & call him opprobrious names. He is fond of grumbling & has threatened patients whom he supposes "looking at him" & "abusing him" with violence.
20 Mar. 1889						This man is utterly lazy & blusters a great deal. His mental state is the same.
1 July						Full of hallucinations & very restless – He is noisy also
10 Septr						Very noisy at times.
18 Novr						This man is restless noisy & scatterminded & very delusional.

See P. 887

NAME, Henry Adamson No.

Admitted, March. 24th 1887. Pr. Ad. none.

Sex, Male Age, 40 years Marriage, Single Occupation, Manufacturer

Education, good. university. Religion, Roman Catholic.

Private or Pauper, Private Where from? Croydon. Surrey.

HISTORY.

Causation.

Disposition. Frank Cheerful

Habits

Previous Attacks—No. Kind

Duration Where treated Peckham. Ko. Surrey. 1885.

Hered. History—Insanity None ascertained

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No.

Duration of Existing Attack 2 years.

Other Facts or Remarks

Facts of Medical Certificates J. Cunningham M.D. says:- (1) His facial expression indicates mental disorder. He has great loss of memory & a great difficulty in finding proper expressions of speech. (2) He is very simplest & simple in his manner.
J. H. Dryden. L.R.C.P.E. &c. :- He has a vacant & stupid expression. He has considerable difficulty in comprehending & answering questions. His memory of times & places is impaired. He often laughs without apparent cause.

NAME Henry Adamson.

STATE ON ADMISSION.

Exaltation Patient is in a state of slight mental exhilaration. very talkative & self satisfied.

Depression

Excitement -

Enfeeblement. has no idea of where he is. is weak minded & easily influenced very facile.

Memory. For locality bad. Good for events remote & recent

Coherence. Patient is quite coherent Can answer questions? Yes with intelligence

Delusions None expressed.

Other Abnormalities -

Appearance. Tall muscular. Somewhat weak minded expression.

Skin. Somewhat greasy. Hair. Dark, thick & running grey.

Eyes. Blue. Slight internal strabismus. Pupils. Small equal & alike in accommodation but do not react to light.

Muscularity. Considerable Fatness. Great.

Nervous System—Motor. Tremor of lips. incoordination of speech (slurring) tremor of hands on muscular exertion. Unsteady gait like that of drunk man.

Sensory Normal.

Reflex Action. Tendon & superficial greatly exaggerated. Special Senses. Vision defective. Otherwise normal.

Retina

Lungs Normal. to ausculation & percussion

Heart. Sounds pure & strong. apex beat in normal situation

Tongue. Clean & moist. Bowels. move once daily.

Other Organs, Abnormalities, Bruises, &c.

Appetite. Excellent & regular

Urine. Clear dark amber. acid. Sp. gr. 1028. No abnormal constituents.

Menstruation

Pulse. 80. regular. full. tension moderate Temp. 97.8° F at 9 a.m.

Height. 6 ft 1 in. Weight 14 st 11 lb.

Disease. General Paralysis of Insane Skae's Classification -

General Bodily Health and Condition. Apart from paretic symptoms good.

PREDOMINANT FEATURES.

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

709

NAME, Henry Adamson -

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1884.						
Mar. 26th	97.8		80		204.	Did not sleep well last night.
April 2nd						This gentleman has been placed in the High East Gallery. He expresses himself greatly pleased with all his surroundings & is very cheerful & happy. He is frank & confiding. & will talk freely with a acquaintance of a few minutes standing about himself & his affairs. He takes a childish pleasure in watching a game at billiards & laughs long & heartily after each good stroke. He has no idea that he is an inmate of an asylum. & does not appear to appreciate insanity in his fellow patients. He dines at table d'hote & has an excellent appetite. He has for long been accustomed to have Pot. Bromid at night & is not satisfied unless he has two tablespoonfuls of the Solution undiluted, though the strength of the solution appears to be a matter of little moment.
						He is full parole & apart from his simplicity is quite rational in his behaviour. & is well bred & gentlemanly in his behaviours.
July 12th						Since admission Mr Adamson has become decidedly more weak minded. He is highly delighted with his surroundings one day but when some little trifle upsets him such as an insufficient amount of his favourite Bromide he condemns the whole place & insists on going home. When complimented on his healthy appearance he laughs in a childish manner & says 'Oh yes I am very strong, I never was better in my life' while he is really very shaky & weak. He is allowed parole in the grounds & regularly takes a constitutional of 6 rounds. which often he extends into the miles. His memory is very defective
July 26th						Mrs Adamson to day visited by his Mother who he received most affectionately.
Sept. 14th					196	
Sept. 15th						Mr. Adamson is becoming more shaky, and his speech more affected. He has been removed from table d'hote, as his manner of taking food is not elegant. He is quite happy, and says he is very well. He walks regularly in the grounds.

AME, Henry Adamson

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						but when the sun is at all bright he complains that the heat is very great, and walking very exhausting. He complains of sleeplessness, but is satisfied if he gets several spoonfuls of a solution of pot. bromid. however dilute. He is costive, and takes a colocynth & hyosciamus pill (2½ grains) every night.
17/10/87						Mr. Adamson's speech is now very indistinct: he says himself that he finds it very difficult to speak. He is unable to walk so many "rounds" as formerly. He fancies he gets very little sleep, affirming stoutly that he never gets more than two hours, and even when caught napping on the sofa in the sitting room denies that he has been asleep. He is cheerful and contented.
14/1/87						Mr. Adamson has been removed to the Low East, as the stairs were becoming too much for him.
18/1/87						Mr. Adamson is failing rapidly; he cannot walk far. Last night he was much excited, & smashed two panes of glass in his bedroom. He says he was trying to get out; and expresses great sorrow for what he did. He also dirtied his room.
14/1/87					188	Mr. Adamson got occasional injections of hyoscene at night for a fortnight after last entry. Since then he has shewn no symptoms of excitement, and generally sleeps well. There is little change in his physical condition: his speech is rather more distinct than it was a month ago. He still goes out walking, but requires to lean on the attendant's arm sometimes. He sometimes expresses the delusion that half of his body is away. On one day he is cheerful and contented, and says he feels well: on another he says he will die because he can't get sleep in this place, and wishes to go away.
14/1/88						Had a slight congestive attack at 1 A.M. characterised by convulsive movements of the arms and hands. It passed off in an hour. No paralytic symptoms. He is in his usual state today, and was able to walk out. No increased difficulty of speech.
30/1/88					197	No return of excitement, and no congestive attacks since last entry. He is sleeping well at night, and is in a drowsy state by day. His power of coordination is becoming weaker, but he is still able to walk out. He asserts that he is very strong.
20/1/88					189	
15/1/88					194	
25 Jan. 89.						~~About~~ For the last week he has a series of congestive attacks, is confined to bed.
13 Feb. 89.						Patient had been gradually failing & today he Died.

NAME, John Robertson No.

Admitted, April 2nd 1887. Pr. Ad. None.

Sex, male Age, 64 years. Marriage, married Occupation, Engineer

Education, Self taught. Religion, Protestant.

Private or Pauper, Private Where from? Glasgow.

HISTORY.

Causation.

Disposition Cheerful but reserved

Habits Industrious & temperate.

Previous Attacks—No. One Kind Excitement followed by coma

Duration Was 4 months from business Where treated

Hered. History—Insanity None obtained.

Other Diseases

Predisposing

Exciting Said to be business anxieties.

Symptoms. First.

Mental Mental depression with the ideas that he was ruined, had committed forgery. got bad & medicated food

Bodily. Sleeplessness & costiveness for long period.

Recent.

Mental His delusions as to his own wickedness have disappeared & he is now suspicious of others.

Bodily. He has somewhat improved.

Insane Habits and Propensities None.

Suicidal Has asked for a razor to cut his throat & threatened to drown himself.

Dangerous. Has tried to strike several members of his family.

Duration of Existing Attack 3 months.

Other Facts or Remarks

Facts of Medical Certificates A. Meehan M.B. :- I Believes that he is surrounded by enemies, that he has some internal disease which has some effect on his life. ~~Evidently on the lookout~~ that certain things cause him to be very violent. Has a wandering look & manner of expression. Vague statements as to his bladder. II Wife says 'Queer for some time, says he would like to end his life. desires to be furnished with a razor. — loses his temper & springs at members of his family.

J. Gray M.D. I Has the appearance of a person of unsound mind. believes that he is ruined & has lost all hope of the world — that his food is bad dirty & medicated II Wife says. made an effort to drown himself & wanted a razor to cut his throat. Says he has committed forgery. Injured his son's face by a blow from a stick.

712

NAME John Robertson.

STATE ON ADMISSION.

Exaltation

Depression Patient looks dull unhappy - Speaks in a forebodings way about going to prison & hopes he will not be too unkindly used. here -

Excitement

Enfeeblement -

Memory - Is good for both recent & remote events -

Coherence Patient is quite coherent Can answer questions? Yes correctly & with intelligence

Delusions That his friends at home drugged his food - That his wife is a victim to opium eating. That all his relatives conspire against him -

Other Abnormalities

Appearance Pallid, sallow faced, hollow cheeked with anxious expression.

Skin - Varicose Veins in legs. Hair - Scanty - gray baldness.

Eyes. blue eyes. Pupils small, equal, regular, react normally.

Muscularity - Slight Fatness - nil.

Nervous System—*Motor* - functions normal -

Sensory - functions normal -

Reflex Action Patellar & skin reflexes slight Special Senses - normal —

Retina

Lungs - normal to percussion & auscultation

Heart - action irregular & feeble - mitral regurgitant murmur - Apex in normal situ. faint.

Tongue pale, coated on posterior third Bowels - constipated. Patient usually takes aperients -

Other Organs, Abnormalities, Bruises, &c.

Appetite - is good as a rule. but capricious -

Urine - Clear, dark amber, acid. Sp. gr. 1022. No abnormal constituents -

Menstruation

Pulse 72. irregular, rhythm. small soft Temp. 98.2°F.

Height 5ft 5in. Weight 124 lbs.

Disease Melancholia. *Skae's Classification*

General Bodily Health and Condition Much below average standard.

PREDOMINANT FEATURES.

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

713

NAME, John Robertson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1884. April 4th		72.		90°	124.	This Gentleman has been placed on the High Work fully. He is quiet & docile but appears to be in constant apprehension that he is near to be ill used & made uncomfortable – Often says, "Now I hope you won't be too hard on me." He takes his food well sleeps well at nights.
April 10th						Received a letter from his wife. Shook his head over it & said 'Ah dear she is not better, she is taking opium again.' Says at home they used to put drugs in his food. & were all in league against him.
Ap. 22nd						No change.
July 26th						Mr Robertson has improved in his general health. He appears to be stouter & has a fresher colour. He is much more cheerful though he still regards his wife as a dangerous woman & is apprehensive for the safety of his children which they remain under her care. He is still morbidly concerned about the state of his bowels & explains his symptoms in a curiously unphysiological manner. When he is costive he believes there is a hole higher up in his bowels where the feces are escaping.
Aug. 5th						Mr. Robertson continues to improve. Today he got liberty to go about the grounds at will – parole –
Sept. 3d						Mr. Robertson was discharged today, ~~greatly better~~ recovered.

NAME.

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

715

NAME, Henry Murray. No.

Admitted, April 4th 1887. Pr. Ad. None.

Sex, Male. Age, 21 years. Marriage, Single. Occupation, Coal Porter.

Education, — Religion, Protestant.

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None. Kind

Duration Where treated

Hered. History—Insanity Maternal uncle three times in S. C. A. + died there.

Other Diseases

Predisposing —

Exciting —

Symptoms. First.

Mental About first week in January. Excitement.

Bodily

Recent.

Mental

Bodily Sleeplessness.

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates James Clarke L.R.C.S.E. He is noisy restless, talks incoherently, behaves most irrationally. Repeats what he hears said, over & over again.

Mother says:— Smashes things in house. dashes his hands & head against the walls & refuses to take food.

W. A. Forsyth M.B.C.M. He is excitable & violent. at times he is in a happy & joyous mood plays on all manner of musical instruments - at others he is angry & irritated. tearing bed clothes & beating his head & hands against the wall. He is now a member of parliament & the next moment a general leading an army to battle

NAME Henry Murray

STATE ON ADMISSION.

Exaltation Patient talking incessantly, singing & shouting: & quite incoherent -

Depression

Excitement - Attacks those about him with his fists & by kicking.

Enfeeblement

Memory - The patient will answer very few questions so it cannot be correctly tested

Coherence - Generally incoherent. Can answer questions? Occasional simple ones.

Delusions - That he is in heaven & sitting beside the almighty & others of a similar sort changing every minute -

Other Abnormalities

Appearance - Features heavy with somewhat stupid expression. pale & pasty.

Skin - Acne simplex on body & face. Hair brown thick long coarse matted.

Eyes blue. Pupils equal dilated. react normally.

Muscularity - Slight. Fatness nil.

Nervous System—*Motor*. incessant motor activity & sudden impulsive acts of violence. No tremors or incoordination -

Sensory - Appear slightly dulled.

Reflex Action - Patellar & superficial active. Special Senses appear normal.

Retina

Lungs - Normal to percussion & auscultation

Heart - Action rapid & fairly strong. Sounds pure. Apex beat in normal situation.

Tongue - rather dry & slightly furred. Bowels Have not moved for a week.

Other Organs, Abnormalities, Bruises, &c.

Appetite - Is not good - patient refuses food.

Urine -

Menstruation

Pulse - Regular moderately full. 140 to 110 Temp.

Height 5 " 7 3/4 Weight 9 st 8 lbs.

Disease Acute Mania. *Skae's Classification*

General Bodily Health and Condition Feeble.

PREDOMINANT FEATURES.

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

717

NAME. Henry Murray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887 4/4/87.		98°	140	108	134	This patient was brought in this afternoon by two attendants, handcuffed. He was talking incessantly incoherently, singing & shouting, & struggling with his keepers. & kicking out at anyone near him. His attention could be fixed for a moment or two at a time. She could tell his name & where he came from, but he soon relapsed into his former condition. His pulse though rapid was full & strong. He was in a very dirty & neglected condition & had taken no food for some days. He was kept in a hot bath for about half an hour (102°7) & became much quieter. At night he had an enema which did not act. Would take no food but a little milk. Slept about 2 hours. Castor oil given this morning.
5/4/87.						Much quieter but still incoherent. Refused food. but by persuasion he was fed with soft foods.
8/4/87.						Much quieter. Can answer simple questions. Still excited & constantly talking on religious subjects generally incoherently. Is taking his food well & sleeping soundly.
22/4/87.						Quiet & contented. taking his food well. & working with the barrow squad. Still at times incoherent often answers all questions by "I suppose for the sake of God" Occasionally reads periodicals.
Sept 23. 1887						Still "suffers for the worth (word?) of God" Is quiet & tractable - gives no trouble. He seems to take his food well, & to sleep well. He does not answer very readily when spoken to but smiles foolishly & answers "yes" & "no"
2 Jan 1888						No change. He still takes the fits.
30 March 1888						H. Murray still has his delusion & is a great lazy fellow - at times quarrelsome but as a rule not too lazy & indolent to quarrel.

NAME. Henry Murray.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
23 June 1888						The other day this man suddenly took it into his head to escape – & he did & got home – was brought back by attendant Gracie.
1 Oct 1888						Sent to Lunatic Wards of Stranraer Poorhouse.
23 January 1889						Henry Murray returned on new warrant. He is restless & unsettled & mentally exalted. Would easily become dangerous. Physical state much as before.
30 Jan 2						No change.
15 Mar. 1889						He is as the usual routine of the house. He escaped on Mar. 11th & was brought back on Mar 12th –
30 Mar.						He continues exactly as before.
30 April						This man works on the Farm He is quiet lazy & exalted as before.
1 July						More stupid than he used to be & is very dull & apathetic.
10 Septr.						No change to record.
15 Novr						His health is good & mentally he is the same – He works out of doors.
15 March 1890						No change.
12 June						He is still a lazy silly fellow.
10 November						This man is demented.

719

NAME, John Graham. No.

Admitted, April 6th 1887. Pr. Ad. None.

Sex, Male Age, 31 years Marriage, – married Occupation, Platelayer.

Education, – Religion, Protestant

Private or Pauper, Pauper. Where from? Applegarth.

HISTORY.

Condition.

Disposition – Cheerful & careless.

Habits Industrious but Convivial.

Previous Attacks—No. – Kind

Duration Where treated

Hered. History—Insanity – None obtained.

Other Diseases – Three sisters died of phthisis.

Predisposing – Depression resulting from accident necessitating removal of part of right hand & unfitting him for work.

Exciting

Symptoms. First Record.

Mental Depression.

Bodily Loss of flesh.

Mental Delusions of suspicion. Suspected his wife of infidelity & imagined his friends were conspiring against him.

Bodily. Has become stouter & stronger. Sleepless for last 3 weeks.

Insane Habits and Propensities

Suicidal No

Dangerous Yes has struck at his wife & threatened her.

Duration of Existing Attack. About 9 months.

Other Facts or Remarks

Facts of Medical Certificates I. Says things have never been right since his fingers (struck) which he calls Bellerophon, came into the house. says they have done various things. is very restless, excited & suspicious of imaginary actions. talks incoherently.

II Wife says. he pulls her out of bed at night & makes her keep a certain position till he changes his mind. He strikes her without cause. is jealous of other men who are not near her.

I. Restless suspicious eye & demeanour. Says he has a machine to keep the world right & reasoning. Is jealous of his wife without cause. Complains of there being a red ring in the sky which is not needed. Is busy cutting a tea cosy for a secret purpose.

II Threatened to cut his boy's throat &c.

720

NAME John Graham.

STATE ON ADMISSION.

Exaltation -

Depression -

Excitement - Patient is restless, suspicious & gets incoherent when asked about the persecution he supposes he has been subjected to.

Enfeeblement

Memory - Is good for recent & remote events.

Coherence - Is lost when he talks on Can answer questions? about ordinary affairs - well.

Delusions - that his wife is unfaithful. that his cousin has been trying a vivisection on himself & his son with intention to do him hurt. that his friends are gone mad.

Other Abnormalities -

Appearance - Stout well built & muscular. florid complexion & regular features. intelligent face

Skin - hairy. moist & cool. healthy. Hair Brown plentiful straight

Eyes blue. Pupils dilated, equal, regular, react normally.

Muscularity - great. Fatness considerable

Nervous System—*Motor* Constant movement. No tremors or incoordination. power good.

Sensory - Normal.

Reflex Action - Skin & tendon reflexes active Special Senses - Normal.

Retina

Bodily. Lungs - Chest well formed. Expands freely & equally. Lungs normal to percussion & auscultation.

Heart - Apex in normal situation. Sounds pure regular & strong.

Tongue - moist. slightly coated Bowels - move regularly once daily

Other Organs, Abnormalities, Bruises, &c - The three inner fingers of the left right hand have been removed by operation, after a severe crush.

Appetite - good.

Urine - Clear. pale yellow. acid. Sp gr 1022. No abnormal constituents

Menstruation

Pulse - 90. regular. small. moderate tension Temp. 98.4°F. at 8 AM

Height - 5ft 7¼. Weight 11 st 4.

Disease - Monomania of Suspicion. *Skae's Classification*

General Bodily Health and Condition good.

PREDOMINANT FEATURES.

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

721

NAME, John Graham.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887. April 6		98.4		90.	158.	This patient came accompanied by his wife & his eldest boy. He was excited talkative. & refused most determinedly to remain or to part with his boy. He talked quite incoherently about his troubles. Said someone had given his wife drink & seduced her, that a cousin had made a new invention to work on his thigh but that he would not allow it as he knew it was quite unnecessary. Beyond this he could not give a coherent account of his delusions but became excited talked at random. He answered questions about his trade & former life & did it readily & coherently, but soon returned to the subject of his delusions.
April 8.						This patient was placed in the 1st Division. He was restless & sleepless both last night & the night of admission. He constantly says he must go home as they cannot do without him there. He appears suspicious of those around him & says he cannot stay here as he is wronging all the rest of the men. He takes his food well.
Sept 23. 1887.						I. G. is now more tractable He still asks to get home & till yesterday seemed cheerful enough He takes his food & works a little with the gardeners but does not do much. He is still suspicious.
2 Jan 1888						A violent ill conditioned & excitable fellow – becomes dangerous at times. He is very suspicious & quite idle & lazy.
30 May 1888						No change –
20 June 1888						This man now works with the farmer & does a little every day. He has quietened down & seems much better than he was.
1 October						Same state,
20 December						This man is dull & excitable noisy restless & refuses to work. He is a cross grained fellow & fond of quarrelling.

NAME, John Graham

DAT.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
20 December 1888						This man now works on the Farm shews himself a little quieter — not so suspicious or quarrelsome. He is abusive still & restless.
30 Mar 1889						No change.
15 March 1890						He is at times noisy & very abusive — his language is obscene & he is highly excitable. His bodily health is good — he works on the Farm.
20 August						At Kinmount.
10 hours						At Kinmount.
February 13th 1900						:— In good bodily health: a quiet easily managed dement. He works at any light housework etc: He answers quietly & correctly & is a pleasant easy going man as a rule. Was sent to Farm annexe in October
						Farm Annex
May 26th 1902						On account of failing health, advancing phthisis & oedema of feet he has been sent back to 2nd Storey & sent to bed.
						Died 11th June 1902.

723

NAME, Reginald Norman Durrant No.

Admitted, April 20th 1887. Pr. Ad.

Sex, Male Age, Marriage, Occupation, Clergyman

Education, University. Religion, Church of England.

Private or Pauper, Private. 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

724

NAME Reginald Norman Durrant.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Marked. Patient is languid, has a look of misery, latter no interest in his surroundings. Believes his illness due to the follies of youth.

Excitement

Enfeeblement

Memory. Is quite clear for recent & remote events.

Coherence Patient quite coherent Can answer questions? Yes with accuracy.

Delusions—

Other Abnormalities

Bodily.

Appearance Haggard, emaciated, miserable in the last degree. Intellectual face.

Skin. Dry & harsh Hair dry & scanty.

Eyes. blue. Pupils equal, regular react normally.

Muscularity. Very slight Fatness Nil.

Nervous System—*Motor.* Great weakness. Tremulousness & jerking of limbs after slight exertion.

Sensory Appears to be normal

Reflex Action. Normal Special Senses Normal.

Retina

Lungs. Hyperresonant to percussion, otherwise normal.

Heart Apex beat normal. Heart Sounds pure but faint.

Tongue pale. not indented. Moist Bowels. Costive.

Other Organs, Abnormalities, Bruises, &c.

Appetite. Very deficient. patient takes food only when persuaded

Urine. Dark amber. clear. acid. Sp. gr. 1024. No abnormal constituents.

Menstruation

Pulse 120. regular. Very small & soft. Temp. 98° F.

Height 5 ft 7 in. Weight 104 lb.

Disease Melancholia. *Skae's Classification*

General Bodily Health and Condition Very feeble. Vital powers exhausted.

PREDOMINANT FEATURES.

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

NAME. Reginald Norman Durrant.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887. Ap 20th		98°		120.	104	This patient has a private sitting room in the High North Gallery. He is in a ~~great state~~ of great emaciation & very weak. He has a look of extreme misery & is listless & takes little interest in his surroundings. He believes his illness to be due to bad habits in his youth & thinks he has lost his soul. His appetite is very feeble & much persuasion is required to induce him to eat.
Ap 21st						Slept by matches during the night. took a fair breakfast. Ordered extra diet.
Ap 22nd			90.			Had diarrhoea last night & did not sleep; it is passing off this morning.
July 12th						Mr Durrant is much improved physically & mentally. He is solitary in his habits in as much as that he does not associate with any of the patients & rather discourages their advances. but he always receives officials most courteously & converses with them in his quiet way & with evident pleasure. He spends most of the day walking or loitering in the grounds in which he has parole & does a little reading in the evening.
Aug. 4th						Mr Durrant was discharged on 30th July, and left the Institution today. His physical condition has continued to improve. So also has his mental state, but he remains solitary in his habits and despondent in manner.

AME,

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

NAME, John Graham No.

Admitted, April 21st 1887 Pr. Ad. None.

Sex, Male. Age, 32 years. Marriage, Married. Occupation,

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from?

HISTORY.

Causation.

Disposition Cheerful –

Habits Steady & industrious. strictly temperate in use of alcohol.

Previous Attacks—No. None – Kind

Duration Where treated

Hered. History—Insanity. A cousin at present in E.C.A. (See p. 719)

Other Diseases

Predisposing Heredity.

Exciting Injury by lightening 9 months ago. Patient was stunned by a flash of lightening & his face & clothes burnt.

Symptoms. First.

Mental – Patient was dazed & stupid. Childish & unfit for work

Bodily

Recent.

Mental – Delusions. Mania for destruction.

Bodily –

Insane Habits and Propensities –

Suicidal No.

Dangerous ?

Duration of Existing Attack – 9 months.

Other Facts or Remarks Up till 9 months ago when the patient was injured by lightening. he was industrious & steady & a clever capable man a draper by trade. Since his accident, he has been quite changed, he has become childish, dull & stupid & unfit for work. & during this last week he has become most eccentric in his conduct. Killed cocks & hens as he said by order of the Almighty &c. Took off his clothes & left them by the river bank & walked away 2 miles. Has recently had a 'fit' of some kind.

Facts of Medical Certificates

NAME

STATE ON ADMISSION.

Exaltation

Depression

Excitement

Enfeeblement The patient is childish & confiding. tells all his private & family affairs to any one who questions him. appears to have no will of his own.

Memory. Appears to be good for both recent events & remote ones.

Coherence. Patient is quite coherent. Can answer questions? Yes. with accuracy.

Delusions. No strongly expressed. But admits to leading questions that he can run a mile a minute. is a splendid cyclist.

Other Abnormalities. Patient will answer in the affirmative most absurd propositions. Shown salt asked if it were not Castor oil. Said almost Yes.

Appearance Slender. good features. expression rather vacant.

Skin. Somewhat oily. healthy. Hair Scanty, dark brown.

Eyes. blue. Pupils. dilated. equal, regular react normally.

Muscularity. moderate. Fatness. moderate.

Nervous System—*Motor.* Slurring speech, at times unable to articulate at all. Ataxic gait. incoordinate movements of hands. twitchings of facial muscles. weakness of left arm marked.

Sensory. Sensation acute. power of localisation accurate.

Reflex Action Knee reflexes gone. Pupillary normal. Special Senses. Taste quite gone. Calls salt sugar.

Retina

Lungs. Normal. no percussion or auscultation.

Heart. Sounds pure. regular. moderately strong. Apex beat normal.

Tongue pale. indented. tremulous. Bowels. more regularly.

Other Organs, Abnormalities, Bruises, &c.

Appetite. somewhat voracious

Urine

Menstruation

Pulse. 80 per min. regular. good volume. Temp. 98° F. at 4 PM.

Height. 5 ft 7 in. Weight 134 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.
									Yes.

NAME, John Graham

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887. April 21st.		98°		80	134	This patient is placed in 1st division. He is quite happy & contented. Is confiding & childish in his manner. Answers all questions put to him with great readiness, whether they be about his private affairs or no. He will admit the most absurd propositions if put as leading questions. Thus after tasting some common salt he agreed that it was sugar, saltpetre, castor oil, tobacco &c. He & his cousin John Graham admitted lately will not speak to me another. The patient under consideration says of his cousin that he is a drunkard & illuses his wife. & the cousin has delusions of suspicion about this patient.
23/4/87.		102.6		78.		Noisy & restless all night & up till noon today. Since then in a state of stupor. cannot stand without tottering & swaying - will not answer questions. 9 PM. In same condition. high temperature. Pupils unaltered. reflexes unaltered. Mouth firmly closed. resists attempts to open eyes.
24/4/87.	102.8	102.8		80		In morning paralysis of ~~left~~ right leg & arm with rigidity was noticed. Face paralysed on right side also. Complete aphasia. Pupils equal dilated sluggish. face flushed. expression of astonishment when spoken to appears to understand. makes signs & attempts to speak.
25/4/87.	102°		80.			Facial paralysis gone, twitching on right side of face. Slight movement of right leg & arm which are still very rigid. Aphasia continues. Pupils less dilated otherwise unaltered.
26/4/87.	97.2		80.			Much better. Can walk slowly. Can shake hands with right hand. Can say yes & no.
27/4/87.						Restless all night. the same today.
29/4/87.						Still restless at night. Constant motor excitement. Very shaky & weak. Mental enfeeblement greater than before.
5/5/87.						Quiet & sensible again. has quite regained his speech & power of movement but is still childish. Is a kindly & good natured man & willing to do any little piece of work about the house

NAME, John Graham.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
April 23.	1884.					J. G. had in one week 2 congestive attacks with, in the 1st one, paralysis of the left arm & leg & the usual disturbance of motor power on that side – but the sensory symptoms were not much noticed as he responded sluggishly to stimuli. A week after he got another convulsion which chiefly affected his face & tongue. He was much the same as before but weaker.
2 Jan	1888					A busy worker & generally quiet but quarrels on almost no provocation & will strike anyone. Had had 3 congestive attacks lately.
30 Mar	1888					This man is very shaky & seems going down hill fast
20 June	1888					His speech is much worse. He has however improved in other ways lately.
1 October						Seems breaking down rapidly – Often has partial paralyses.
14 Nov	1888					Died

731

NAME, John Dalziel. No.

Admitted, 3rd May. 1887. Pr. Ad.

Sex, Male. Age, 37. Marriage, married Occupation, clerk.

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 } none.

Exciting }

Symptoms, First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities —

Suicidal no.

Dangerous yes.

Duration of Existing Attack 14 days?

Other Facts or Remarks

A year ago suffered a good deal from Hypochondria. and before admission had two fits described as Epileptic in Character.

Suffers from an old Stricture.

Facts of Medical Certificates

Dr Davidson. Provisional. Endless talk without sense. Busy making a Coffin out of an old rag taken seen by me. Is utterly unable to sleep and strikes attendants.

II Is very violent. Last night threatened to strike with the poker. his blows on the floor bending up the poker.

Dr M. Robertson. Pensford. Expressed an opinion that if he had a pistol he would do for them and felt in his pocket for the same. Utters incoherent sentences when asked questions. Dis: trusts attendants. II ~~Informed~~ Intended to assault his cousin (Miss Dalziel) with a fire iron if she had not interfered. &c.

NAME

STATE ON ADMISSION.

Exaltation

Depression A good deal was present on afternoon of admission. Patient sat tired looking and gloomy. talked in a grumbling way about his own illtreatment &c

Excitement

Enfeeblement

Memory Occasionally can answer questions rationally as to past life.

Coherence very slight. Can answer questions? Sometimes.

Delusions fleeting in character accompany his attacks of excitement, suspicions about his wife and friends &c.

Other Abnormalities

Appearance Patient is a strongly built but run down looking man.

Skin Sallow and unhealthy. Hair black and straight

Eyes Brown Pupils semi contracted Equal, react to light

Muscularity muscles flabby. Fatness nil.

Nervous System—*Motor* His gait is feeble, coordination slight. There is marked slurring of words and tremor of lips during speech.

Sensory Sensation so far as can be tested seems good.

Reflex Action { Patellar exaggerated / Clonus present. / Skin exaggerated. } Special Senses

Retina

Lungs Healthy

Heart Apex beat normal in position but indistinct Hearts action weak.

Tongue Pale flabby tremulous Bowels Constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good.

Urine Healthy with deposit of Urates.

Menstruation —

Pulse 100 small & weak. Temp. 98.4 F.

Height 5 ft. 6½. Weight 9 st 11.

Disease General Paralysis *Skae's Classification*

General Bodily Health and Condition Broken down.

PREDOMINANT FEATURES.

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

733

NAME, John Dalziel.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
3rd May:						On admission patient presented some of the characters of a General Paralytic. He was quiet and apparently tired out. When spoken to he would look at his questioner then turn away and mutter an answer of some sort to himself generally quite incoherent. This state continued for the Evening but about 8 Excitement came on and increased. He would not keep his bed but evidently suffered from delusions of every kind. He called loudly for his wife through a chink in the shutter of his room then would turn round and inveigh bitterly against those who were abusing her. His self control is entirely gone. By sympathizing with him a little he can be made to weep like a baby, the next minute on some cheerful words being spoken he is all smiles and
10th May:						He is restless and noisy at night talking and shouting. He still has hallucinations and hammers away at door and window of his close room. These attacks of excitement come on suddenly and pass off as rapidly. He can talk rationally of his affairs and evidently remembers the events of his past life well but as soon as one of his delusions is touched on he gets excited loses temper and self control storms and weeps alternately and often becomes quite incoherent.
May 18th						Much improved, quiet rational. expresses himself as feeling well & constantly asks when he is to get home. Writes fairly sensible letters to his wife. His structure has been detailed to No 10.
May 22nd						Complains of severe attacks of spasmodic pain beginning in the left hypochondrium & spreading up to the throat causing a feeling of breathlessness & choking. Has not been taking his food well for the last few days especially his breakfast. Nothing abnormal found on abdominal palpation & examination of heart & lungs. Bowels constipated. Enema ordered.

NAME. John Dalziel

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

May 3rd — Enema acted well. free from pain to day.
Jun. 2nd — Stricture dilated from 7 to 12. No 12 only slightly grasped.
June 6th
26/87. — Complaining of pain across Hypogastrium & pain in making water
27/87 — great pain last night relieved by turpentine stupes
29/87. — Shivering, headache. sore throat pain in micturition Lips of meatus urinarius glued together, urethra very tender No 6 bougie passed. great pain. Grasped slightly some blood came evidently from congested mucous membrane. Put to bed ordered a hot drink. - Urine normal.
29/87. — Much better still constipated. enema given.
30/87. — Out of bed. enema brought away large quantity of scybalous masses
Jan 11 — Stricture dilated. No 12. slightly grasped.
Jan 17 — This morning shaky, weak aphasic & pays no attention when spoken to. Ordered enema -
Jan 18 — Much better. out of bed. able to speak.
" 28 — This morning Dalziel very excited talking loudly and incoherently scarcely 2 successive words having any connection. In appearance he is dazed and stupid. When he tries to walk he falls the right leg giving way. The right arm is very weak. Deep reflexes all exaggerated on arms and legs but especially on the right side tongue slightly deflected to ~~left~~ right, and tremulousness more marked. Pupils equal rather contracted react sluggishly. Softening?

23 Sept 1887. — J. D. is now free from excitement. His voice has assumed the monotonous tone & is bemulous. He is facile & announces his intention of leaving for home each day sometimes 2 or 3 a day - naming the train he is to go by. Always applying for a shilling to write a letter & post to his wife - Offers to drive us all down to Glasgow. Is at times constipated & knows it - asks for pills - his head was hot the other night & he said he had not slept for 5 nights. No word of the stricture.

Jan 1888 — Very bad indeed - seems dying.
24 Feb 1888 — Died - Pachymeningitis.

735

NAME, Robert Ments. No.

Admitted, 5th May: 87. Pr. Ad.

Sex, Male. Age, 36 5/12 Marriage, Single. Occupation, Labourer.

Education, Religion, Protestant -

Private or Pauper, Pauper. Where from? Transfer from Woodilee.

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 Not at present.

Duration of Existing Attack Since November 1886.

Other Facts or Remarks

Facts of Medical Certificates Robert Blair.

He is insane. He labours under General Paralysis and his mind and memory are much impaired.

NAME

STATE ON ADMISSION.

Exaltation None.

Depression Patient seems sullenly indifferent rather than depressed, is apparently careless what is done to him.

Excitement none.

Enfeeblement none

Memory somewhat impaired.

Coherence Perfect Can answer questions? well.

Delusions none yet apparent.

Other Abnormalities

Bodily.

Appearance a strong healthy looking labouring man, face ruddy, hair dark. Eyes blue.

Skin Healthy. weather beaten Hair dark. healthy.

Eyes blue. Pupils Right unchallenged, regular. react sluggishly

Muscularity fair. Fatness moderate.

Nervous System—*Motor* Patients gait is rather unsteady but not characteristic. Speech not slurring

Sensory functions normal.

Reflex Action Superficial present Patellar absent Special Senses

Retina

Lungs Normal to Physical Examination.

Heart Sounds healthy.

Tongue Clear & steady Bowels regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite good.

Urine Sp. G. 1010. acid. No albumen.

Menstruation —

Pulse 84 strong and regular. Temp. 98°

Height 5 ft. 7. Weight 10 st 10.

Disease Gen. Paralysis. ? *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.

NAME, Robert Minto.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887 May 6th						Patient when admitted seemed an ordinary sensible labouring man. He talked sensibly about himself and only shewed an utter indifference to what was done to him. Said he thought he would like this Asylum rather better than Woodilee. It was much better situated. The widely dilated right pupil gives him a rather peculiar appearance but there is little in his case to justify insanity
May 24th						This patient has a slightly ataxic gait. He is a Kleptomaniac & of an exceedingly pliable disposition. He is a willing worker but is easily exhausted. He remains quite contented with his surroundings.
June 6th						Left on probation to lide with his mother & sisters
Aug 26 - 1887.						This man shews the cardinal signs of G.P. except that his centres of speech have not been affected by the disease as much as the other centres. He is now very restless & troublesome - tears all his bedding - tears his clothes into ribbons - decorates himself - has absurd delusions such as these cases have. is very hard to manage & spends the night in walking about & making a mess of his room. Last night he got an injection of morphia & hyoscene without much effect
1st Septr						No change except that he is a little quieter & sleeps better
23rd						Working at the barrows now & is quiet - wonderful power of speech

NAME. Robert Minto.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
2 Jan 1888						R. M. is now quiet. Lately he had a congestive attack & was very bad. Now better. Is a quarrelsome fellow & very acquisitive & restless.
30 Mar 1888						No change - quite stationary.
20 June 1888						This man is beginning to look very shaky & at times cant hold up his head.
1 October.						This man is restless & acquisitive His speech is typical - he is subject to slight paralyses, which pass off.
20 Decr						This man is getting gradually more shaky & going down hill. He shews all the typical symptoms of G. P. except delusions of grandeur & he can scarcely be said to have these.
30 Mar 1889						He is now confined to bed & is quite stupid.
10 April						Had several convulsive attacks
20 April						Confined to bed still & is incoherent & does not know where he is.
1 May 1889						He is in a bad state - the last stage of general paralysis.
30 July						He is in bed & has had a convulsion. Weak & restless.
10 Septr.						At times he takes convulsions but is better just now. He is blind from Optic neuritis & has had herpes zoster (2 spots) on the forehead.
21 Novr						Still having an occasional convulsion.
						Died after some convulsions.

739

NAME, Christopher Irving. No.

Admitted, 6th May: 87. Pr. Ad. 2.

Sex, Male. Age. 52. Marriage, Married. Occupation, Labourer.

Education, Religion, Protestant

Private or Pauper, Panper. Where from? Rathwell.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Two. Kind

Duration Second Case 6 months. Where treated P. C. A.

Hered. History—Insanity Two Sons have shown Symptoms of temp: insanity.

Other Diseases

Predisposing Low state of Health.

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

Facts of Medical Certificates R. B. McBean. General excitement and incoherence in talk Expresses himself afraid of his son. Says he fled from his son who held a knife in his hand. Can only talk of his son with much excitement.

He fled from his son who he thought intended to murder him.

W. Mackenzie. Can control both and manner. Delusions about himself and others imagining they are going to do him grievous bodily harm.

He has been twice in an asylum before.

NAME

STATE ON ADMISSION.

Exaltation

Depression

Excitement Simple excitement at present. He would jerk his elbows suddenly and ejaculate "I'll not stand it". "Its cruelty" &c

Enfeeblement

Memory Could not be tested.

Coherence very impaired Can answer questions? not properly.

Delusions That he has been ill treated at home. &c.

Other Abnormalities Was subject to convulsive looking spasms of arms on admission. jerking movements of shoulders and arms occurring frequently.

Appearance A healthy muscular looking well nourished looking man.

Skin healthy & weatherbeaten Hair thin and dark.

Eyes blue Pupils equal regular, react.

Muscularity good. Fatness slight.

Nervous System—*Motor* Muscular power good, no tremors.

Sensory functions normal.

Reflex Action Patellar natural. Special Senses normal.

Retina

Lungs Normal to Examination.

Heart Second Sound very accentuated and reduplicated.

Tongue Clean healthy. Bowels Constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite good.

Urine Sp. G. 1030 acid. No albumen No Sugar. Urates.

Menstruation —

Pulse 64 well filled Soft. reg: Temp. 98.4° F.

Height 5ft 5½. Weight 9st 10.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

741

NAME, Schmekopler Irving.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
May: 7.						On admision patient was apparently well rather wildly excited. He sat leaning forward with a glare in his eyes, jerking his el: bows spasmodically. Especially when spoken to and muttering to himself in disconnected sentences. He spent a quiet night and now looks sullen and morose & rather than excited
1 Sept. 87.						He is no longer excited - he is quiet & still & it is impossible to get a word out of him - He has not speak to his wife who came to see him the other day. At times he jerks his shoulder & walks round in a circle & smiles to himself - but there is nothing to be made out of this man.
1 Oct. 1887.						Quiet except that at times he becomes unsettled for a minute but does no damage. Was struck on the head by a Another patient & cut.
3 Jan 1888						C. I. need feeding with the tube (Emenata or croton oil) 2 cc daily He has dirty habits - For 3 weeks or more he has been fed.
30 Mar 1888						No change in his resistiveness but after 6 weeks feeding he took his food - he now steals all he can lay his hands on in the way of food. He had impaction of faeces.
20 June 1888						Much the same - never speaks
1 October						This man has become stout & still nourished but his hands are always blue & cold.
20 Dec.						still silent & at times nothing will induce him to put his hat on even on the coldest or hottest day. It lies on the ground in front of him

NAME, Christopher Irving.

DATE	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
30 Mar 1889						He is silent & never speaks but takes his food well. He is very restless & irritable.
July						He is silent - will not speak - is stupid & needs a good deal of looking after.
10 Septr						This man's circulation is very poor - he is not robust though he is fat.
15 Novr						Still silent. He never speaks His circulation is weak.
20 March 90						Knee jerks exaggerated. very stubborn & silent seems afraid too if he is examined. Physical Health not much trophic energy. Hands & feet blue & cold.
12 June						Same state.
18 August						He is quiet & never does anything but eats & sleeps well.
10 Novr						His nose is blue & his hands cold & blue - He speaks now & then.
~~Nov 14th 1900~~ Nov 14th 1899						Sent to Farm Annexe. Was bun returned from Farm annexe. Failing heart & in poor health confined to bed in F.W.
1903 Jany 6th						Gradually grew weaker & he died today.

Died

6th January 1903.

743

NAME, Samuel Halliday. No.

Admitted, 6th May. 87. Pr. Ad.

Sex, Male Age, 45 Years. Marriage, married Occupation, Labourer.

Education, Religion,

Private or Pauper, Pauper. Where from? Thornhill

HISTORY.

Condition.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Supposed family trouble.

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 J. Davidson M.B. C.M. (1) Labours under delusions, imagines himself constantly attacked by people; is constantly repeating short prayers. Threatens to cut his own throat. (2) Has lost issue of Dumfries Herald in his pockets & says it causes all his trouble, &c

J. Mackie. L.R.C.S.E. (1) Is incoherent in his talk rambling on about his wife policemen such like; has delusions, fancies people are placing obstacles in the way of his domestic happiness (2) Is in a constant state of excitement has threatened to cut his own throat, has not slept for three days.

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory.

Coherence - At times incoherent Can answer questions? - when he wishes to. often refuses

Delusions -

Other Abnormalities

Bodily.

Appearance Healthy looking, fresh ruddy complexion

Skin healthy Hair dark & thin.

Eyes blue Pupils equal dilated reaction sluggish.

Muscularity. Considerable Fatness slight

Nervous System—*Motor* - A good deal of motor excitement other wise normal.

Sensory - Normal so far as can be ascertained.

Reflex Action. Normal. Special Senses. Normal

Retina

Lungs. Normal to percussion & auscultation

Heart. Apex beat indistinct between 6th & 7th rib. Aortic diastolic murmur at midsternum.

Tongue. slightly coated Bowels - regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite - fair.

Urine - pale. acid. Sp gr 1021. No albumin or sugar.

Menstruation

Pulse - 100 soft. fairly full. Temp. 99°F.

Height 5ft 6½ in. Weight 144 lbs.

Disease Acute Mania - *Skae's Classification*

General Bodily Health and Condition - Fair exception the cardiac condition.

PREDOMINANT FEATURES.

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

745

NAME, Samuel Halliday

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
6/5/87						On admission patient was placed in 1st Div. Sat quiet with a suspicious angry look when spoken to he either took no notice or replied in a totally irrelevant manner generally expressing anger at those friends who had been the means of sending him to the asylum. Within an hour after admission, he passed into a state of passive obedience, took no notice when spoken to except by looking at the speaker with an angry look
7/5/87						While the physical examination was being made he let himself be handled without the least resistance & obeyed all orders quite intelligently, but keeping all the while a watchful eye on what was being done. He had evidently observed this carefully as he was quite able next morning to describe the process thoroughly though he still remained unable or unwilling to answer questions which referred to his life outside the asylum.
11/5/87.						For several days after admission did not sleep well, remained broody & angry but subject to transient attacks of excitement & impulsive acts of violence to which he was easily roused by the least noise or excitement among his fellow patients
						To day he is much quieter & answers questions relating to his health &c. respectfully & quietly. He slept well last night & is taking his food fairly well. Working at the barrows.
28/5/87.						Is quiet, sleeping eating well & working industriously in the garden. Is now quite rational in habits no outward trace of insanity. Remembers nothing about the time of his admission or for some days afterwards.
6/7/87						Discharged Cured.

NAME,

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

NAME, William McKerrow. No.

Admitted, 6th May. 87. Pr. Ad.

Sex, Male. Age, 66. Marriage, Married. Occupation, Posting master

Education, Religion, Presbyterian

Private or Pauper, Private. Where from? Ayr.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. none. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing Feeble health.

Exciting Mental worry.

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 G. McKerrow. M.B. C.M. He labours under delusions such as being charged with poisoning foxes and stealing hares. He is quite changed in disposition. He accuses Everyone of stealing from him and vows revenge. II Accuses ~~both~~ wife and daughter of stealing from him when he is asleep. He thinks everyone is working against him and labours under delusions as to places and people. so that he is at present being tried for having as sheep worrying dog.

C. H. Rae, Ayr. He labours under delusions such as that he is to be prosecuted by different persons for poisoning foxes: that he has attended meetings daily for weeks past at which the case was discussed. that every one he meets and everyone he knows is busy about this case of his.

II He says he is robbed and persecuted by various persons.

NAME

STATE ON ADMISSION.

Mental.

Exaltation no.

Depression no

Excitement when on the subject of his delusions or of the friends who betrayed him into the Asylum he is considerably excited.

Enfeeblement considerable - he easily persuaded of anything

Memory good.

Coherence perfect Can answer questions? perfectly.

Delusions the delusion about poisoning is preeminent.

Other Abnormalities

Bodily.

Appearance A little old man with red rather bloated face.

Skin healthy Hair nearly white.

Eyes blue rather oedematous. Pupils Equal, semicontracted react.

Muscularity fair. Fatness medium.

Nervous System—*Motor* Power seems fairly good. Some senile tremor in hands.

Sensory functions good.

Reflex Action Patellar present feeble Special Senses healthy.

Retina

Lungs Normal.

Heart Healthy second sound rather accentuated.

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite Coated with white fur.

Urine Spr. G. 1011 acid no albumen.

Menstruation —

Pulse 92. tense atheromatous arty Temp. 98.2° F.

Height 5ft 5½. Weight 85lb 12.

Disease Delusional Insanity. *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

749

NAME, William McKerrow.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14/5/87						This patient has been placed in the Infirmary. He is quiet & contented & says he is quite comfortable. He has full parole within the grounds but seems to have a little difficulty in finding his way back to his galley after he has been out. His delusions remain unaltered. He takes his food well & sleeps fairly well at night.
3/6/87.						Removed to Low North.
13/6/87.						Does not now speak about his former illusions but is still depressed & has forebodings about his home affairs.
12/7/87						Mr Mackerrow is now apparently free from delusion but he is fretting much at his confinement & worrying himself about his business, though it is apparently more the unrest of a man accustomed to an active life & forced to remain idle, than an insane anxiety.
25/7/87						Discharged Cured.

NAME.

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

751

NAME, James McWhir. No.

Admitted, May 16th 1887. Pr. Ad. 30 years ago.

Sex, Male. Age, 65 years Marriage, Married Occupation, Ploughman

Education, Religion, Protestant

Private or Pauper, Pauper. Where from? Penpoint.

HISTORY.

Causation.
- Disposition
- Habits
- Previous Attacks—No. one in 1857. for 6 months Kind ?
  - Duration Where treated C.R.I.
- Hered. History—Insanity
  - Other Diseases
- Predisposing
- Exciting

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities

Suicidal yes.

Dangerous Yes.

Duration of Existing Attack 3 months.

Other Facts or Remarks

Facts of Medical Certificates J. M. Robertson M.B.:- Despondency, melancholy, cannot concentrate his attention on his occupation. Dreads being removed somewhere. He does not know where. He says people do not wish him to walk about outside (2) Suspicion of his food being poisoned Wishes himself dead &c.

J. Davidson M.B.- He is a state of great despondency, says he is in everlasting torment. He has no desire for food but sits hanging his head all day long.

(2) Refuses food at times, says it is poisoned, has threatened to take his own life

NAME

STATE ON ADMISSION.

Mental.

Exaltation

Depression — Patient dull stolid with an unhappy look. Appears to take little interest in his surroundings & is rather unsociable

Excitement

Enfeeblement

Memory — Is quite good for recent & remote events.

Coherence — Patient is quite coherent can answer questions & yes intelligently

Delusions

Other Abnormalities

Bodily.

Appearance — Well built. florid complexion. marked hollowing of cheeks & temporal regions.

Skin — Soft. healthy. clear. Hair — white abundant

Eyes — blue. Pupils — equal, regular. small. react normally.

Muscularity — Fair. Fatness — moderate

Nervous System—*Motor* — No abnormalities observed.

Sensory — Normal.

Reflex Action — Normal. Special Senses — Slight deafness

Retina —

Lungs — Normal to percussion & auscultation.

Heart — Apex beat normal. Roughness of 1st sound over lower & sternum & in carotids.

Tongue — Indented. slightly coated. Bowels — move every 2nd or 3rd day.

Other Organs, Abnormalities, Bruises, &c. — Note. District blowing murmur heard from syphisternum downwards for about 3 inches. till it reaches the large pulsating swelling described in Physical Register No 1. Page 142.

Appetite — Is not very vigorous

Urine — Pale clear, copious deposit of mucus. acid. Sp. gr. 1020. No abnormalities

Menstruation

Pulse 100. regular. small. soft. Temp. 96° 7.

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

Disease — Acute Melancholia. *Skae's Classification*

General Bodily Health and Condition — Much enfeebled.

PREDOMINANT FEATURES.

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

753

NAME, James McShiv.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
19/5/87.	98°		100		148	Has been placed in 1st Division. Is quiet & dull & apparently in low spirits but gives no distinct evidence of insanity.
31/5/87.						Put on extra diet. Is more depressed & wickedly has delusions about his food. He continues hopes that he may not have to take the stomach but will give no reason why.
1st Sept. 1887.						He walks about with his hands in his pockets in the 1st Division. He is dull-looking & depressed & will not speak much in answer to a question. If spoken to he needs urging to make any response wh. is usually accompanied by a sickly smile.
1 Oct 87.						No change in this case.
2 Jan 1888						Still dull & has lost his sense of well being. His great woe is that he "canna see through it" — he does not say that. Is quite idle. In fairly good health.
30 Mar 1888						This man is just the same as he was 6 months ago — he is dull & depressed
20 June 1888						"Canna see thro' it" yet.
1 October						No change
20 ~~October~~ December						This man is still depressed & lurks about, silent & dull with his hands in his pockets. He "canna see thro' it".
30 Mar 1889						He is getting frailer but his mental state shews no change. He complains of lumbago.
1 July						Still quiet & dull — His bodily health is good again.
10 Septr.						He goes on much as ever. Quiet depressed melancholic; in fair health.
15 Novr						Still quiet & in his usual health

NAME, James McWhir.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11 March 1890.						In statu quo – Knee Jerks exaggerated Triceps & Wrist Jerks present.
12 June						Same state.
20 August						He goes about in a dull way Has no interest in anything.
10 November						This man is weak in his right arm from a bruise.
4:1:92.						This patient has been very weak for a long time & has not been able to walk consequently he has been confined to bed. His mental condition has been one of melancholia. Today when he was finishing his dinner the attendant noticed him fall back – & found him dead. Died – of failure of heart action.

755

NAME, John Selkirk No.

Admitted, May 24th 1887. Pr. Ad.

Sex, Male Age, 72 years Marriage, Widower Occupation, Estate agent

Education, Good general Religion, Protestant.

Private or Pauper, Private. Where from? Wallace St. Dumfries

HISTORY.

Causation.

Disposition Frank & Cheerful.

Habits steady & industrious

Previous Attacks—No. two 10 years ago Kind

Duration Three years. Where treated Manchester

Hered. History—Insanity none

Other Diseases

Predisposing

Exciting Supposed to be a carriage accident

Symptoms. First.

Mental Great excitement

Bodily Sleeplessness

Recent.

Mental gradual increase of excitement.

Bodily loss of flesh.

Insane Habits and Propensities none.

Suicidal no

Dangerous yes. threatened his daughter with a stick.

Duration of Existing Attack 4 weeks.

Other Facts or Remarks

Facts of Medical Certificates J. Cunningham. (1) Is extremely outrageous in his conduct says he is a messenger from God sent to do some terrible thing. also says he has a message from the Queen & Prince Consort. He is sleepless & talks continuously & incoherently. (2) Threatened his daughter's life & shies in bodily fear of him.

A. Cunningham LRCP&C. His facial expression indicates mental disease. He imagines that he is in communication with the late Prince Consort & that God has commanded him to reform mankind.

NAME John Selkirk.

STATE ON ADMISSION.

Mental.

Exaltation - Patient is talkative almost garrulous. refused his dinner saying he did not require food but could live on dandelions.

Depression

Excitement

Enfeeblement

Memory Is excellent both for recent & remote events.

Coherence Patient is quite Coherent. Can answer questions? Yes correctly & with intelligence

Delusions - That he can live on dandelions which is his natural food -

Other Abnormalities

Bodily.

Appearance - Spare build, with intelligent face, fine features.

Skin - Hair - gray, scanty.

Eyes blue - Pupils - equal, regular. moderate size react normally.

Muscularity - is small. Fatness - moderate.

Nervous System—*Motor* normal

Sensory normal

Reflex Action normal. Special Senses - normal.

Retina -

Lungs - Hyperresonant to percussion. resonance obscures the cardiac dulness. Normal to auscultation.

x Heart Apex beat neither seen nor felt. Cardiac dulness cannot be made out.

Tongue moist - slightly coated. Bowels regular.

Other Organs, Abnormalities, Bruises, &c.

x Heart sounds muffled & indistinct but regular. no murmur.

Appetite is excellent.

Urine - Clear amber, acid. Sp. gr. 1022. no abnormal constituents.

Menstruation -

Pulse 78 regular. Volume moderate, hard Temp. 98° F.

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

Disease Simple 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.

757

NAME. John Selkirk.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887. May 25						Mr Selkirk on admission was mildly excited & very talkative full of projects. He was placed in the Right West but refused his dinner there saying he was in the habit of eating dandelion only. He was then removed to the infirmary where he soon made himself quite at home & took his food willingly.
June 6th						For the last fortnight Mr Selkirk has been very happy & contented. He is immensely pleased with himself & his surroundings. He is full of projects for improving the pleasure grounds, for the passing of the sewage &c. He takes his food well sleeps soundly & enjoys
June 10th						Removed to the North Gallery & allowed parole in the grounds. & does a little amateur gardening.
June 22nd						Today Mr Selkirk taking advantage of a temporary possession of some keys went out & into town called on his daughters & made some such extraordinary statements that she came up to enquire about him. Mr Selkirk did not turn up to meals & when at last he appeared he became excited when reproved for abusing his parole & refused to go to his gallery. He was removed by two attendants vowing vengeance & letting fall expressions which show that he believes himself to be the possessor of the whole place. His parole was stopped. & his indignation soon cooled.
July						Mr Selkirk removed to 2nd House & placed in the 1st division.
1st Sept. 1887						Mr S. is still in the 1st Division. He thinks himself a man of great importance - he does some gardening & has shewn lately some Cleptomaniacal tendencies.
1 Oct. 87.						Bustles about full of ideas about collecting Charcoal - is a harmless old fellow but very self conformed.

NAME, John Selkirk.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
7 Jan 1888						Mr S. has swollen feet & Sch Digitalis & acetate of Potash – he is now better than he was. Is rather talkative & still has the same exalted ideas.
30/3/88					149	Mr. Selkirk is now in the 1st House, and has charge of the gardening party, in which he takes much interest. He is still in a state of mild exaltation, but he expresses no delusions. He is entirely satisfied with himself and his surroundings.
20/7/88					137	He is in good health.
20 December 1888						This man is now in the 2nd House. Still exalted but is quieter than he was & not quite so talkative.
30 Jan. 1889						Shews no change. He needs raising at night sometimes.
1 July						Very busy working as Gardener. He is in a state of mental exaltation and is very fond of talking.
10 Sept.						Still in the 2nd House. His bodily health is good. He still works as a gardener, to some extent.
15 Nov.						Quiet & not so restless but only needing encouragement to shew his restlessness.
1 May 90.						Mr. Selkirk is in 1st House. Is quiet & pleasant. Is in Hand Rule Gallery. He works at Hannah field at the Garden work
10th Nov. 1890						Mr Selkirk was discharged today Recovered.

759

NAME, Thomas Eccles No.

Admitted, May 28th 1887 Pr. Ad. None.

Sex, Male. Age, 24 years Marriage, married. Occupation, Cotton Manf.

Education, Religion, Protestant.

Private or Pauper, Private. Where from? Preston (Ashton)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity

Other Diseases

Predisposing

Exciting Suppose abuse of alcoholic stimulants

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities None.

Suicidal No.

Dangerous No.

Duration of Existing Attack Six months.

Other Facts or Remarks

Facts of Medical Certificates W.S. Kerr M.D. (1) He is dull stupid, melancholic, absent peculiar manner, requires supervision

(2) His wife tells me she has noticed a great change in him & that he has entirely given way to alcoholism

J.H. Dryden M.D. says. He is dull, stupid, restless and cannot concentrate his mental faculties in any point. He has an abnormal appetite for fluids an intense craving for stimulants.

NAME Thomas Eccles.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement Patient went to bed on admission. did not sleep & finding his door locked created a disturbance

Enfeeblement

Memory Is clear & correct.

Coherence quite normal Can answer questions? yes with intelligence

Delusions -

Other Abnormalities

Bodily.

Appearance - Well built. fair complexion.

Skin smooth. moist Hair fair. smooth.

Eyes. blue slight internal strabismus Pupils equal. dilated. react normally.

Muscularity good. Fatness moderate.

Nervous System—*Motor.* Some restlessness & irritability

Sensory normal.

Reflex Action normal Special Senses. slight hypermetropia.

Retina -

Lungs - Chest well formed. lungs expand freely & equally. normal to percussion & auscultation.

Heart Apex beat normal. Sounds pure & strong. regular.

Tongue moist indented coated at back Bowels - regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite. defective

Urine dark umber, neutral. Clear no abnormal constituents Sp fr 1017.

Menstruation

Pulse 90 regular. small moderate tension Temp. 98°F.

Height. 6 ft 9 in. Weight 10 st 8 lb.

Disease Dipsomania. *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, Thomas Eccles

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
May 29th						Admitted yesterday morning at 5 A.M. in a nervous & excited state from drink & loss of sleep. Accompanied by his wife. Went to bed but did not rest & finding his door locked created a disturbance. During the day was restless & nervous but quite sensible. Is under the impression that he came here as a voluntary patient & resents all interference with his liberty & objects to an attendant accompanying him on his walks. Is dissatisfied with his quarters. Says the sights he has seen have cured him & he will drink no more. He wishes to go home & has sent in a three days notice.
May 30th						Did not sleep last night at all. but is quieter & more contented today. Comes to table d'hôte. Had a long walk this afternoon.
May 31st	Discharged on expiry of certificate of emergency					Slept well last night more cheerful this morning but still objects to his attendant & evidently intends to run away if possible. Asked for a glass of whisky last night. refused.
June 3rd						More contented. played cricket yesterday. This morning asked for a daily bottle of beer. Was today readmitted as a voluntary.
" 13						Gave 3 days notice of leaving
" 15						While out with his attendant today - walked into a public House before attendant cured prevent him & had some whiskey
"						
" 16						Left today in very bad humour - declaring that he had been deceived in having been brought to an Asylum & that it had been a mistake to put him into one. Left his luggage & I fear will not get home sober & that it is questionable whether he will go straight home.

Discharged June 16th 1887.

NAME,

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

763

NAME, Alexander Downie. No.

Admitted, June 1st 1887 Pr. Ad. None -

Sex, Male. Age. Marriage, Single Occupation,

Education, good liberal. Religion, Protestant.

Private or Pauper, Private Where from?

HISTORY.

Causation.

Disposition

Habits - Sedentary, methodical. assiduous worker.

Previous Attacks—No. One. Kind Sent to Le D. I.

Duration a few days. Where treated. at home -

Hered. History—Insanity maternal grand father insane. but recovered -

Other Diseases -

Predisposing Heredity

Exciting. Excessive indulgence in alcohol & Chloral

Symptoms. First.

Mental -

Bodily sleeplessness

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous no -

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

764

NAME Alexander Downie.

STATE ON ADMISSION.

Mental.

Exaltation

Depression Slight. resulting apparently from displacement

Excitement

Enfeeblement

Memory Excellent in all respects.

Coherence. Patient quite coherent Can answer questions? Yes and digestly & correctly.

Delusions.

Other Abnormalities

Bodily.

Appearance. Spare build. Sallow & wrinkled face. hollow cheeks & temples.

Skin dry, harsh Hair. Black turning gray. Scanty.

Eyes blue. glistening. Pupils equal regular, moderate size. react normally.

Muscularity. very slight. Fatness. very small

Nervous System—*Motor* Normal.

Sensory Normal.

Reflex Action Normal — Special Senses. Vision in right eye indistinct.

Retina.

Lungs Chest well formed, lungs expand freely & equally. Normal to percussion & auscultation.

Heart Apex in normal site. Sounds faint but regular though rapid.

Tongue indented. thick white coat Bowels. constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite. is good. but too great for his powers of digestion which are feeble.

Urine. Clear, dark amber, acid. Sp. gr. 1030. No sugar. no albumin.

Menstruation

Pulse 90. regular. small. moderately tense Temp. 98°7.

Height. 5 ft 8½ in. Weight 8 st. 12 lb.

Disease. Mental Depression *Skae's Classification*

General Bodily Health and Condition — Very feeble.

PREDOMINANT FEATURES.

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

NAME, Alexander Downie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
June 2nd						On admission Mr Downie seemed rapidly to fall into the ways of the place & was much pleased with his surroundings. He gave a concise & intelligent account of his symptoms & former treatment & showed all through his conversation that he considered himself a man of very delicate nervous organisation & especially susceptible to the action of drugs. Sleeplessness is his chief complaint & he states that he has habitually used chloral in doses of from 20 to 40 grs. This habit he began about 10 years ago & has continued with an interruption of 3 years which terminated 2 years ago. Mr Downie occupies private rooms in the High East Gallery.
June 3rd						Mr Downie was not seen asleep by the night attendant but he himself thinks he slept for about 2 hours. He is somewhat depressed but determined to profit by the treatment & he has made up his mind to spend his day in the open air.
June 4th						Slept well. is much more cheerful & is determined to spend the day in the open air.
June 5th						Disturbed sleep & bad dreams last night more depressed this morning. Weak pulse & languour. Prescribed. Nux Vomica & Digitalis. Mr Downie takes his meals at table d'hôte, his appetite is in excess of digestive powers. & if he takes a hasty meal one day he has to eat very little next day.
Aug. 30th						Mr. Downie was discharged today. He has improved in all very much since admission. Recovered.

NAME,

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

767

NAME, Robert Wood. No.

Admitted, June 6th 1887. Pr. Ad.

Sex, Male Age, 16 years Marriage, Single Occupation, Pambi.

Education, Religion, Protestant.

Private or Pauper, Pauper Where from? Moffat.

HISTORY.

Predisposing: Disposition; Habits; Previous Attacks—No. None. Kind; Duration; Where treated; Hered. History—Insanity Sisters hysterical. Elder members of family. Eccentric & weak minded. Other Diseases; Predisposing; Exciting

Symptoms. First. Mental Aptitude for work. listlessness; Bodily

Recent. Mental Mental habitude & attacks of violence.; Bodily

Insane Habits and Propensities — Masturbation.

Suicidal Not at present. might become so

Dangerous " "

Duration of Existing Attack Six days (probably 2 months).

Other Facts or Remarks

Facts of Medical Certificates J. Munro MRCPE. Rambling way of talking, vacant look Breaking articles in the house, smashing door of house, running out almost naked 2nd Story about wanting to paper people houses; violence to mother.

W. Grange M.D. (1) Obstinately refuses to speak - dilated pupils & stupid appearance having been out all night, does not appear to be able to explain where he has been - Only half dressed & is uncertain in putting on his clothes.

(2) Has been noisy & the door has been smashed, refuses food though he used to take it well - is violent

NAME Robert Wood

STATE ON ADMISSION.

Mental.

Exaltation

Depression. Dull & listless - takes little or no interest in his surroundings

Excitement

Enfeeblement

Memory. good for the main events of his life.

Coherence. yes patient answers correctly Can answer questions? yes, but slowly & in hesitating way

Delusions None expressed.

Other Abnormalities -

Bodily.

Appearance - slender build, fair. ruddy complexion. fine features.

Skin. healthy - Hair brown, plentiful

Eyes. blue. Pupils equal, regular dilated. react normally -

Muscularity. Slight - Fatness nil.

Nervous System—Motor. Slowness in all voluntary motions. a certain amount of Catalepsy. present.

Sensory. common sensibility lessened somewhat

Reflex Action. Normal - Special Senses. —

Retina

Lungs. Chest narrow. expands fairly. Lungs normal to percussion & auscultation -

Heart Apex beat normal. Heart sounds rapid but regular & pure -

Tongue - indented, tremulous. dry, coated Bowels - constipated. for last week.

Other Organs, Abnormalities, Bruises, &c.

Appetite - very deficient has taken no food for several days.

Urine Clear acid. Sp. f. 1020. No abnormal constituents -

Menstruation -

Pulse. 84 regular moderate volume Temp. 98° F.

Height 5 ft 5½ in Weight 7 st 10 lb.

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.

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NAME, Robert Wood.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887 June 7th		98°		84	108	This patient is dull, shy, & apathetic. Pays little attention to what is going on around & has no curiosity. He obeys orders in a slow mechanical way. Exhibits a certain amount of catalepsy rigidity at times. He was observed masturbating on the night of admission but not since & when questioned he says that for some years he has indulged in the practice though he will not say to what extent. He takes his food fairly well & has been sent out to work with the barrow squad.
July 12th						Little or no improvement in the mental state of the patient. He is still dull & apathetic & shows little interest in his surroundings.
1st Sept[r]						This boy has been in a state of stupor for more than a 2 months - nothing will rouse him - nothing will induce him to speak - he is stolid. He has had a cold bath every morning for a while but not with much effect. His circulation is feeble & he is a determined masturbator. At times his lips are blue & face cold.
21st						Vomiting today. gets lively & leaps about - is not in a satisfactory condition.
1st Oct 87.						Jumps about oddly. Answers questions now & then spoken to. Seems a little better.
2 Jan 1888						Has been much excited for some time. Evidently has given up the masturbation in the meanwhile. Circulation good.
30 March 1888						In a state of driveling stupor - a most pitiable object - He has very low trophic energy

NAME, Robert Wood.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20 June 1888						Now a little better & at the barrows.
1 October						This boy is quiet & works at the barrows. He is a good worker & is not quite so dirvelling as he was
20 December						This boy is quite quiet & takes good care of himself - his trophic energy &c. was at a very low ebb before is now fairly good. He reads constantly & enjoys the books of the library.
30 Mar. 1889						This lad is quiet & dull but works.
1 July						He is dull & stupid & cannot take interest in any thing. His bodily health is weak as his trophic energy is low.
10 Septr.						He is still in a state of low trophic energy & is indoors with a sore heel.
15 Novr						Now working again. He is silent dull lethargic & stupid. His health is much the same.
22nd March						as above still. Knee felt enlarged.
14.5.92						died of Pneumonia

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NAME, Alfred Ernest Potter No.

Admitted, June 6th 1887 Pr. Ad. None.

Sex, Male Age, 34 years Marriage, Single Occupation,

Education, Good general. Religion, Protestant.

Private or Pauper, Private Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity None obtained.

Other Diseases

Predisposing Probably intemperance in use of alcohol

Exciting Sun stroke at Belize a year or more ago.

Symptoms. First.

Mental. Restlessness, wants to escape. Challenged a friend to fight a duel.

Bodily. Sleeplessness. loss of appetite

Recent.

Mental Increase of restlessness with greater violence & development of destructive impulses. Set off to walk to London.

Bodily Sleeplessness.

Insane Habits and Propensities

Suicidal might be.

Dangerous Yes.

Duration of Existing Attack. About 10 days.

Other Facts or Remarks

This gentleman has always been of excitable & restless disposition & was very intemperate for which reason he was sent to Belize in British Honduras 2 years ago. He was there for 1 year & contracted sun stroke was still intemperate very eccentric. Since returning he has been a total abstainer & has been excitable but not obviously insane till ten days ago. For 8 months he has boarded at a farm at Thornhill.

Facts of Medical Certificates J. Mackie. L.R.C.P.E. Incoherent in his talk, restless & unsettled in his movements; while talking to me he would suddenly start up & walk off aimlessly; keeps muttering to himself & whistling. On receiving his morning letters he tore them up without reading them & threw them in the fire.

J. Davidson M.B. (1) He is very restless excited. asks to be excused for a moment & walks painfully. returns saying no excuse is necessary. Is talking & muttering to himself. Looks angrily at people when his eyes are red & injected (2) Threatens to kill people &c.

NAME Alfred Ernest Potter.

STATE ON ADMISSION.

Mental.

Exaltation Patient is talkative, vivacious, sings a good deal.

Depression

Excitement Struggled violently with the attendants & had to be strapped in the carriage. restlessly walking about the gallery -

Enfeeblement

Memory Is very defective. cannot remember events of day before.

Coherence - Patient is at times incoherent. Can answer questions? - yes but often after delay

Delusions -

Other Abnormalities

Appearance Short, slightly built, intelligent face. fine features, much sunburnt.

Skin - face bronzed. Hair - plentiful, dark turning gray.

Eyes. blue. Pupils contracted, equal regular. react to light normally

Muscularity - is very considerable Fatness moderate.

Nervous System—Motor - Motor restlessness, otherwise normal —

Sensory normal —

Bodily.

Reflex Action patellar reflex exaggerated. otherwise normal. Special Senses Normal.

Retina

Lungs. Chest well formed. lungs expand freely & equally. & are normal to percussion & auscultation.

Heart Apex in normal site. Sounds pure, regular. rapid.

Tongue. pale indented. coated posteriorly Bowels - Constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite - defective. refused breakfast morning after admission -

Urine - Clear, pale yellow - acid. Sp ft 1015. No abnormal constituents -

Menstruation —

Pulse 104. regular. moderate volume & tension Temp. 99° F.

Height 5 ft 5 in. Weight 8 st 11 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.
	Yes.								

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NAME, Alfred Ernest Potter

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887 June 10th	98°		104		123	Mr Potter was admitted last night, restless, excited & violent. He was placed in the High West. During the night he was very noisy & violent & several times he attacked the night-attendant & on one occasion gave him a black eye. Refused his breakfast this morning but has taken his dinner & tea. Mr P. is very eccentric in his behaviour & very impulsive. He talks for a few minutes quite sensibly & pleasantly. Then suddenly he looks grave & puzzled - presses his hand on his forehead & pays no attention to question but mutters to himself & then turns & walks restlessly up & down the room.
June 11th						Again noisy & violent last night & attacked his attendants. This morning merry & cheerful & abstracted by turns. Refused his breakfast. In afternoon noisy & violent, smashing windows, fighting with attendants & still refusing food.
June 12th						Mr Potter still noisy & violent & refusing food - was very noisy all night - Fed this evening by spoon after threatening with nose tube
June 13th						Mr P. noisy all night - took his porridge this morning -
June 14th						Slept for 8 hours. is quieter. was fed yesterday. To night much swelling of the face chiefly in parotid regions with foul & loaded tongue & inability to open mouth. temp. 99°F.
June 15th	101.5		100.			Swelling of face increased. taking liquid food.
June 19th						Mr Potter quiet & rational. playing bowles. Swelling of face much reduced. almost gone.
June 27th						Mr Potter has been quite quiet & rational for the last week. He takes an interest in cricket & bowles & reads the papers with interest & converses intelligently
June 29th						Mr Potter removed to High West gallery.
June 30th						Refused his breakfast this morning but took his other meals. In the evening made a sudden attack on Mr F. Smith another patient.

NAME, Alfred Ernest Potter

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 5th						Smashed a panel of glass. became excited & violent & attacked his ~~patient~~ attendant. Removed to the Mid East Gallery.
July 12th						Mr Potter is still eccentric. & very variable in his mood. One day he is excited & emotional breaks into tears & says he is being murdered & begs to be killed at once. He appears to have hallucinations of hearing. At other times he is quite sensible & speaks frankly. He takes his food fairly well & sleeps fairly well at night. Today he was visited by his sisters but showed little interest in the event. He went with them to Kirk Braddock for a drive but when there refused his food & suddenly seized his sister's purse & took out some money saying he must escape from here at all hazards or he should have to kill himself.
July 15th						Mr Potter while out driving today suddenly jumped off the box of the waggonette evidently with suicidal intent. He escaped unhurt.
July 26th						Mr Potter has improved much of late. About ten days back he was taken up to the cricket field & proved himself so efficient at batsman that he was drafted into the team for matches. Since then he has improved especially & has struck up a friendship with his attendant Elstone who is also an enthusiastic cricketer. He still at times becomes absent minded & looks around him & gesticulates but a word at once recalls him to himself.
Aug. 26th						Mr Potter's improvement has continued, but he is still very restless and variable: at one time he is as pleasant as possible, at another he complains bitterly of his confinement here. During a conversation he will answer a number of questions quickly and intelligently, after which he will begin to hesitate and look puzzled. He walks about the room in a nervous, restless way. He has played regularly in the cricket matches, and behaved well till the last match, when he refused to obey orders and had to be taken in charge by an attendant. Consequently he has been left out of the team today. He now gets his meals in the recess.
Sept. 14th					119	

(continued on page 842)

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NAME, Thomas Campbell No.

Admitted, June 11th 1887 Pr. Ad.

Sex, Male Age, 74 years Marriage, married Occupation, Labourer.

Education, Religion,

Private or Pauper, Pauper. Where from? Kirkcudbright Poorhouse.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None observed Known. Kind

Duration Where treated

Hered. History—Insanity None obtained

Other Diseases

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no.

Dangerous no.

Duration of Existing Attack Supposed to be 10 days.

Other Facts or Remarks

Facts of Medical Certificates

W. Spence Reid. M.B. He is quite incoherent in speech under various delusions.

(2) He was awake most of last night trying to make his bed & trying to tear down the board above his bed & sometimes rambling on his speech.

J. Moffat M.B.C.M. General incoherence. Spent several questions to him & the only answer I received was an idiotic laugh.

(2) as before.

NAME Thomas Campbell

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement. Cannot answer questions in a connected manner. passes his urine in his clothes & on bed. Has no idea of where he is & appears not to care

Memory For recent events almost gone. For remote events uncertain.

Coherence. At times incoherent Can answer questions? a few simple ones only.

Delusions.

Other Abnormalities

Bodily.

Appearance. feeble & emaciated with sallow wrinkled face. stupid expression

Skin. dry & wrinkled. Hair. scanty & gray.

Eyes blue. with vacant expression Pupils ~~equal~~, regular. react normally right smaller.

Muscularity. Very slight Fatness nil.

Nervous System—*Motor*. Great weakness of all voluntary motions. unsteady & tottering gait. tremulous movements of hands.

Sensory. Common sensation is blunted.

Reflex Action. Micturition neglected. patellar reflexes exaggerated. Special Senses. All weakened. sight & hearing especially

Retina

Lungs. Hyperresonant to percussion. normal to auscultation. Some dyspnoea. Resp. 26 & 30.

Heart Apex beat in 6th left interspace 4 in. from middle line normal in character. Sounds faint but pure.

Tongue. moist & clean. Bowels. more daily regularly.

Other Organs, Abnormalities, Bruises, &c. Ankylosis of left elbow joint. with cicatrices about elbow & secondary atrophy of muscles of upper arm.

Appetite. is excellent. Somewhat voracious

Urine. Pale, clear, acid Sp. fr. 1022. No abnormal constituents

Menstruation

Pulse. 66. small regular fairly firm. Temp. 97.8°F.

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

Disease Dementia *Skae's Classification* Senile Insanity.

General Bodily Health and Condition. Very feeble

PREDOMINANT FEATURES.

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

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NAME, Thomas Campbell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1887. June 11th		97.8		66	120	This patient when admitted was greatly emaciated & very weak being hardly able to walk. He was garrulous at times incoherent could answer a few simple questions but was quite incapable of continuous mental effort & when a series of questions bearing on a single point was put to him he wandered away to reminiscences of his former life
June 13				60		getting weaker & so confined to bed. Kept on stimulants & extra diet. His pulse is small very slow. 60. but regular & his temperature 97.6° At night he has been restless & dyspnoeic & keeps in bed. He is constantly plucking at the bedclothes. He passes his urine in bed continually.
June 17th						Much weaker & quite unable to stand alone still wakeful restless at night. & more stupid than on admission.
July 12th						Still kept in bed. No improvement. Restless & destructive. constantly throwing the bedclothes about & curling himself up in the pillows. Does not sleep well.
July 15th						Got up for 2 hours yesterday. slept well all night raised up for a few hours daily.
1st Sept.	87.					This old fellow has no memory left & is just a senile case. With low trophic function he has blue extremities, eczemas, blue-red nose, &c & says he is ready to start for, or has been at Dumfries today - not a fact. Has an enlarged prostate & chronic cystitis : constantly dribbling
1 Oct	87.					Has become weaker but keeps up wonderfully. Gets arsenic & brandy & the whole of his back having broken out in

NAME.

DATE. Temperat. Morn. Even.

2 Jan 1

19th Ap

NAME, Thomas Campbell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						Eczema - the Ass. healed it up partly & the Brandy helped the old man in other ways - he is kept alive by it.
2 Jan 1888						Lying dull & quiet - just kept alive by stimulants. His septum has healed.
19th Apl 1888						Died

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NAME, James Fettes. No.

Admitted, June 16th 1887. Pr. Ad.

Sex, male Age, 49 years Marriage, married Occupation, Sea Capt.

Education, Religion, Protestant.

Private or Pauper, Pauper. Where from? Maxwelltown

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. frequent attacks of Kind excitement

Duration Where treated Died in an asylum -

Hered. History—Insanity youngest brother imbecile

Other Diseases,

Predisposing

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal no

Dangerous no.

Duration of Existing Attack Supposed about 3 months.

Other Facts or Remarks

Facts of Medical Certificates P. McMurray M.D. - Imagines he has a mission from God to correct any from of evil, that the spirit tells him when to do it & he must obey. - His wife says he spends his money foolishly often breaks the furniture in the house.

J. Smith M.D. - Insane excited appearance & actions - Caused a disturbance today in the street by his violent & such actions.

2. Wife says during the last three or four weeks he has been unmanageable - she is afraid to live with him.

NAME James Fettes.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement On admission patient became excited & attacked the attendant who was removing his clothes previous to bathing him.

Enfeeblement

Memory Is perfectly clear for both recent & remote events.

Coherence - Patient is quite coherent Can answer questions? Yes correctly & with intelligence

Delusions None expressed at the times of admission.

Other Abnormalities

Bodily.

Appearance A tall muscular man. Spare build. dark complexion fine features. intelligent expression

Skin - healthy - Hair - dark turning gray. Commencing baldness

Eyes - blue. Pupils equal regular. moderate size. react normally

Muscularity - good. Fatness slight

Nervous System—*Motor* - Power good. coordination normal.

Sensory Normal.

Reflex Action - normal — Special Senses normal —

Retina

Lungs - Resonant. & normal to auscultation.

Heart Apex normal in site & character. Sounds pure strong & regular.

Tongue - Clean & moist. Bowels - more regularly daily.

Other Organs, Abnormalities, Bruises, &c.

Appetite - is fairly good

Urine - Clear, dark yellow, acid. Sp. fr. 1022. no abnormal constituents.

Menstruation

Pulse - 84 regular. Volume good. Temp. 98.2° F.

Height 5 ft 8¼ in. Weight 140 lbs.

Disease *Skae's Classification*

General Bodily Health and Condition Good.

PREDOMINANT FEATURES.

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

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NAME, James Fettes

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1867. June 15						This patient on admission was excited & indignant at being brought to an asylum. He struggled with the attendants & refused to let them talk to him –
June 27						Since admission patient has shown no distinct evidence of insanity. He is undoubtedly a religious enthusiast & takes many opportunities of reproving the more sensible patients when they use bad language. but he does this with much tact & discrimination. He has settled down quietly to work in the Shoemakers shop & is a good worker, though he considers that he has been sent here quite unnecessarily.
						Discharged –

NAME,

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

783

NAME, John Doyne (Voluntary) No.

Admitted, June 27th 1887 Pr. Ad.

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

Education, Religion,

Private or Pauper, Private. Where from?

HISTORY.

Causation.

Disposition Cheerful. obliging.

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 All patients life

Other Facts or Remarks

Facts of Medical Certificates

NAME John Doyne.

STATE ON ADMISSION.

Mental.

Exaltation

Depression

Excitement

Enfeeblement Patient is generally fixed to one idea for some time & repeats himself again & again with wearisome persistency. Air affective faculties are dull.

Memory - Is defective. Cannot tell much of the events of yesterday -

Coherence - At times patient becomes incoherent Can answer questions? - Yes simple ones.

Delusions

Other Abnormalities

Bodily.

Appearance - Stout well built, ruddy complexion.

Skin Hair - fair. plentiful

Eyes blue small. placed close together Pupils equal. regular. react normally -

Muscularity - good. Fatness considerable

Nervous System—*Motor* - Normal.

Sensory normal -

Reflex Action normal - Special Senses normal -

Retina

Lungs - Normal to percussion & auscultation.

Heart - Apex in normal site. Heart sounds pure & regular strong.

Tongue Clean & moist. Bowels regular -

Other Organs, Abnormalities, Bruises, &c.

Appetite - good.

Urine clear, acid, dark colour Sp. gr. 1030 No abnormal constituents.

Menstruation

Pulse 80 regular & of good character Temp. 98°F

Height 5 ft 8 in Weight 146 lbs.

Disease Imbecility (Congenital *Skae's Classification*

General Bodily Health and Condition - Very good -

PREDOMINANT FEATURES.

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

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NAME, John Doyne.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 1st		98°		80	140	Mr Doyne has been placed in the 2nd west gallery. He is a good natured young man with the intellectual development of a child about eight years. He has not yet settled down in his new quarters but shuts pines for his former free easy life at Shell. He plays lennis occasionally & has evidently been a good player. He has parole in the grounds.
Sept. 15th						Mr. Doyne is more contented, and does not so frequently enquire when he may get away. He understands that his confinement here is entirely for his own good. His bodily health is good, and his mental condition unchanged.
14/11/87						Mr. Doyne has become more self-absorbed of late. He cannot be got to write home, and will read nothing but Nuttall's Dictionary which constantly lies open before him. He seems never to have got over his regret at leaving Shell, and will not avail himself of his opportunities of amusement & interest here.
14/2/87					138	Mr. Doyne is very quiet, and does not readily enter into conversation: his love of reading a Dictionary continues. He seems to be discontented, and is easily irritated by the other patients. His health is good.
30/3/88					141	Very weak-minded. He is idle, irritable, discontented, and accordingly argumentative; he is usually found wrangling with some of the other patients, and his excited hesitating speech & inability to express himself clearly put him at a sad disadvantage. His health is good.
20/7/88					133	No change.
15/9/88					130	
20 Feb 89						no change.
25 April					136	no change
July 30					134	Health good. Weak minded & erratic in conversation, going from one subject to another. always appears good tempered.
Sept. 30th 1889.					134.	Still very weak-minded. He is idle, irritable, discontented at times - very fond of arguing with patients. Physically in good health.
~~Feb~~ Nov 1889					131	
Feb. 1890					135	
July.						In good health. Works with the grass cutting party - Weak minded

Wm Doyne

14·10·90 Wm. Doyne is more demented, seldom speaks to any one unless addressed. He is in good bodily health.

5·2·91 Went to Kenmount to-day – No change.

20·9·91 Returned to the Creighton today from Kenmount. He appears to be enjoyed his stay there.

18·4·92 Wm. Doyne is more weak minded & can scarcely answer the simplest question. He is quite happy and makes no complaints. He is in good bodily condition. Went to Kenmount to-day.

14·11·92 Still at Kenmount No change.

· 2 93 Sent from Kenmount to Hannahfield as he went out into the middle of the Kenmount Lake when the ice was cracking all round him.

30·5·93 At present at Creighton No change.

25·10·93 At Creighton at present. Harmless & pleasant.

14/5/95. Very simple in his prattle & actions. Has a slight scratch on his nose which he said was produced "by thinking too much about the ladies & seems proud to be in possession of the scratch & pleased with the knowledge of its indirect cause. Pulse good. So also is appetite & bowels are regular.

13/4/95. Still very simple & incoherent. Tongue clean & moist. Pulse regular in rhythm & force. Rate 74.

29/12/95. Wm. Doyne is at Hannahfield where he has improved very much physically.

6·1·94. Patient is completely demented: cannot answer a single question & wont enter into conversation. Physical health is fair

6·9·94. Was to-day by order of the Commissioner been certified as of unsound mind.

Henry Paterson Cameron Continued from Page 30

21·12·84 he came back at once he would be discharged.

23·12·84 Brought in a cab by two policemen & in a state of intoxication unable to walk or to speak distinctly. Policeman states that he was found in English Street in the company of two men & two women. When asked who he was, he would not tell but afterwards gave the name of Jameson & said he wished them to take him to the Crichton. They met Mr Beattie Mr Carmont's Clerk, & asked him about him. He informed them that there was no one of that name in the Crichton. His own name was discovered on his umbrella, when Mr Beattie told them he resided in the Crichton. He was taken to the police office and from there sent here by Chief Constable Jones.

5·1·85 To-day Mr Cameron went to Dumfries, where he met Mr Toward, whom he supplied with drink until he was completely intoxicated. At table d'hôte Mr Cameron shouted out "To Hell with Cinderella," (Mr Finch having just mentioned a pantomime of that name) Mr Cameron was asked to leave the table, which he refused to do. He was removed by two Attendants, he resisted & fought with them after they had taken him out of the room & swore loudly several times. He was removed to the low-last Gallery until the Evening, when he was allowed to return to the High last Gallery.

8·1·85 Discharged Himself.

Charles Chaytor. Continues from page 214.

Previous History of the patient from an account given by his father.

"Charles Chaytor. Born 16 April 1849. At 4 years old had concussion of the brain from a fall of 12 feet. Was unconscious for a week. Growth arrested for a year & reduced to a skeleton. For some time could breathe only through one nostril. Went to Appleby Grammar School when about 14 years old where he did not get on well with the classes and the master reported that he spent too much time in fishing. In 1868 he and an elder brother set out to New Zealand to join brother who preceded them. Their ship was run down at anchor 2 miles below the Nore and they escaped half dressed. Proceeded again in November and joined their brothers in New Zealand, where Charles assisted on the farm. There he was necessarily restricted to the society of his elder brother's wife's sister and he seems to have formed a strong attachment for her, both being musical and playing and singing together. She however had been engaged for some time previously, & C. seems to have become unsettled in consequence of his disappointment. We have no connected account of how he lived for some time after this, but he was at some gold diggings without success: he got a piece of land with a hut where he lives by himself passing his time in smoking and doing nothing, sometimes going to see another brother whose farm joined his place. He took out a patent for a machine to drive the phormium tenax, and having spent all his money came home in 1874 fancying that he was followed by a spy. There he played billiards at the Hotel, and consumed raw spirits till he had a fit of D.T. for which Dr Chisholm attended him. He fancied he wanted to poison him and refused food. After that he fancied that there was a young lady staying at the Hotel who wanted to see him. That I was keeping him at home for some vile purpose of my own and

Charles Chaytor.

that his brothers in New Zealand had got his money
He then resumed his fishing which he prosecuted
without moderation and most successfully
both with salmon and trout. During this period
he entirely abstained from frequenting the Hotels
but continued to smoke vile tobacco unceasingly,
not touching drink even at home. On the
27th April 1882 he left home suddenly and
on the 4th May I went after him having had a letter
from the manager of the National Provincial Bank
of England at that place, who knew me, to
say that he was in the custody of the police.
I found him at the Police office walking about
at liberty for they had no power to detain
him, as indeed ~~they~~ he had told them himself,
and one of the principal officials told me he
was a match for them all and very shrewd.
How it came about was that the Landlady
of the Hotel where he put up became alarmed
beyond control when she found that he had
bought a revolver; her apprehensions
having been aroused by the violence of the
sleeping fits to which he gave way, and
to which he had been subject for some time
before he left us. She called in a police-
man whose zeal outran his discretion
with the abovementioned result. I could
not prevail upon him to return home.
He went to Preston, then returned to Liverpool
to draw his money out of the N. P. Branch
there, and when we next heard of him
he was at Rhyl, where he remained about
a year, then wrote for his fishing things
to be sent to him at — near the
Ribble, but the season being unpropitious
he sent them back again & went to Kirby-Lonsdale
then to Blyth, then to Ilkley, then to Harrogate
Boroughbridge, Lanfield, & Ripon, his stay at
each place becoming shorter, till he arrived
home. At intervals while he was at home
he has occupied himself in squaring the
circle, concerning which he went to London

to see some high official, worked in brass and iron, carved a box, a beautiful work of art in design and execution, but not quite finished, took lessons in singing and on the violin, joined the Darlington Choral Society and sang at the concerts, and studied counterpoint.

I think I have mentioned everything material. He is a kind hearted lad though, and very sensitive, but his temper has become short and he does not like any familiarity on the part of his inferiors or strangers. He never to our knowledge took laudanum nor any other anaesthetic. He is now in fear of an earthquake, mentioned in Revelations. and thinks he is almighty God and that he is being kept out of a large sum of money that has been left to him."

(signed) J. C. Chaytor.

1 Aug 1904. Now shows mental enfeblement. Self absorbtion. dislike to interference and at times incoherence. Does nothing beyond scribbling incoherent nonsense on scraps of paper. His physical state is average.

1 Aug. 1905. Continues in the same condition mentally - A good deal enfeebled mentally. Keeps much to himself. Does nothing in the way of work. amuses himself scribbling and says that he is now preparing a new treatise on Shorthand. His health remains good.

20 Apr. 1906. Has been confined to bed for the last 2 weeks owing to an ulcerated condition of his legs. Under treatment he has got quite well.

1 Aug. 1906. This patient is enfeebled mentally and delusional. Continues to spend most of his time scribbling what he calls a new treatise on Shorthand. He does nothing in the way of active employment.

1 Jan. 1907. No change. Delusional and demented. Bodily Health good.

3 Mar. 1908 Still the same. Remains quiet

10 Aug. 1908. Unchanged mentally or physically.

29 Jan. 1909. Nothing to report. Remains delusional & demented - B.H. fair.

1 July 1909. Remains unchanged mentally or physically. Is in ~~Mid~~ High West. B.H. fair

1 Nov. 1909. Is now in the Mid East, where he passes his time from day to day. Showing little change. Is still delusional, - scribbles and "hoards" but underlying all is the slowly but steadily progressing dementia.

10 July 1910. This gentleman remains unchanged mentally. Is in the Mid East, & is in good bodily health.

20 Dec. 1910. No change.

12 Jan. 1911. I.S.Q. Remains in ~~Mid~~ High West.

10 Oct. 1911. No change, mental or physical

John K. Borland.

Continued from page 210.

Date	Temp. m. E.	Pulse m. E.	
28·5·85.	98·4	92.	This morning he seems better. The knee is now reduced almost to the natural size & is not so hot & painful. He dept well last night. The pulse at 5 a.m. was 92. but at 10 it had increased to 110. He ate a fair breakfast but was unwilling to take anything.
30·5·85.		88	He is better this morning. The knee seems quite well. He ate a good breakfast and is up to the sofa today. —
1·6·85.			Weight today 124 lbs.
8·6·85.		90	He continues much the same. Perhaps he is not so depressed. He feeds pretty well & sleeps well.
15·6·85.			His right wrist is swollen and painful. The heart has a tumbling action but the sounds are not impure. The wrist is bandaged in cotton wool, & the following mixture given

℞. Potass Acetat. ℥vp
Fr. Digitalis ʒiip
" Cardam co. ʒii
Aq. ad ℥viii.

Sig: A tablespoonful every four hours.

17·6·85.		86.	The right wrist is well but the left one is now affected in a similar manner. The mixture to be continued.
29·6·85.		95.	He is now free from the swellings of the joints. His heart seems a little steadier but still acts in a tumbling manner. He eats & sleeps well. Mentally he has not improved. He expresses a desire to get away to work. He answers questions very slowly and with much difficulty. Sometimes not at all.
7·7·85.		100	He seems a little better mentally and considerably better in his bodily health.
14·7·85.			He has improved greatly since last report. He joins daily at Bowling & in the evenings at Cricket
25·7·85.		104	The improvement in this patient's bodily health continues. His skin is becoming healthy again and he eats better. He weighed. 134 lbs. to-day. He does not sleep well and is restless at nights. Mentally, he remains dull and cannot answer questions as a rule, He stares at his questioner when asked anything and turns away sometimes muttering a few words to himself.

To page 797.

Samuel Skilling.

Continued from page 222.

Date	Temperature M.	Temperature E.	Pulse M.	Pulse E.	Weight lbs.
4·6·85	98·4	99·3	78	84.	
5·6·85		98·9		80	
6·6·85		98·8		82.	
10·6·85.		o			
18·6·85.					
22-7 -85					

Slept eight hours. Is restless and incoherent his speech is a jumble of incoherent phrases about fish and pictures intermingled with oaths and threats. He lies upon the floor and rolls over and over, shouting and crying. His delusions continue. Appetite good.

Slept well. Is not so noisy this morning but is restless and still suspicious stating that he has been acted on by glasses. Was not quite so restless, and took his food better & has not been swearing.

Slept and ate well. There is a decided improvement in his mental condition today. He is calmer, not so incoherent in speech; is more conscious of his surrounding and will point out patients, who, he says are daft. Does not express his delusions of other people's identity with such conviction as he did and appears to recognise the possibility of his ideas not being correct. States that if the Head attendant is not Dr Hamilton he is "gae like him"; formerly when informed that he was wrong in thinking him Dr Hamilton, he used to say. Ye're a leer; he's just thon Hamilton.

There has been great improvement in this case, the exaltation & excitement have passed away, and there is now only a certain amount of confusion, he has a tendency to sleep during the day as well as at night, and his appetite has increased.

The improvement continues. He is now a quiet, intelligent obliging boy, a favourite with everyone. His appetite is good: he is a great deal in the open air and sleeps well.

Lately he has complained much of pain in the head extending across the forehead from the squamous portion of one temporal bone to the other but more especially over the junction of left temporal & parietal bones extending forwards. While this pain lasted he was restless, excited & irritable, talked incessantly of being

See page 795

John Kennedy Urie

Continued from page 102

Date	Temperature M.	Temperature E.	Pulse M	Pulse E	Weight lbs.	
27.5.85		98.3		72	144.	Slept well. Is dull and disinclined to do anything. Cannot carry on a conversation. says that he is fine and quite well. Ate heartily.
28.5.85		99		78		Slept and ate well. Apathetic and stupid. will not do anything and gives monosyllabic answers to everything asked him. Cannot remember how long he has been here, and takes little notice of anything going on around him.
29.5.85		98.4		72		Slept well. Is mildly exalted this morning states that he was never better in his life and that he does not want to leave here. Ate well.
30.5.85		97.8		75.		Slept and ate well. Is disinclined to talk and sits in his chair doing nothing. Cannot converse rationally, and is confused and at times incoherent. especially when speaking about recent events.
4.6.85		98		73		To-day was sent out with the garden party He managed to wander to the gate, stated to the gatekeeper that he had been visiting some one in the Asylum, & managed to get out. He had only gone a few yards, when his absence was discovered and he was brought back. When asked why he had gone out he said "I don't know." and on being asked where he was going he gave the same answer.
11.6.85.						Is quiet, apathetic, answers questions but never makes an attempt to originate any conversation. He has had his leg bruised but cannot tell how it was done. He is indolent and has a tendency to sleep by day as well as at night.
18.6.85.						To-day was found wet and dirty; which does not seem to have affected him much. He is working with a garden party but does not show much energy or enthusiasm in his work.
26.6.85.						Shows no improvement. He states that he is very well, and never was better and he is fit for anything, though he shows little interest in anything. Eats and sleeps well.

John Kennedy Urie

Date	Temp M	Temp E	Pulse M	Pulse E	Weight lbs	
8.8.85						Since last report there has been little change. He is quiet, listless taking no interest in his surroundings. When addressed generally answers with a meaningless smile; occasionally saying "I don't know" in a low tone to even simple questions. The weakmindedness seems to be increasing. Requires to be told to perform even simple duties & then performs them in a merely mechanical way
1.9.85						Today he escaped from Gallery. Stated at the Low Gate that he was a tradesman & was going for some tobacco to the town & would be back soon. Was allowed to pass through & had gone a considerable distance towards town before being overtaken
16.10.85						"My dear Maggie, I write to say I am still hear & would like to get home I hope you are all well and something coming in. I was wanting you to write the Dr Rutherford & see if he will let me home you will mind of writing once before & I got away at once when I met sister in Dumfries & then went & seen Mrs Miller about some work I think you writing to Dr Rutherford he would let me home beside you all once more now I have no news but in the best of health but wearying to get home I am &c. My business will be going to wreck I suppose" The writing is shaky & the i's are formed like e's. He is still reticent, seemingly listless but vigilant & watchful.
16-11-85						This is a marked case of General Paralysis of the Insane. He has a slurred articulation, fibrillar trembling of the tongue, irregularity in the outline of the pupils and considerable motor restlessness. His heart sounds an impure. Tried outside at work he has had to be brought indoors owing to motor debility. He is in the fat stage of the disease -
27-12-85						An attack of extreme excitement with destructive & dirty tendencies has come on. He is incoherent and talkative.
7-2-86						Rapid failure in bodily strength is the most marked feature of this case at present. His coordinating power is so far lost that in endeavouring to walk or sit down he often falls. His hands are in a continual flutter of motion tremulousness being well seen - Owing to his destructive tendencies four or five tonners are required per diem -
15/8/86.						Patient has had several "fits" the last few nights wh: look like Congestive attacks. He lies now apparently unconscious of any one's presence, moans in a troubled way when touched sensibility much diminished. Passes water and motions unconsciously in bed.
~~21/10/86~~						~~This patient died~~ - See Page 801.

Samuel Skilling

Continued from page 792

Date	Temperature M	Pulse E	Pulse M	Pulse E	Weight lbs	
21-7-85						"bothered by policemen" Stated that one of the patients had threatened to shoot him and expressed a fear that this patient might injure him. Today he states that he has no pain in his head. He is quite quiet & talks sensibly enough. Says he would be all right if people would give up bothering him. His appetite has not been good for some days & he has occasionally vomited shortly after his meals
29-7-85						During the last week he has been quite quiet complaining of no pain in the head of no voices & of no policemen. When in this state he is intelligent & bright & very different from his excited state
25-8-85					lbs 84	For a month now he has been free from hallucinations & free from pain but lately he has become more restless & mischievous, this may be greatly due to want of definite occupation & not to a recurrence of the previous attacks.
25-9-85						It being now more than two months since this boy showed any signs of suffering from hallucinations & delusions he was today discharged recovered

James Arthur

Continued from page 190

Date	Temper. M	Temper. E	Pulse. M	Pulse. E	
20.9.85					Since last report the slough has been removed & the edges of the sore on the dorsum of the hand are beginning to shew signs of healing but suppuration was found to have extended beneath the skin on the extensor aspect of the forearm to within two inches of the tip of the olecranon (since thrown diagonal) an incision was made & thus pus drained. Since then there has been no discharge whatever & he seems better & stronger than he was a week ago.
12.10.85					The large ulcer on the back of the hand has contracted considerably during the last month but lately the granulations have increased above the level of the skin & thus along with the excessive rolled-over have hindered healing. A small bedsore has appeared over the sacrum as well as redness of the skin over the dorsal vertebrae. He is becoming anaemic generally.
29.10.85					Considerably weaker since last report, anaemic, more flushed; eyes more suffused. Speech very indistinct & it is evidently a labour for him to make his muscles to form even simple words. Sometimes very restless in a purposeless; persistent manner throwing the clothes off & then although requiring to replace them. Appetite is failing. The ulcer is slowly healing.
29.10.85					Became unconscious in the early morning. Remained so till he died at 11.30 a.m.

Date.	Temp M	Temp E	Pulse. M	Pulse. E	Weight lbs

John K. Borland - from page 791.

1885.
22·10. 90.

Since last entry on 25th July there has been a great improvement in this case. His bodily health has gradually been restored and he is now strong and very active. He is a great football player. He often goes to the farm or garden to work in the company of one or two kindred spirits. Mentally he has also improved very much, but here the improvement is slower and as yet is more apparent than real. He has delusions, one of them being that he has been indecently assaulted by his attendant. He is much more cheerful than formerly; comes to the amusements, distinguishes himself at draughts, plays cricket and billiards, and makes himself very agreeable always.

This patient is getting well very rapidly now.

7·11·86. Today he went home on pass for the day.

1-12-86. Left today, quite recovered.

James Stearns Sprague.

from page 178.

Date	Temp.	Pulse.	Weight.	
1885. 7.11.	M. E.	M. E.	*	This patient is in good bodily health at present. He spends a good deal of time in the open air. Walks to and from Dumfries daily where he does some work as a clerk in a Writers office. In the afternoon he generally works on the farm or garden. Sometimes he plays football or golf. He is often a little excited over trifles, and does not sleep well. Sometimes he is depressed but never acutely so. He is always restless and agitates for change continually.

8th Sept: 1886. Discharged on probation. He is to live at a farm house near Thornhill and to work on the farm.

19 March 1887

Returned from probation. During the past two or three weeks he has been writing letters to his mother regarding sexual subjects. telling her that married people should not co-habit after the wife is pregnant or after the Climacteric. that she is insane &c. Four days ago he wrote such a letter to his sister Mrs Watt. & his father requested me to see him. I sent Head attendant Davis on 15th inst to Gelchinstland for him. He refused to come. Next day I went to see him, but he had gone to Thornhill (he said). Next day I had telegram from Mr Watt of Cadder saying he had appeared there. Davis was sent for him & he was brought back accompanied by Head attendant Gregory of Morningside Asylum & his Brother Mr William Sprague. It appears that on Thursday morning the patient consulted Dr Gillowlee telling him his story. went to Edinburgh where he was seen by Dr Clouston. on ~~Thursday~~ Friday night Attendant Davis slept in same room with him. & on Saturday morning he was taken by the aid of Gregory & two policemen from his fathers house. arriving here at 2.15 p.m.

Discharged. Relieved. April. 1887.

David Blues Mearns.

from page 270.

15-5-86. On account of these small sores on his left foot which were caused by an ill-filling shoe Mr Mearns has been confined to the house for a week. He lies on a sofa, because when sitting in a chair, the sores become irritated with urine when he wets himself, and this often occurs. He is much stronger in body, can walk several times round the grounds, has a very good appetite. At night he is not so noisy as he was but is often restless. He is today sent back to the 2nd House.

15-5-86 On his arrival in the 2nd House he was found in the last stage of emaciation with an extremely feeble heart's action and with two ulcers in a sloughing condition on the heel & one over the sternum. He was placed in Ind Int ordered up by Dr Rutherford.

1-6-86 With regular attention there is no difficulty in keeping this patient clean in his habits. His debility notwithstanding custards, Vieftra & other extra diet shows no sign of improvement. The ulcers are now nearly better: dry dressings are alone required.

15th. 6-86 On attempting to rise this morning the patient exhibited alarming signs of syncope. By free internal & internal stimulation he was kept alive most of the day Int died from exhaustion & syncope at 10:50 P.M.

Died - General Paralysis.

David Nicolson -

from page 490.

11th August. 1886. This morning Mr Nicolson went out at 9.30, telling his attendant of his intention to take a ride - He has for a month been allowed to ride out alone, the only stipulation being that he must state before hand where he is going, and must unless especially permitted to remain away, always be home at meal hours. - This morning he went for a ride at about 10 O'clock. at 2 he had not returned, It was thought he had taken a longer distance to ride than calculated upon when he started, but when at 4 he did not appear it was feared he had bolted.

12th August. 1886. Mr Nicolson has not been heard of

13th August. 1886. He has not arrived in Edinburgh when it was thought he might have gone. In the evening a telegram was received from the nephew of Mr Nicolson, Dr Cotton, stating that Mr Nicolson is in London. Mrs Nicolson has received a letter from her husband telling of his intention of going to the Continent - His horse was found at Racks, near Carlisle, where he must have taken the train. The letter to Mrs Nicolson was enclosed by Mr Nicolson in one to Mrs Cotton his sister, and posted by her in Edinburgh.

25th August. Discharged by escape. He is on the Continent.

John Kennedy Urie

From page 79[illegible].

Aug: 17th. Patient after a restless excited day out of bed was found this morning by the night attendant behaving in an extremely noisy manner. He contrived to bruise his face agst the wall in such a way as to close up both eyes completely. There is considerable lividity also over the forehead.

Oct. 8th. For some time Urie continued at times excited struggling violently shouting singing and talking. About a fortnight ago he was seized with what appeared at first like an attack of Pneumonia from the symptoms. There was dulness over both bases but no other physical signs could be made out as patient took no notice of anything said to him and his respirations were very rapid and shallow. His temperature was high one night alt: 103° but he was very restless and it was only with the greatest trouble that his temp: could be taken. Since then he has lain in a stupid state taking no notice of anything and on two occasions has sunk into a state of complete stupor with arms rigid, pulse full breathing slow and stertorous and many muscular twitchings in arms face and hands. He now refuses food and is fed three times a day with the tube. (each feed containing 1 pint milk, 2 eggs ℥i whisky)

Oct. 16. John Urie is still going down hill. A bedsore about the size of a fivesheilling piece has appeared over the right iliac bone and pretty deep. He takes his food ~~of his own accord~~ when fed but lies in a state of stupor usually with his eyes shut, muttering, at times talking eloquently to some unknown person. His temp is very variable sometimes as high as 102° then again as low as 97° and there seems little if any regular rule of its change. Dropsy has appeared principally in hands, not so marked over legs and feet. Pulse full about 84

Oct 21st John Urie died suddenly after about 24 hours increased excitement. No p.m. could be obtained.

John Carruthers.

Aug: 30th Spent a quiet night last night restless at times and muttering. His breathing became more and more laborious. After one or two deep sighs he died at 9 o'clock. Two minutes after death the right Nostril was noticed to be very markedly dilated the left remaining Comcontracted. No medically was present at 10 a.m. on the previous morning.

Death

The friends gave the following history of the patient. While working as a joiner in Glasgow 14 years ago he fell off a horses back and was for some time in hospital when he seems to have been treated for some injury of the Spine with a Peters jacket. About 4 years ago he fell off a building again and was for some time in hospitals during which time he had the first of his Epileptic fits. Has continued subject to them since. No friends subject to Epi: Leprosy or other Neuroses

Post Mortem Exam. On removing the Skull Cap which was very thin the dura was found closely adherent over the vertex which part was also much thickened and conjested. There was a considerable quantity of fluid in the Arachnoid Cavity and that membrane was thickened and opaque and studded with several clusters of granulation masses each about the size of a pins head. These were situated on the right side and there was much general conjestion and opacity of the membranes on the same side. Over the base there was general conjestion and one or two granulation masses occurred at the roots of the great nerves Especially over the root of the vagus of the right side. The floor of the fourth Ventricle was had a granular conjested appearance. The lateral ventricles were similarly granular over the Surface. The pia was adherent to cortex over Surface vertex and in both Sylvian fissures. - Considerable thickening of bone in neighbourhood of Torcular. No signs of fracture anywhere.
Weight of Brain. 48½ oz.

Heart large and firm valves healthy large white clot in left ventricle extending into left Auricle. A smaller one in Right ventricle.

Left lung lower lobe consolidated (Red.) upper lobe not so far advanced. frothy fluid oozing from bronchi.
Right bound down by old pleuritic adhesions.

David Allan. from page 502.

9th Sept. 1886. This patient is in a very weak condition. He eats but little and is troubled with morning vomiting. He has but little strength but uses what he has in attempts to injure his attendants or himself. He has had a female nurse and with her he was more tractable and easily managed, having only an occasional outburst of violence. He wears handcuffs constantly and when in bed is fastened down with a sheet. He gets milk ad. lib., beef tea twice a day. Egg. Port wine, milk puddings &c. He sleeps pretty well. His mental condition has not improved he seldom speaks to anyone. His brother visited him on two occasions. On the first occasion Mr Allan spoke rationally enough, but when at tea he snatches up a knife and attempted to stab the attendant who was close beside him. At the second visit the patient did not speak a word. He has evidently but one idea, that is to get away. He finds that is impossible owing to the constant supervision of the attendants and he would not scruple to kill one of them in order to effect his escape. His delusions of persecution are constant. His left ear is thickened and disfigured the result of an insane cut which he had a month ago. He has lost 3 lbs in weight since 18th August.

weight 8 st 4 lbs.

Wednesday

1 Oct 1886. Has had his head shaved and a smart blister applied with the intention of preventing chronic changes taking place in the brain. It has had the effect of stopping the vomiting and for some days he ate pretty well and retained what he ate. Biscuits and milk were given at first and gradually Eggs were introduced till he was taking 4 or 5 Eggs a day. The vomiting began again however & his appetite fell away. A few mornings ago bleeding was noticed from the rectum and almost 2 cupfuls of blood were said to have been passed. On Examination of rectum a large tumour about the size of an orange was found lying in front of the rectum. It was soft and fluctuation was detected at one point by Dr Scott. There was a short groove (perpendicular) in direction over its surface and the

Saturday

David Allan (Continued)

finger showed mucus stained with blood. The mass was opened & about ℥ii pus removed. It was thought that his fingers had been allowed to get about the rectum and that the inflamed prostatic gland had been lacerated in that way. The blood was said to have been quite fresh and bright scarlet when passed. Mr Allan seemed to feel the loss of the blood severely. His pulse next day was small and rapid. The skin surface cool and Temp 98.6. There was retention of urine on the day after the loss of blood but this very soon passed away. The vomiting continued off and on; one day there would be scarcely any and the next it would seem after every meal. He continued to lose weight about 1 lb a week. Temp about 2 or 3 degrees high: & at night than in the morning. Dr Scott saw him again on the 3rd and opened an abscess in the cheek behind the parotid which discharged about ℥ij clean pus. A swelling was detected on the right thigh towards the outer side. An aspirator was applied but no result could be obtained. This is continuing to grow larger and fluctuation is easily detected among the muscles. The right knee is also swollen and tenderness and fluctuation is felt both to the inner and outer sides. He has also been complaining of a pain in his head which he localizes about a little in front of the parietal eminence. The pupils were noticed on two occasions to be unequal but the inequality has disappeared and has not returned. During the last week he has been fed 5 times a day receiving 6 egg three pints milk. 1 pint beef tea and ½ of Brandy and though vomiting has not quite ceased he had gained 5 lbs in the week ending 9th October 1886. Temp continues about 100° or 101° rising to 102 + in evening.

Wednesday. Oct. 13. He is still being fed when food is refused. He takes about 2 meals a day himself but only after coaxing. Refuses them saying Brandy is bad and will send him to hell. He does not speak much but if possible answers question by a nod or shake of the head. He takes violent likes and dislikes to people wishes Dr Scott close in Hell but wants to know why Dr Keay does not visit him. Does not want ever to see his brother again. The condition of thigh and knee causes great uneasiness.

Saturday Octr 16th. The fluctuation in the thigh had been increasing rapidly and Dr Scott who saw the case on Thursday prescribed Iodide of Potassium ointment and hot fomentations. Dr Rutherford & Dr Leith saw the case together on Friday and determined to open it. This was done at once and ℥18 fresh pus were evacuated. Today he was weighed and had gained 2 lbs within the last week. The inequality of the pupils is still occasionally present but seems to be worse when a flush is present on the same side of the face and neck (left side) The pain on the left side of the head still continues. The knee seems full & fluctuation can be felt up in

David Allan (Continued)

a tight bandage of over Cotton wadding.

18 October 1886. Yesterday on dressing the wound an accumulation of pus was found deep among the muscles and ℥15 pus were evacuated. He has taken food 6 times as fed before yesterday and today. The pulse is very soft and full abt. 120. A good deal of vomiting continues and he complains of severe headache on the left side.

Oct 24th During last week the patient's general health has remained very much as it was. He has lost two pounds in weight.
The abscess in the thigh has been daily syringed out with Boric Lotion & the amount of pus is daily subsiding. A counter opening was made on the outer side of the thigh but little pus escaped & it is not being drained. A drainage tube of 6 inches in length was introduced into the opening on the inside of the thigh & slipped out of sight & has ~~be~~ not been recovered.
On Oct 22nd an abscess ~~on the~~ over the right parotid was opened & about half an ounce of pus escaped. No bare bone felt. The cavity runs in the direction of the malar bone.
Patient still takes his food under protest & has for the last 3 days vomited considerably. Has been ~~fo~~ once fed by the stomach tube. Has 6 oz Brandy 7 eggs Beefteа & Milk ad lib. daily.
Bedsore on the sacrum is looking more healthy.
Patient still has his hands tied at night as on one occasion he picked the wool of the dressing away & tried to swallow it & nearly ~~poisoned to~~ choked himself in the attempt. He also tries to eat his excrement. Temp at night from 100.6 to 101°7. Pulse rapid & weak but regular. from 100 to 120 per minute. Motions diarrhoeic. but well coloured. Breath is very foul. but to day the sickness is much less than on last 2 days. Patient has had a cough at intervals but no signs can be found in the lungs to account for it. Pulse to night 100.

Oct 29th Abscess in thigh is discharging less pus but still not draining freely.
On Oct 27th. Much swelling hardness & tenderness with oedema was noticed on the upper & posterior & inner part of right thigh extending up to the ischial tuberosity. An incision was made but no pus was found & to day the pain is less & the swelling is lessening.
To day there is swelling & hardness with great pain in the popliteal space no fluctuation felt. Pulse 126. regular. small soft. Temp morning 100.2°F Evening 101.2°F. Considerable sweating during evening. Patient is more interested than formerly in what goes on around him. After watching a new patient for some time very carefully he delivered it as his opinion that the patient was a humbug & that there were no madmen in this house. Still says he is going to hell. & that the brandy is damning him.

Oct 31st Mr Allan seems more exhausted than formerly. He takes very

David Allan (Continued)

little notice of anything around him. His pulse is very jerky, fills very rapidly, empties with extraordinary rapidity. 120 per minute regular. Temp. is 102.4°F. Resp. 21 per minute. To day a large mass of sloughy cellular tissue was pulled out at the new drainage opening. The patient complained of great pain while this was being done. He has never shown any distinct symptom of pain for a long time ~~before~~. He does not attempt to bite as he used to do. Temp at 4 PM. 103.2°F.

Afternoon 4 PM. Writer was called hurriedly by the attendant who thought McAllan was dying. He was lying back in bed breathing with great rapidity. His lower jaw had fallen his eyes were closed & at every expiration he uttered a sound something between a cry & a groan. Some stimulant was given & he looked up & recognising the writer caught his hand & held it, just as any sane person who was in a state of fear would do. Then asked if he knew when he was he said no & said he could remember nothing of the events which had happened since he came here. He was asked if he would like to see his mother & brother & at once said yes. He seemed startled & not like his usual self. He looked wonderingly at those around & when the writer rose to go he clasped his hand still firmer as if to prevent him. In a little while he became more composed & lay quiet. His breathing was quiet & regular but the peculiar rapid jerky pulse still continued & the patient was so weak he could only speak in a whisper. At night the exhaustion still continued & the patient complained of great pain behind his knee & was sleepless. Accordingly M.10 Lig Morph Mur. were given at 10 PM. & repeated at 10.30. The patient then slept the whole night quietly. In the morning he seemed so far gone that it was not thought expedient to expose him to the fatigue of dressing his abscesses. The pulse has the same character as yesterday. The patient lay back with his eyes closed but when spoken to he looked up & seemed to understand what was said to him. He tried to answer but was too weak. He gradually became weaker, never recovered complete consciousness & died at 12.30 PM on Nov 2nd 1886

William Burgess.

29th Sept: 86. A P.M. was held upon this case. On removing the ~~skull cap~~ scalp no ~~sign~~ of scar or old inflammation could be detected. The skull cap shewed no mark of old fracture or thickening. It was very thin and was with difficulty separated from the Dura owing to inflammatory adhesions. The Dura was thickened and opaque especially over the vertex and congested throughout. Over the vertex ~~or~~ two patches were seen yellowish in colour and made up of small granulations. In this region the membrane was exceedingly thick. The arachnoid was congested and milky in appearance & a large quantity of subarachnoid fluid escaped during dissection. The brain was soft and the convolutions shrunken over the vertex and the pia adherent from the frontal to the occipital lobes. On opening into lateral and fourth ventricles a large quantity of fluid was found and the floor especially over the corpora striata was ~~found~~ granular and rough in appearance. Weight of brain 3 lbs. 1½ oz.

The left lung contained ~~[illegible]~~ traces of considerable consolidation and the whole lung was very oedematous ~~the left~~ right lung was oedematous throughout

Robert Montague Norton. (Continued from page 346)

mucus which collected in his throat. The stupor was very deep & the respirations about 80 per minute with pulse of 150 per minute. No fits were observed during the night but the patient was still comatose in the morning with marked lividity. Rapid short breathing about 90 per minute. Temp 105.2°F. pulse almost imperceptible about 150. Insensitive conjunctivae. Contracted & insensative pupils. He was fed by the stomach tube. A turpentine enema given the night before had moved the bowels thoroughly.

At 1.40 P.M. Patient had another severe fit. Coma continued. lividity very great. Bled from the arm but the blood did not come freely only 4 oz taken. Temp 105.8°F. Impaired note over front of right lung. Resp. over 90. Patient died suddenly at 6 P.M. without regaining consciousness he gave a cry like that preceding a fit just before he died. Temperature just after death 107°F. The lividity remained.

Post Mortem Examination. December 5th 1886.

Subject well nourished. Post mortem lividity great. Rigidity well marked. Pupils equal, regular. moderate in size.

Abdominal organs all healthy.

Thorax. Heart weighed 13½ oz. There was an unusually large deposit of fat on its surface but its muscular tissue was healthy. The valves were all competent & healthy. In the aorta numerous small patches of atheroma were noticed. none in a distinctly calcareous state.

Left Lung. 1 lb. 7½ oz. Emphysematous on anterior border. hypostatic congestion at the base. Muco-purulent exudation from the small bronchi.

Right Lung. attached to the thoracic wall by firm adhesions of long standing. markedly congested but crepitant throughout. weight 1 lb. 12½ oz.

Skull cap extremely thick & hard. Dura mater non adherent. veins on its surface markedly distended. with fluid blood. When the dura mater was being removed it was found to be adherent to the surface of the brain over a small point on the right frontal lobe. The adhesion gave way during the removal & only a slight roughness marked the spot on the dura. & there was no surrounding redness. The only abnormality seen on the surface of the brain was the existance of two small, bodies of irregular shape, one about the size of a pea & the other a third of that size. These lay about an inch apart in the sulcus between the first & second right frontal convolution. They were imbedded in the membranes but could be moved freely. ~~quite apart~~ There was no redness round them. The substance of the brain was firm. & the arteries at the base appeared to be healthy.

Robert Bowe Gibson.

Continued from Page 630. Jan 23rd 1887

— than the right & his insensible to light. There is slight ptosis on the left side. Patient remains quiet says he has no pain.

8 PM. Patient has twice passed urine in bed. but involuntarily. his bladder is not distended. His pulse is full & strong regular. Skin hot & moist, temp. 101·6°F. Respiration quiet & regular. The aphasia is less. When asked how he felt. he said "I'm so better Doctor". The pupils now appear equal react to light — nystagmus paresis of ocular muscles & ptosis is as before. Still some twitching of the left arm & leg. but the face is now quite placid.

Jan 24th The patient can now speak but in a very indistinct manner, slurring his words. so that they are all but unintelligible. Temp in morning 101°7. Pulse full 96. Patient understands what is said to him but speaks little. No change in paresis or ocular symptoms. Evening temp 102°. Patient has been constantly wet during the day —

Jan 25th Paresis more marked, speech very indistinct. Patient seems composed & unable to say where he is. His left leg is partially paralysed & that renders him shaky when he stands. He is still wetting the bed frequently. Temp 101°7. Evening — will not or cannot speak & has been fed during the day with great difficulty — most of the food being returned. Temp 101·6°F.

Jan 26th Is dull & sleepy & pays little attention to anything around him. Does not speak in answer to questions & gives no sign that he even hears. Pulse 70 Temp 100°7. — food still returned.

Evening. has been fed twice with custards & beef tea. the stomach tube was used. Patient made not the slightest resistance. Pulse quiet & soft. Temp 99°7. No change in mental state. the patient lies like a log. The bowels were constipated & were relieved by an enema which caused free evacuation.

Jan 27th Up till yesterday Mr Gibson has been fed by the stomach tube twice daily, but yesterday he appeared to rouse up somewhat. He took his custards from a feeding cup & spoke once or twice. The paralysis has also disappeared from his left arm. He pays a little attention to what goes on around him. Both pupils are now dilated & sluggish but equal. There is still twitching on the right side of the face & the paralysis of the left side remains though it is less noticeable. He still passes his urine in bed. His bowels are constipated & have to be relieved by enemata. Temp. 98·8. Pulse 74.

Feb 10th For the last week Mr Gibson has got up daily though very much against his will. He struggled with the attendant & struck him as he was lifting him out of bed. Up till two days ago he passed his urine evidently involuntarily. but for the last two days he has micturated when placed on the stool.

Robert Bowe Gibson.

He is now utterly apathetic, appears in a state of stupor & cannot be got to speak or pay any attention to anything around.
The facial paralysis is still seen but is less pronounced than formerly & the gait is more unsteady but otherwise he has recovered very completely from the paralysis. Pulse 70. regular. Temp 98°7.
Feb 21st Put on Pot. Iodid. & Hydrarg Perchlor. He is taking his food well but is not improved mentally.
April 9th For the last month there has been little or no change in Mr G. Mentally he is a perfect wreck. never speaks, but resists obstinately all attempts to move him. All attempts to keep him dry have failed. To day at dinner he had another slight hemiplegic attack with marked twitching of the left side of the face. He was put to bed shortly after.
April 17th Mental faculties still more dulled. Passed his day & night with his eyes closed & his body curled up in bed. resists all attempts to move him. He is fast getting emaciated. pulse full & strong. Temperature normal. Eats well. Constantly wets himself.
July 18th Mr Gibson is mentally a wreck. He is too shaky to stand & is now kept entirely in bed. He wets himself frequently. Rarely or never speaks & pays no attention when spoken to. Is very stubborn & resists all attempts to move him. Three days ago a swelling was observed over the left olecranon. When opened it proved to be a haematoma just breaking down.
July 26th For several days Mr Gibson puzzled his attendant by removing the dressing from his arm & making away with it unseen. At last it was discovered that he put it down the water closet. He has to be carefully watched to prevent him repeating this performance. Lately he has spoken frequently to his attendant. To day he was visited by his wife & father. & when asked if he knew them he replied that he did.
July 30th Yesterday morning Mr G. had a fit which his attendant states was just like an epileptic one. It passed off but there was left a clonic spasm of the whole of the left side. face. muscles of neck & trunk & arm & leg. These contractions gradually became more violent & rapid till 11.30 AM when they numbered 96 per minute & there was occasionally slight tonicity between the contractions. The temperature had risen to 101.6°F. Hyoscine Hydrobromate gr 1/100 given hypodermically. No effect so repeated in 5 minutes. The spasm continued unaltered till between 12 & 1 when it began to subside & by 3 PM the contractions were quick feeble 40 to 50 per minute. about 10 PM they were gradually increasing. Hyoscine 1/100 gr given & repeated all night. This morning spasms slight about 25 per minute. Temp normal. marked suppression of micturition. Patient speaks when spoken to & answers questions correctly. Says he has no pain or discomfort.

(continued on page 836)

Rev. Alex. Shennan. see page 659.

The following is an account of Mrs. S's case given by her son John Shennan
In August 1886 the Church Session spoke to Mr Shennan concerning a rumour
which said that Mr S had acted wrongly towards her servant on July 3rd 1886.
Mr S. demanded a thorough enquiry & denied the Charge in toto. An enquiry
was held in the matter by the Presbytery & Mr Shennan was exonerated from
all blame. The servant herself denied the impropriety entirely & said that Mr S's
conduct towards her was only that of a Christian Minister.
During the progress of the Case Mr Shennan was in a state of great ~~mental~~ anxiety
& was continually writing & talking about trust matters in which he was concerned.
He appeared to think that he had hopelessly involved all these affairs & resigned
his co-trustees. As a matter of fact he is only an actual trustee in one of the seven
trusts about which he writes & some of them are already non existant.
Immediately after the decision of the presbytery was announced, a still greater change
came over Mr S. for the morning of Nov 3rd he went to his sons room & said in a
rambling way that he would require to see Mr Kennedy (one of the Committee of enquiry
about the finding of the Presbytery. The result of an interview was a written
'Confession' in which Mr Shennan states that although he previously
declared himself innocent of the charge, he was guilty of having placed
his hands upon the servant girl "in an improper manner though only
above her clothes." but he adds it is an error to say it was on July 3rd.
"My statements as to that day are correct" xxx "although I am now
unable to recall the time when I was guilty of this impropriety — or the
room in which it occurred." His son says that Mr Shennans appearance
at the time he wrote this Confession was much as it is now. He had a dull
preoccupied look & manner & restlessly wandered from room to room. but
there was still an occasional brief brightening up.
Mr Shennan's Son now took the case into his own hands & had his father
carefully examined by medical men who testified that as his condition
of body & mental health Mr Shennan's statements could not be relied
upon. These opinions Mr John S. laid before Mr Kennedy & other members
of the Presbytery along with an account of his father's actions & letters
with regard to trust funds. which all clearly went to prove him in some
degree insane. The Presbytery instituted a new enquiry at which Mr Shennan's
written Confession was brought up in evidence against him. Mr Shennan
was present at the enquiry & held to his confession & when one member of the
committee suggested that it might be the outcome of his illness he
became enraged & insisted on his confession being considered actual fact.
During this second enquiry no notice was taken by the Presbyters of
the medical evidence as to Mr Shennan's mental state & the former
finding of the Presbytery was reversed & Mr Shennan was found guilty &
suspended from his charge for three months at the end of which time
his resignation was to be accepted. (Dec 7th 1886.) This finding was

Rev. Alexander Shennan.

intimated from the pulpit in Mr Shennan's church.

Mr Shennan is in his 63rd Year. & was inducted in 1855. He has a large library & studied closely. Five years ago he had a bad heart attack which laid him off duty for several months. He has never been the same since. A dull & preoccupied manner has gradually grown on him. A suicidal tendency has now developed & Dr Peddie advised his removal to Crichton Royal Institution. He was removed there on Jan 5th 1887.

Note:-

In a conversation with Dr Kennedy on Nov. 9th Mr Shennan made further confession to him, which were not touched on by the Presbytery. Mr Shennan was subsequently got under great persuasion to sign the following letter:—

Dear Sir. (Nov 10th 1886)

I desire to write you anent my call at your house yesterday & to state that the communications then made by me, were made to you as a friend & whose counsel I sought & to whom I desired to unburden my mind, otherwise I beg that you will consider them as unspoken. I ask this last favour in the interests of my wife & family and subscribe myself & Cc... - ...

To. Rev Dr Kennedy.

On Nov 17th 1886 Mr S. wrote a long rambling letter to Mr Hay a co-trustee. This letter is full of allusions to his mismanagement of trust moneys, & though it was essentially a private letter it was found open in the post office & officially stamped. Inside the envelope the following was written.

"The enclosed will be a shock. What for all connected with me in all this shave been unhappy (signed) & Shennan of Bathgate, now in Birkenhead.

The following are some extracts "I have been attempting to write John as proposed above but find mind & memory unable for the task. I am much disposed to sleep - sleep - & at other times cannot sleep, but sit, or at in bed lie sleeple hour after hour. I feel weaker too I can't masticate food" — "There are fearful things, I mean as regards the Trust Accounts, to write about; but I think you should have some knowledge of them rather than they should come to you in still worse guise. But oh! the widespread evils to follow."

This letter is written a various dates from 17th to 24th & is rambling & disconnected, written on scraps of paper & partly in pencil.

The trusts referred to were all except one satisfactorily wound up some years ago.

Rev. Alexander Shennan

(continued from page 662)

requires to rise about four times during the night. His delusions continue.

Sept. 14. Today a well marked haematoma of the left ear was observed: no history of a blow could be got. Otherwise Mr. Shennan's condition is unchanged.

Sept. 15. The swelling of the ear is somewhat diminished today. Last night the external meatus was almost occluded, but this morning it is patent. It was painted this morning with Liquor Epispasticus.

Sept. 20. Weight - 8 st. 9 lb. The haematoma auris has almost gone. Mr. Shennan's extra diet has been stopped in the hope that he will take the ordinary diet better. He has not improved under extra diet. He is getting Easton's Syrup.

Dec. 14th Weight 7 st. 10 lb. Mr. Shennan is becoming more deeply demented. He is in a state of bewilderment, saying he is unable to understand what everything means. He commenced a letter to his friends, but was quite unable to write more than a few words.

Feb 9th 1888. Mr. Shennan's health is very unsatisfactory. He is badly nourished, although he is made to take plenty of food, and his circulation is very sluggish, his extremities being always blue and cold. His feet swell frequently, but there is no albuminuria.

March 30th Weight 7 st. 6 lb. No change in Mr. Shennan's condition. The little mind he has left is entirely engrossed by the state of his bowels. He suffers from constipation, but he exaggerates the condition, and seems to regard it as the sole cause of his ill-health.

July 20th. Weight 7 st. 11 lb.

Do Feb. 89. Mr. Shennan has made slight progress lately. He is a little less taciturn, talkative, & is in better health.

25 April Weight 120 lbs Still much change.

July 25th 1889. There has been no change in this patient's mental condition lately. He is dull, depressed; sits all day doing nothing and will not even sign necessary documents without the greatest haggling and bother. Weight 112 lbs.

Sept. 30th 1889. Weight 112 lbs. In fairly good health. No mental change lately.

Feb. 28th 1890 - Quiet, easily managed. Recommended home treatment.

Wt 121 lbs — Nov 1 - 1889 Wt 128 lbs.

July 1890. No change.

15th Aug. Went to Hannahfield.

11th Sept. Dropsy noticed today in Mr. Shennan's hands & feet: pulse 86: temp normal.

13th Sept. Removed from Hannahfield to Low Castle & there confined to bed. Temp 99.6 Pulse weak 84: œdema of feet & ankles, slightly in right hand. marked in left: slight œdema under eyes in Morning. Urine 1025, acid, no albumen.

15th Mr. S. is gradually improving by the rest in bed, & under the use of digitalis

18th Mr. S. out of bed; œdema gone: pulse much stronger.

6th Oct 1890 Discharged

David Gilmour

Continued from Page 654

swollen she has had several small furuncular sores on her feet & wrists. These are now almost all healed. To day she has been put on extra diet with one pint of Porter daily. She sleeps well at night.

Feb 16th Mr Gilmour has refused his food in so determined a manner that he is now fed by the nose tube. On the nights of Feb 13th & 14th he was very noisy & violent & has now been placed in the padded room at night & has Paraldehyde 3j. There is a good deal of swelling under the eyes with oedema of ocular conjunctivæ. Some oedema of legs. Pulse small & soft 110 per min. Has been quieter for last two nights but during the day is constantly moaning & asking for poison. & frequently says person he meets to kill him.

Feb 17th Quiet last night slept well. To day very weak. pulse 130 small. temp. 98.2°F. Fed 3 times. Getting in all. 9 eggs 6 pints milk & 2 oz. Whisky. All sores on patients body are now healed.

Feb 18th Slept well last night & took his egg & hops this morning. & again at dinner time. refused it at night. Somewhat quieter. walks out. Pulse in morning 96. Water fuller than yesterday. Still intensely suicidal. attempts to knock out his brains by battering his head on the walls. makes for the fire when left alone.

Feb 19th Peter MacArthur night attendant on entering Mr G's room at 6 AM found him in the act of thrusting a stick down his throat. He was too late to arrest the patient as the projecting end of the stick broke off just as he entered. & the patient shut his teeth on the part he had succeeded in getting in.
The medical assistant Dr Melville was at once called & succeeded with some difficulty; after opening the mouth with a gag, in removing with fullet forceps a piece of wood 3 inches long, of triangular section about ¾ inch each side. The piece was lying in the pharynx & threatened the patient with immediate suffocation. On examination it was found that the patient had torn off about 15 inches of the edge of a wooden belting with ran round the base of the wall to keep the padded panels in position. As fully half of the wood torn off was missing. an oesophageal bougie was passed but was arrested about 9 inches from the teeth.
Dr Rutherford was sent for & on his arrival it was determined to attempt the removal of the rest of the wood under chloroform. Mr Gilmour was chloroformed but it was found impossible to grasp the wood by forceps. Accordingly the operation of oesophotomy was performed in the usual manner, by Dr Melville ~~assisted~~ aside. During the operation only one small twig was tied.

David Gilmour

two nerves were cut. The loss of blood did not exceed 3ss. & the pulse remained good throughout. The end of the wood was felt by the exploring finger just within reach & was withdrawn by a short pair of Gullet forceps. It was about 6 inches long & of triangular ~~outline~~ section & jagged at both ends.
The wound was stitched up & a drainage tube put in. There was no shock & the patient when he recovered consciousness was free from pain. The first words he said were "I'll manage it yet" meaning he would continue to put an end to his life. He remained much as usual during the day. Much depressed & very sucessful At 8.30 PM. A small stomach tube was passed through the nose & a feed of milk eggs was administered. During the feeding the patients pulse became weaker & his face pale. & within a few minutes after the withdrawal of the tube he expired quietly without a struggle.
The Post Mortem was made on Feb 22nd at 12 noon.
The lungs were found healthy with slight hypostatic congestion at the base. No foreign matter in the bronchi. The stomach contained a considerable amount of liquid food. The heart was flabby relaxed & the right cavities were nearly empty. The left cavities contained a small quantity of post clot. The aortic valves were competent. There was atheroma at the beginning of the aorta & the entrance to the coronary arteries.
The only injury to the tissues of the pharynx, in addition to the operation wound which was just in the left wall of & on a level with the cricoid cartilage, was a small wound in the posterior wall of the pharynx implicating only the mucous & submucous coats. & slight ecchymosis nearly on a level with the opening of the glottis. The epiglottis & the larynx were quite uninjured. Left lung. 2 1/2 lb. Right lung 2 1/2 lb.
The Kidneys were healthy. The brain was not examined.
The post mortem showed that death was in no way connected with the attempt at suicide but probably resulted from failure of the heart's action resulting from the exhaustion produced by the patients long continued violent excitement.

Died Feb 19th 1887.

William Brodie.

Continued from Page 4.

Report of Post Mortem Examination Feb. 26th 1887.
Skin much blanched. P.M. lividity slight, rigidity considerable.
Pupils equal regular. Well nourished muscular.
Large amount of subcutaneous fat over abdomen & very large amount of fat in omentum & mesentery.
Very dark colour of intestines found to be due to altered blood in interior.
The liver was in a state of cirrhosis (common cirrhosis) weighed 3 lbs 11 oz.
The gall bladder contained several gall stones about the size of green peas.
Nobile in gall bladder.
The Spleen was firm & fibrous. Wt. 13½ oz.
Kidneys both in a state of cirrhosis with atrophied & irregular cortex.
Small cysts on surface. Granular surface with partially adherent capsule. A cyst the size of a mandarin orange on surface of right kidney. Left kidney 5 oz. Rt. kidney with cyst & contents 10 oz.
Lungs some old pleuritic adhesion at both apices. otherwise healthy.
Heart. firmly contracted but with nearly empty cavities.
Aortic & pulmonary valves competent. Commencing atheroma in patches at the entrance of the coronary arteries. Heart weighed 13 oz.
Stomach. Contained a large soft blood clot about the size of a child's head at full time. In the centre of the clot the feed of porridge was imbedded. The walls of the stomach showed no ulceration. but were rosy red near the pyloric end.
The end of the oesophagus as it opens into the stomach showed no dilated vessels, but the lines of the veins were distinctly seen.
The duodenum was almost empty. & its walls were of a rosy red colour.
The lower half of the jejunum & all the rest of the bowel contained altered blood in large quantity. No evidence of disease in intestines.
Oesophagus followed up showed no marks of disease & the large vessels in its neighbourhood were healthy.
The brain was not examined.

Francis Talbot Longworth Dames.

Continued from Page 674

& attendants. He has twice attempted to kill himself by compressing his wind pipe with his fingers & he has thrust his handkerchief down his throat & almost suffocated himself. When he is out he still attempts to thrust earth & stones into his mouth & struggles in a most determined manner with those who try to arrest his movements. This afternoon he was so violent that - in addition to wearing gloves his hands had to be tied behind him - even then he attacked those near him. He answers questions very rationally as a rule. but when asked why he stuffs his mouth with earth says because he likes it. Constantly says he is going to the bad altogether. He is taking his food well & is rapidly putting on flesh. & is gaining greatly in muscular strength. but he is not sleeping well. To night Paraldehyde 3ij was administered.

Mar 29th Did not sleep at all last night. Very violent in morning. Had to wear gloves & handcuffs when out walking. In afternoon was walked out with a heavy knapsac on his back & kept out two hours. thoroughly exhausted. Not balky when he came in. Slept for about an hour.

Mar 30th Slept 2 hours last night was quiet the rest of the night. Very violent in the morning. attacking all within reach. Took a good breakfast. Had to be handcuffed. & weighted knapsac put on & ran hours exercise given. He was then much exhausted, the knapsac was removed & he walked quietly all day. Took his food well & was very tired out at night asked to go to bed. Bedded at 6 PM. slept at once for more than an hour.

Mar 31st Slept 5 hours last night much quieter but had a sparring match in the morning. Walked out to day quietly with only gloves on - this afternoon the gloves were dispensed with & he was quiet & tractable. The gloves put on at night to prevent masturbation.

Apl 1st Sixty knots during night. Slept 6 hours. Much quieter. walked out for 5 hours during day.

Apl 2nd Slept 4½ hours. 4 hours dark. but not violent. taking food well

Apl 3rd Complains of pain between shoulders. which catches his breath. No signs of pleurisy. Kept in house to day. Slept well all night

Apl 4th Confined to bed. breathing rapid & interrupted. Pulse 120. Temp. 99°7. No signs of pleurisy. Temperature steady. 5 hours sleep.

Apl Was not wet at all last night.

Apl 5th Swelling & pain at ankle. sweating. Temp. 99·6. breathing as before. Lod. Salicyl. grs 20 every 4 hours. Slept well all last night - wet once.

Apl. 6th Slept well all night. taking food well. milk diet with eggs. &c. Pain not so acute breathing still interrupted. Temp 99°7. Still wearing locked gloves at night.

Francis Talbot Longworth Dames.

1887.

Ap 7th Awake & restless all night. still some pain. was wet twice. Is much depressed. Does not like to be spoken to but gives sensible answers to questions. Says. 'Oh don't bother about me I'm not worth it, it is all up with me. I am dying!' Is not now making grimaces as he used to.

Ap 8th Slept well all night. Quiet & depressed this morning. Taking food well. Pain almost gone. Speaks quite sensibly.

Ap. 17th For the last week Mr D. has never wet the bed. he gets up himself & uses the chamber utensil. He is quiet but appears to have delusions of a melancholic character. His temperature has been normal for some days & he says he is quite free from pain. For the last three days his pulse has been intermitting very frequently. every 4th or 5th beat. & the heart's action is very irregular. Pulse 74. per min. No murmur can be discovered & the patient says he feels no discomfort. He is now more fresh in his colour & appears to be putting on flesh. & gaining strength. Gloves have been dispensed with for the last week & he shows no inclination to masturbate. He has still an uncomfortable feeling in his mouth which he is constantly wiping out with his hand kerchief. He salivates considerably but does not now pull faces as he used to. He sleeps soundly & quietly all night & takes his food well. His bowels have all along moved once & often twice or three daily. the motions being plentiful & well coloured but quite unformed.

Ap 18th Slept well. still irritable & petulant when spoken to. but can answer questions quite sensibly. Pulse still intermitting frequently. 74 per min. Cardiac revolution 96 per minute. Temp. normal. No pain or discomfort in cardiac region. Skin cool & moist. bowels still loose. appetite good. Resp. quiet & easy. No dropsy or lividity. Cardiac impulse in normal situation. Salicylate of Soda stopped. & Tinct Digitalis m 5. & Pot. Iod. gr 5. given every 6 hours & a belladonna plaster applied over the heart.

Ap. 19th Slept well. Pulse 80 soft. intermitting. Heart sounds strong & clear. temp normal. Evening. took food well all day. Pulse 82 intermitting soft. Mental condition unaltered.

Ap. 30th Mr Dames allowed up. Is very weak & shaky with a feeble pulse of about 120 per minute. Diet increased. & some meat allowed. Patient is very dull & melancholy. sits on a couch with his head between his hands. constantly salivating & working his jaw about in a curious manner. Pays very little attention to those about him & is not inclined to answer questions.

May 1st A warm day Mr Dames allowed out for a little. Wt 9st 6lbs.

June 4th Mr Dames to day removed to mid North Gallery. During the last month he has improved a little. He walks out daily with his attendant & shows some interest in the Militia drill which is going on. & shows that.

Francis Talbot Longworth Dames

he quite understands their evolutions. & occasionally he talks of the surrounding country & shows considerable acquaintance with its topography.
Today he is joined by an old family servant who is to act as his attendant & as of the suggestion of home ties will rouse Mr Dames from his apathy.
July. 20th Today Mr Dames' servant Murphy had to leave for home. While Mr Dames has been under his care he has greatly improved. When in the house he is still inclined to sit in a dejected attitude with his head in his hands constantly spitting into a spittoon which he has beside him. but his salivation is much less than formerly. Murphy states that when Mr D. is alone he sits up quite straight erect & only assumes his dejected attitude when anyone comes into his room. He still avoids reading & will join in no amusement. He is rather wilful & strongly objects to having a bath. Murphy has persuaded him to write to his friends at home & his letters have shown progressive improvement. His father states that the curt style in which he words his letters & the writing are quite similar to what was his natural manner. His petulant & irritable 'don't bother me' manner is also his father says in a great degree present in his normal condition. In his letters, which are written without any supervision or suggestion, he enquires about his sisters & brothers & about the servants & even the horses, though he says little more of himself & his affairs than. 'I am well' 'It is very hot here' 'Murphy says I shall soon go home' & so on.
He is rather inclined to bolt his food hurriedly & it is therefore carefully cut up for him. He takes a fair amount of food but it always quite decided when he has had enough & refuses more.
He has improved considerably in bodily health. & is slowly putting on flesh. though he is still far from strong. His pulse is still rapid & small. but is regular. He still continues to move his paw. laterally as he sits alone in his room. He sleeps well at night. He is inclined to be constipated & is now having a pill of Aloes. Iron. Nux. & Belladonna. nightly & that succeeds to keep him fairly regular. He has just completed a month course of Iron & Quinine Tabloids.

Aug. 24th Mr. Dames is slowly improving. His servant Murphy has returned, which seems to have cheered him up a little. He still sits alone in his room with his head bent, but always rises to shake hands when a visit is paid to him. He spits much less. He always has a book in his hand, but does not appear to read much. He answers all questions intelligently, but rarely volunteers a remark, and does not seem interested in anything. Yesterday he was taken a drive to Kirk-michael, much against his will, but said today that he had enjoyed it. He now gets his meals in the recess. His bodily health is improving.

(continued on page 838)

George Henry Brown.

Continued from page 282.

April 15th Up till Date Brown has been behaving well & working industriously. Lately he has been asking for his discharge on the strength of the prospect of a labourer's job. Today he accompanied by Hugh Dickson (mold boy) (who has an attendant's key) slipped out & were missed after dinner. An attendant sent to look for them met them & persuaded them to return halfway. They however managed to elude him. They were at that time intoxicated. Two attendants sent for them found them at the Ship Mine drinking. Brown returned with attendant Cord but Dickson refused to come. When brown came in at 7 PM. he was intoxicated & violent. Fought fiercely with attendants of whom it took four to give him a cold bath. He was kept in the bath for 5 minutes & then put to bed. He fell asleep very soon & woke quiet & repentant. He has gone back to his work.

Discharged Cured.

William Joseph Woodcock.

Continued from page 418.

His speech is still very like that of general Paralytic somewhat convulsive. He has become very fat. During the last two months he has had repeated attacks of conjunctivitis affecting only the right eye. These have always rapidly yielded to treatment with a 1 per cent solution of Sulphate of Zinc containing a little atropia.
His pupils still remain widely dilated & insensible to light & do not alter in accommodation. His sight is good. & examination with the ophthalmoscope shows the optic discs to be normal. but there is some haziness of the media. Common sensation is acute & power of localisation accurate. Conduction is rapid.
Skin reflexes are very active but the patellar reflex is absent on both sides. No ankle clonus.
The discharge from the left ear has ceased entirely but hearing is destroyed on that side. Hearing is excellent in the left ear.
Taste & Smell are normal.
The lungs & heart are normal. The patient is much less erotic than formerly & has quite given up masturbation.
Muscular power fair. Dynamometer indicates with the right hand 30. with the left hand 25.

April 5th The patient was to day discharged.
A fellow patient who was in the habit of walking to town with Mr Woodcock, states that Mr W. had a great passion for buying useless things. & just a day or two ago wished to buy a gold watch chain & other jewellery of considerable value.
Weight on Discharge 151 lb.
Discharged recovered (probably temporarily) April 5th 1887.

Thomas Hoare

Continued from page 577.

June 27th Continued. He is restless & unsettled & cannot carry on a conversation for any time without relapsing into an account of many imaginary ailments. He cannot be got to play tennis or cricket in his former energetic way.

June 28th All last night Mr Hoare was restless & noisy. He says he was turning somersaults in his room & he has this morning several bruises on his head & body. As he was sitting at breakfast this morning he was speaking to imaginary people around. his attendants back was turned for a moment at the sideboard when without any warning Mr Hoare attempted to cut his throat with the knife he was using. Fortunately the knife was a blunt one & the attendant happened to catch sight of him in time to arrest him before he had done much injury. A slight superficial scratch over left side of neck about the level of the cricoid. in length about 4 inches & deepest at the middle line where it terminates. He says he heard a voice telling him to kill himself. as he was dying at any rate. Accused the writer of trying to turn him into a hermaphrodite. Enclosed is a note to writer written yesterday.

June 29th Did not sleep much last night. is quieter but still dull. Had a special attd last night

June 30th Mr Hoare's bed was dirty & wet last night several times. He attacked his attendants last night & this morning under the influence & hallucinations of hearing & vision. Said voices told him they had raped a woman minced her up & eaten her. Had 3ss Bromidia last night & slept 3 hours. Today he played tennis but his memory was so bad he forgot who was serving & so on. To night proposed to dump to his attendant

July ~~30th~~ 1st Slept well. after 3ss Bromidia & this morning is quiet & collected & has had no impulsive attacks till night when he suddenly attacked his attendants & in the ensuing struggle defecated & micturated on her clothes. 3ss Bromidia

July 2nd Mr Hoare slept 6 hours. is quiet & sensible this morning but depressed.

July 3rd Slept well. after Bromidia

July 12th Mr Hoare has now returned to his former condition & has his former hypochondriac fancies. He is writing letters in his old style. Still has hallucinations of hearing. He is now certified.

The Bromidia at night is still continued. the dose being gradually lessened. Last night he did not sleep well. so 3ss Bromidia is given

July 16th Mr Hoare is now sleeping well & is quiet & much more sensible. but complaining of the state of his bowels which are very loose. Prescribed Lithia Bismuth & Pt. Bicarb. before food. He is playing cricket well.

July 23rd Saturday. To day Mr Hoare while out driving complained of very severe colic & when he arrived at home he was very shaky & quite pale

shortly after coming in had a rigor. after which his temperature was 103°F. His abdomen was distended & tympanitic & there was marked tenderness on pressure over the right iliac region but no gurgling. Frequent spasmodic pain about the lower part of the abdomen & shooting out the urethra. The motions have been unformed for the last day or two. frequent desire to stool. Pulse & respiration are very rapid. No history of any irritating material being swallowed — beyond a bite of unripe apple & a few gooseberry skins — could be obtained. The patient was put to bed. Hot fomentation with turpentine applied over the abdomen & ½ gr Morphia Hydrochlor. given hypodermically. The patient was relieved considerably in an hour. Then an enema was administered but did not act. At night Carlos oil & opium was given. & the bowels acted several times during the night. The motions were liquid dark in colour & intensely foetid.

July 24th Passed a restless night & slept very little. Today temperature is high. Morning 101°F. midday 100.5°F. Evening 102°F. Pulse from 120 to 130. & regular but small & rather hard. Resp. 36. Chiefly thoracic. Tongue covered with thick white fur. Face pinched & anxious. slight hiccough but no vomiting. Diarrhoea still present. motions as before. but containing some white shreds. Abdominal distention considerable & marked tenderness over lower part of abdomen with frequent spasmodic pains. passing no wind by the bowel. occasional eructation. Great discomfort & restlessness & some anxiety with occasionally mild delirium. & great muscular weakness. Treatment. Morphia Hydrochlor. gr ½. hypodermically. Beef tea & brandy in small frequently repeated doses.

July 25th A restless night last night. diarrhoea still continues. 4 times at stool during the night. & 3 times this morning before 11 a.m. discharge watery, dark yellow foetid with white shreds. General condition much better to day. features less pinched pulse 112. regular & moderate. Resp 30. Temp 98.4°F. Morning 101.4°F. Evening 1.

July 26th Mr Hoare slept 2 hours this morning 1 to 3. Temp M 100.4°F. Pulse 111. Abdomen tympanitic except along line of colon where there is dulness. 9 times at stool for midnight last night to midnight to night. Still thin yellow watery discharge. Temp. Even 102°F

July 27th Slept 1½ hours last night. Morn. Temp 100.2°F. Pulse 120 small. Resp 32. Still profuse diarrhoea. Even. Temp 103°F. Pulse 120 small. Resp 32. Abdomen tympanitic all over. less pain but still profuse diarrhoea all day. 10 motions in 24 hours. Ol Eucalypti M 5 every 8 hours.

July 28th Mr Hoare slept none. Temp. M. 99°F. Pulse soft small 124 Diet milk chiefly. a little beef tea — Champagne —

8 P.M. Mr Hoare fairly well. Resp 24. no pain but much discomfort & restlessness. Pulse firmer 120. Face flushed, eyes bright, pupils dilated. Tongue covered with white fur. Temp 100.4°F. 6 motions

July 29th Morn. Temp 98.6°F. Pulse 108. feels better same diet &c.

(continued on page 826)

John Thorburn from page 390

– alone then still retention of urine.
July 14th Passed urine naturally. is gradually improving. but is still very shaky on his legs.
July 18th Got out of bed.

Oct 1st 1907. John Thorburn had a severe "congestive attack" wh. lasted for 2. days to a greater & less extent – he could take no food & his bowels needed an enema to make them act at all. His temp.re was 103°7. He was not expected to live but is not much as before. He had paralysis of one side & of outside of face & eyes turned to the other side. He got chloral during the convulsion & nitrous ether

2 Jan 1908 A useless mass of flesh with large blisters appearing from time to time on his body – these blisters leave deep ulcers. (see Meiklejohn's book on G.P.).

16th June 1891 Died of Pachymeningitis

Mr Thomas Hoare from page 824.

Evening Pulse 114. Resp 24. Temp. 100°F. 16 Motions in 24 hours. Probably increase in motions due to use of beef tea – beef tea stopped. Lime water ordered with milk.

July 30th Mr Hoare Temp 99·2°F. Resp 26. Pulse 108. Slept none last night. Still diarrhoea. 2 spots on chest like enteric spots.

Aug. 2nd. Evening temp. 100·5. Gets milk and thin arrowroot alternately every hour, with 4 oz. Sherry in the day, and 4 oz. brandy in the night. Still diarrhoea.

Aug 3rd. Diarrhoea worse. No typhoid rash. Morning temp. 101. Evening 102·6. Evening pulse 118. Lime water ordered again.

" 5th Diarrhoea diminishing: Temp. at night being 101·9, tepid sponging was tried. Diet still confined to milk and arrowroot.

" 6th Slept four hours last night: temp. down to 100·4 this morning. Says he feels a little better & not so hot. Is less restless and looks more contented. Temp. rose to 102·3 at night: pulse 122.

" 7th Temp. down to 99 this forenoon: rose to 101·3 at night. Diarrhoea worse to-day. Complains much of sleeplessness, so was given 40m. paraldehyde at 10 P.M., but remained sleepless.

" 8th Sleeping when visited at 8·30 a.m. Stimulants restricted to 4 oz. Brandy in the 24 hrs. Gave a lead & opium pill in the afternoon, and another at night. 4 stools during the day. Gave an Egg beat up with milk & a little brandy in the afternoon. Milk and arrowroot still continued. Temp. at night 101·2. Gave bromidia ℥i.

" 9th Slept four hours last night. Three stools today, the first of which was well formed. Gave a lead and opium pill in the afternoon. Temp. at night 101·4.

" 10th Tonight Mr. Hoare expressed some strange delusions. He said the doctors here had made aconite pass through him: they could act on him from distance, for he had felt its influence when out in the grounds. Attempts also had been made to change him into a hermaphrodite. This was the only occasion during his illness on which Mr. Hoare shewed symptoms of insanity. Temp. at night 98·7. Three stools in the day. He now gets bread & milk, bone or two eggs.

" 11th. Slept fairly well. Temp. normal this morning. Rice pudding with an egg to dinner. Temp. at night 99·7. No recurrence of delusions. Two stools today.

" 13th. He was able to sit up in bed this forenoon. Tongue much cleaner. Temp. in morning normal: evening, 99·2.

" 14th. Continues to improve. Has milk, an Egg, and bread & butter to breakfast. Dinner, beef-tea, and milk-pudding. Bread & milk at 6 P.M. Temp. at night 99·5.

" 16th. Tonight Mr. Hoare was much pained, and sickish. Gave him brandy ½ oz. with 20m. tincture of opium, and applied poultices to the abdomen. Temp. 101. pulse 122. He had coffee to breakfast and fish to dinner.

" 17th Better today, but restricted again to milk-diet and beef-tea.

" 18th Pained again tonight. Temp. 99. Gave 20m. Tr. of opium in ½ oz. brandy.

Thomas Hoare.

(continued on page 859)

Still some diarrhoea – three stools today.

Aug. 19th No diarrhoea. Temp. normal both morning & evening. Pulse 84.

" 22nd Mr. Hoare was up today from 11 A.M. till 7 P.M. He feels weak. He is being gradually put on the ordinary diet. He has no diarrhoea. His illness seems to have been an attack of Enteritis brought on by his habits of overindulgence, though at first the symptoms pointed to typhoid fever. Yesterday he was masturbating, a habit which he gave up during his illness.

Sept. 17th Mr. Hoare is now able to be out, and can even play tennis in a mild way. He has lost weight greatly during his illness, and feels very weak on his legs. He is eating and sleeping well: he is restricted to the ordinary table d'hôte diet. Stimulants are rigidly restricted to two ounces of whisky per day. He is very slightly, never knowing what to be at; but shews no symptoms of insanity. Weight 176 lb.

Oct. 13th Mr. Hoare is now in good health. He is quiet and sensible, but as difficult to please as ever, especially in the matter of food.

Nov. 5th For the last week Mr. Hoare has been shewing symptoms of insanity. He is self-absorbed, and absent-minded, restless & flushed, and constantly laughing to himself in a senseless way. He has been removed from table d'hôte today on account of his foolish behaviour. He admits that he has been masturbating a great deal. He hears voices by day and night "in his inside" – voices of people whom he knows. He says also that an Engineman at the station speaks to him distinctly by means of the Engine whistle. He has been ordered to take more outdoor exercise, instead of lounging in the billiard-room all day as he inclines to do, and has been put on KBr. gr. 30. thrice a day.

Nov. 7th Last night an attendant was made to sleep in Mr. Hoare's room as it is feared he may become suicidal. He says he feels very mad, and knows that masturbation is the cause of his trouble. He did not sleep at all last night.

Dec. 14th Weight 180 lb. Mr. Hoare is very well just now. He sleeps well, and the voices do not trouble him. He takes long walks with his attendant every day.

1888. March 18th Mr. Hoare has become more troublesome recently. He is irritable and discontented, his great grievance being that he does not get good or sufficient food, or enough beer and whisky. He is allowed 1 pint beer and 1 glass whisky per day. Apparently to prove that the food disagrees with him, he frequently passes faeces in his bedroom and on his clothes, asserting that he is unable to control his evacuations. He has been put into the Low East, where his dirty habits can do less harm. He is in capital health. Weight 178 lb.

June 27th Mr. Hoare has improved very much since last entry. He is clean in his habits, though the state of his bowels is his chief subject of conversation. He is very restless, and cannot settle to anything. He has parole in the grounds.

" 29th Yesterday Mr. Hoare went to Kirkmichael with some other gentlemen. Today it was found necessary to send an attendant to look after him, as he was becoming troublesome.

Aug. July 4th Returned from Kirkmichael.

Contd. 859

John Robert Somerville.

(Continued from page 642)

twirling his moustache, or adjusting his cap.

17/9/87. Dr Somerville is a good deal quieter just now, but is still quite incoherent. He is very untidy in his dress. He is very restless, always working with his hands or moving in some way. Weight 124 lbs.

21/9/87. No change in the doctor's condition.

14/12/87. Weight 124 lb. No improvement in Dr Somerville's condition. He is as restless, talkative, and incoherent as ever. He is often very noisy, and his language is most profane and obscene. He is occasionally noisy through the night.

30/3/88. Weight 122 lb. Dr Somerville's mental condition remains exactly the same as at the time of last entry.

6-4-91 Dr Somerville is now depressed, and very hypochondriacal. He cannot be persuaded to leave his bed, believing that he is very weak and has all kinds of ailments. He is never excited, and talks sensibly except on the subject of his health. He is much stouter than he was, and eats well.

22-4-91 Dr Somerville came to the 1st Manor today. He is quiet, mildly depressed and hypochondriacal. He is in good bodily condition.

10-6-91. D.P. is much more cheerful and happy. He takes an interest in everything that is going on. He has paid in the grounds. He is a great reader both of novels and of newspapers. He has in good bodily condition and has lost all his ~~hysterical~~ hypochondriacal ideas.

11-11-91 Went to Hamalfield to-day. Still improving.

30-4-92 Discharged Recovered

Garrett Bagge Nugent

(Continued from page 42)

Aug. 30th Mr. Nugent has been quiet and apparently contented since last entry. He is in good health, and works well in the gardening party. His mental state shews no marked improvement: he keeps by himself as much as possible and will not enter into conversation, though he answers intelligently questions which are put to him.

Sept. 14th. Weight 156 lbs. No change.

Dec. 14th. Weight 159 lb. No improvement in Mr. Nugent's mental condition. His health is good. He is quiet and self-absorbed, keeps out of the way, and answers questions in monosyllables. He is very untidy in his dress. He has the appearance of a confirmed masturbator.

30/3/88. Weight 154 lb. He became wet and dirty a few weeks ago, but he is now keeping himself clean. He is quite demented.

20/7/88. Weight 143 lb.

15/9/88. Weight 140 lb. He is very dirty in his habits at present.

20 Feb. 89. No change.

25 April Weight 146 lb. No change.

July 25th 1889. This demented patient has shown no change lately. He often dirty in his habits. Works well out of doors all day. He still masturbates freely: and when visited by his father showed little interest in anything connected with his home or friends. Weight 144 lbs.

Sept. 30th 1889. There has been no change in this patient's mental, or physical condition during the last 3 months. He is still solitary in his habits, seldoms speaks and then generally in monosyllables. Weight 144 lbs. 1st Nov. Weight 136 lbs.

May 9th 1890. Mr Nugent's mental condition is in much the same condition as on last entry.

1st Feb. Weight 135 lbs.

Last night, redness over nose, brow & cheek & eyelids was noted. ~~Upper~~ The upper eyelids & were swollen. This morning oedema of eyelids had increased. Patient is in bed & his face is covered as much as possible with cotton wool, is being soothed with Bismuth & Boracic acid ointment. Temperature this morning was 99.9° F. (Diet, milk, beef tea &c). this evening 100.2.

May 10th Perspiration copious last night. Is having Tinct Ferri Perchlor. by 20 every 6 hours. Temperature this morning 99° F. - Less swelling of eyelids. Some redness of forehead on left side. Head & face are covered with corrosive wool.

17th Recovered. Is up again in the Gallery

16.10.90 He is a quiet demented patient who masturbates.

7.6.91. No change.

Garrett Baggs Nugent.

30·6·92. Wm Nugent is quite demented, untidy in his habits. takes no interest in his surroundings. seldom speaks to any one, but is docile, obedient and goes out with the working party. Bodily health is good.

12·11·92 No change.

1·6·93 Quite demented. Docile + obliging

25·10·93 No change in Wm Nugent.

24/5/95. out Every day with the working party Indulges in masturbation freely

29/12/95. There is no improvement in Wm Nugents Condition which is one of dementia

26·1·94. Wm Nugent today varied the monotony of his dementia by impulsively throwing his attendant forward and dislocating his shoulder Joint; it was acute in onset and rapid in its passage. His physical health is good

29·3·94 Removed to the Intermediate Department.

21st Sept 1898:- Mr Nugent has been working out since last note very quietly + pleasantly + has shown no return of the unpleasantness. He has been pleasantly working outside giving no trouble. He was today sent to an asylum in Ireland.

Transferred.

1st Sep

1st Oct.
2 Jan

do M

18
10 Oct

20

30

Hugh Maron

2 Ho.

1st Sept. 1887. This interesting case is now changed. Hugh Maron is now no longer in the condition he was - He is a pale unwholesome creature with spots from iodism on his face He unfortunately makes himself worse & much more melancholy by his persistent masturbation. For a month he has been getting Iodide & mercury & now, instead of spending his time in crying & yelling so that his voice can be heard at a distance & standing against the wall rubbing his hands with a look of utter misery in his face, he stands quietly not rubbing his hands, not making a sound & answering questions cheerfully in comparison with his former way. He complains of pain still but the pain is not so bad as it was. He cannot localise it to any particular spot but says that it is everywhere - all over him. At night he does not sleep according to his own account & is kept awake by a noisy neighbour.

1st Oct. 87. No change in this boy.

2 Jan 1888 This boy is happier than he was & never roars now - he needs looking after however. Always suspicious for a hypodermic.

30 Mar 1888 Still dull & hypochondriacal. Not making any noise to speak of. He has tried the "Clergy" & the "Doctor" & is not better yet. He is a masturbator & this is the cause of his pains - he has had Syphilis but Iodide & Hg. have no effect on him.

18 June This boy is much the same.

10 October - He is still in a state of excited melancholia, & paces the floor day by day.

20 December He is quieter & better than he has been for a long time

30 March 1889. He is still miserable & dull &

Hugh Maron.

and wrings his hands & needs special supervision. He is at times noisy.

1 July He is still in a state of excited melancholia.

10 Septr. - Moans & Groans all day & is restless & paces up & down continually.

15 Novr. This Youth is much the same. His health is not good owing to masturbation...

6th March 1890 Mind seems somewhat enfeebled. Some harsh breathing at R Apex & Base of lung. Knee jerks very exaggerated. Triceps & Wrist jerks also present. No Ankle clonus. Plantar Reflexes active

12 June Same state.

1 November This man is still dull & miserable. He is never except in an odd way to be seen sitting.

James Allison

fr. p 254

1st Sept 87. J. A. is a stout man who works well. He says he has a feeling of giddiness 4h. immediately precedes the convulsion. This is the immediate part of the aura.

Oct 1. 87 He works well when not under the influence of fits & looks after the runaway patients at times, being a sort of sub-ganger. He always has some complaints to make about his lip or chest before the fits are due. He is a good football player.

2 Jan 1888 J. A. some 4 weeks ago broke out & became extremely dangerous. He is a most violent & excitable fellow.

30 Mar 88 – J. A. is quiet & gaffirs a gang of men – he needs discipline.

20 June 1888 Now in bed in a state of Epilepsy & epileptic irritability.

1 October Taking fits & is restless & dangerous. He is in bed at present. Is singing "Boyne Water" & other Orange songs & challenging all "papists" to fight.

20 December He is quiet & reasonable at present. No fits.

4 April 1889 He has had severe fits & has been excited

1 May Is better again. He works well now.

31 July In an uncertain State.

16 Octr 1889 Discharged by Minute of the Parochial Board.

27th Jan. 1890 Returned under a new Warrant.

Dr Cochrane:- Is handcuffed for his violence has a peculiar appearance; eyes restless. Does not care to answer questions; has been in the I.C.A. for more than 5 years. 2. Parading the streets abusing the police officers & saying he'd destroy the neighbours &c.

On admission he was in a stupid state handcuffed, scarcely able to answer questions & very peculiar in appearance. He did not shew any violence.

James Allison

~~Feb~~ March 4 Breaks stones thro' the day. Is pleasant intelligent & reasonable. Knee jerks Triceps & wrist jerks all slight. Says feels peculiar feeling 7 to have before fit so can be shown. Occasionally this feeling with no fit after it.

4 May 1890 Same state.

13 June A little irritable today.

10 August This man has had some fits & is at times restless & irritable.

1 Septr. Quarrelled & had a fight today. Restless & excitable.

10 October Complains of sore throat & has had a small abscess at root of a molar tooth

2 November Today he was much excited, very violent in his language & general behaviour & very restless.

20 Novr. He is quiet & orderly again.

6 Decr 1890 } Discharged by a minute of the Parochial Board.

On 31st December 1891.

James Allison was readmitted in a stupid state confused in mind & memory - of a wild appearance & excited look. He said he had been in Glen Wigtownshire for the last 10 months wh. was incorrect.

~~32 Do~~

1st Jany 1891. He is stupid & confused & wanders about aimlessly & is restless & stupid.

2 January 1891. Much the same.

4 Jan. He is restless but rather better than before & is free from excitement.

6 Jan. Much better again but still a little confused & stupid.

Robert Bowe Gibson

(continued from page 811)

Sept. 15th 1887. Mr. Gibson has had no more fits. His condition is unaltered. He lies in bed in a perfectly helpless state: he cannot be kept dry. He can rarely be got to answer a question; but, when he does answer, he answers intelligently. He does not appear to suffer at all. The left pupil is markedly contracted.

Oct. 31st Mr. Gibson had another convulsive attack this morning: it was first noticed at 8.30. When visited at 9.30 he had the following symptoms. The muscles of the left shoulder-left side, and left upper arm were in a state of clonic spasm, viz. the deltoid, pectorales, biceps & triceps, serratus magnus, latissimus dorsi, and sterno-mastoid, most noticeably. The left leg and left side of the face were not affected, but the attendant said he had noticed twitching of the facial muscles at the commencement of the attack. He had no pain, but said he was shivering. Pulse 106. Temp. 100·4. Left pupil dilated, and mouth drawn to right side as formerly. At 10·45, hyoscene m.3 were injected into the deltoid, and at 11·40 the convulsions had entirely disappeared.

Nov. 30th Mr. Gibson took slight convulsions, exactly similar to his last attack, but much less severe, at 9 A.M. today. Hyoscene m.5 was injected into the deltoid at 9.30, and ten minutes afterwards he was quiet. Pulse 88. Temperature did not rise.

Dec. 22nd Slight convulsions affecting the same region commenced this morning at 9 o'clock. At 11·25 a.m. Hyoscene m.3 were injected into the deltoid muscle of the left side. At 12·30 he was quiet. No bad effects are observable in his general condition.

Jan. 29th. Slight twitching was observed in the left shoulder this evening: it passed off in a short time without treatment. His mind is clearer than it has been for months. He does not speak except when addressed, but answers quite readily and intelligently any question put to him.

Feb. 18th Mr. Gibson has been up all day with no bad effects. He can walk from the dormitory to the sitting-room with little assistance.

Feb. 27th Mr. Gibson is still up all day, and can walk along the corridor without assistance.

March 24th. At 4 a.m. this morning Mr. Gibson was found to be suffering from a convulsive attack~~ing~~ affecting the left shoulder as on previous occasions. He had been all right when visited by the night watch at 1 a.m. The attack lasted till 9 a.m. He has been kept in bed today, and says he feels very weak.

" 26th. He is up today, and in his usual state. Weight 9 st. 1 lb.

May 20th. He had a convulsive attack this morning, of the same nature as the previous ones, lasting from 5 a.m. till 9·20 a.m. It ceased without the administration of any drug.

" 31st. Scarcely able to stand this morning: kept in bed. No return of convulsions.

June 1st. In bed, and very weak. The circulation is very weak: after a tepid bath today his extremities were quite blue.

" 3rd. He is up today, and in his usual condition.

" 18th. At 6·10 a.m. today severe convulsions began, affecting principally the left side, but involving both sides. There was marked cyanosis, the breathing was very laboured, and bloody froth escaped from the mouth. At 7 a.m. hyoscene m.3 were injected,

Robert Bowe Gibson.

and after half-an-hour, as no effect was produced, 2 minims more.
The convulsions continued severe till 8.20, occurring every few minutes.
He then became much quieter, but the stertorous breathing continued, and his
pulse was very feeble. He was quite unconscious throughout.
He died at 10.20 A.M.

Francis Talbot Longworth Dames.

(continued from page 820)

Sept. 17th. 1887 - Mr. Dames has improved greatly, both in mind and body - He is much more cheerful, and less self-absorbed. When visited, he is sometimes found smoking a cigarette or reading an illustrated paper, instead of ~~no~~ sitting moodily in a corner as formerly - He says he feels very well. He does not now answer in monosyllables, and he makes remarks of his own. He has a more healthy look.

Oct. 18th. Mr. Dames returned from Kirkmichael today, where he has been for some weeks. His condition is markedly improved. When visited, he converses intelligently about topics in which he was formerly interested, ~~g~~ horse-racing, and does not confine himself to answering questions as he did a month ago. He has still a depressed look, and usually keeps his eyes bent on the ground, but he brightens up and smiles when addressed. His bodily health is good. He does not incline to associate with the other patients, and will not come to table d'hote -

Dec. 1st. Mr. Dames continues to improve steadily and rapidly, ~~returned~~ came to table d'hote, and associates with the other patients. His room became the resort of all the most jovial spirits, and smoking, jesting, and card-playing were the order of the day -

He was discharged today - Recovered. Weight 151 lb -

Charles Chaytor.

(Continued from page 214)

14/9/87. Weight 138 lb. Mr. Chaytor is as idle and listless as ever. When in the house he is never seen seated, but is always found standing by the window with his head bent, and his hands suspiciously near the flap of his trousers. He associates with no one, and when out in the grounds stands moodily by himself. He occasionally amuses himself in making rough drawings, but cannot be induced to sit down even when so employed. He does not speak except when addressed, and he then answers as briefly as possible. He resents any attempt at interference with his habits.

14/12/87. Weight 144 lb. Mr. Chaytor is subject to severe colds, but is in good health otherwise. His mental condition is unchanged.

30/3/88. Mr. Chaytor has given over his habit of standing, and is less morose. He answers pleasantly enough when addressed, but otherwise does not speak. He shews no interest in anything but music: he occupies himself in composing songs, &c. He wrote the words of a song recently, but they were perfect nonsense. Weight 144 lb. He is in good health.

20/7/88. Weight 137 lb. No improvement.

15/9/88. Weight 143 lb. Mr. Chaytor is sent out with the working party, but cannot be made to do any work.

2 Feb. 89 Mr Chaytor is now greatly interested in writing & composing songs, he makes use of newspaper to write on, refuses any other. He is very irritable & objects to interference. He will not go out with the working party.

25 April. Weight 141. Doing well.

July 25th Weight. 136 lbs. Still doing well. Takes a great interest in cricket and music. Composes songs etc. Is quiet and well behaved but still rather irritable and determined to have his own way.

Sept. 30th Weight. 140 lbs. } No change. Physically in good health. Still always busy with composition & execution of music. Comes to the dances.

Feb 1 90 Weight 136 lbs }

July. No mental change - constantly practising violin & composing music - In High Spirits not trouble some but restless & excitable

17. 11. 90 Mr Chaytr practises on the violin & pians. tries to compose songs. but does not make much progress. He answers pleasantly and civilly when spoken and sometimes enters into conversation with other patients.

10. 6. 91 No change.

30. 6. 92. He spends the greater part of the day when indoors in trying to compose music for the piano & violin on which he practises continually. He is enfeebled in mind, makes silly remark-

Charles Chaytor

but is not so irritable as he used to be and is more amenable. He is in good bodily condition, but is still subject to slight colds.

12. 11. 92 No change.

16. 5. 93 No change

25. 10. 93 Father has suggested that he should resume his old amusement of wood carving but he refuses to do so

25/5/95. Sometimes takes delusions about the attendants but at present is very well. Appetite good. Pulse 80 & of fair quality

29/12/95. Mr Chaytor remains still weak mentally, but his physical health is good.

20. 4. 96. No change in Patients condition. He is very much enfeebled: writes poetry in a childrens rhyme fashion: talks occasionally in a silly fashion. He makes himself useful & is able to go to town and do a simple message. Physical Health is good.

Alfred Ernest Potter.

(Continued from page 774)

17th Oct. 1887. Mr. Potter has been quiet since last entry, and his behaviour is less eccentric and impulsive. He takes his food well, and sleeps well. But he is still very restless, and has many delusions. A few days ago he wrote an article on his Canadian experiences – written smartly and intelligently – and is much interested in its appearance in print in the New Moon. Any allusion to his restraint here rouses his indignation against his friends, who, he thinks, acted cruelly in sending him.

3d November. Last night Mr. Potter received a letter from his mother, which he tore up and refused to read. He says his friends are nothing to him now; Otherwise he is quieter and more capable of continuous conversation.

14th Dec. Weight 117 lb. Mr. Potter shews less resentment towards his friends, and receives their letters. He is still restless, impulsive, and irritable. His language is often profane and obscene. He mutters to himself a great deal, and frequently makes the sign of the Cross. He has written another article for the "New Moon": he writes very rapidly, and if the manuscript is left in his possession for any time he tears it up. He masturbates. Sometimes he is is polite, cheerful, and inclined to talk: at other times he is moody, and resents rudely any attempt to speak to him. After an outburst of temper he is sometimes heard muttering to himself, – "I beg your pardon". His moods change very suddenly.

1888

28th Jan. When out with the working party today Mr. Potter made an unprovoked attack on Mr. Granger, and before he could be restrained had given him two severe blows on the head with an iron bolt which he picked up from the ground, inflicting two scalp wounds which bled freely but were small. He seems to have had a dislike towards Mr. Granger for some time, who he believes has been thwarting him in some love affair. He expresses no regret for his action, and says that if he had had a dagger he would have plunged it in his breast. He is kept under strict observation.

30th March. Weight 121 lb. Mr. Potter is still very restless and excitable, and full of foolish fancies. He is much given to muttering and laughing to himself, and his talk in such cases is very obscene. He continues to write for the "New Moon", and is very proud of his articles. He has ceased to speak bitterly of his friends, and receives letters from them.

20th July – Weight 113 lb. No change.

15th Sept. Weight 114 lb.

20 Feb. 89. There is not much change. He is generally pleasant, but restless + talkative, + given to laughing foolishly &c. At times he gets excited + coarse in speech. ~~Weight~~

25 April Weight 122. No change.

July 25th No improvement mentally. Physically well.

Aug. 16th. Mr. Potter in a fit of excitement and enraged against the Superintendent to-day broke two panes of glass in Crichton House. Was in consequence removed to 2nd House to undergo severer discipline. He is also homicidal and subject to sudden fits of excitement when he imagines some person has done him harm. He exhibited such symptoms towards Mr. Ringwood once.

Weight 122 lbs

Alfred Ernest Potter.

Sept. 30th He has been quite quiet and obedient since he arrived and is still in the 2nd House working at the barrows daily. Weight 8 st. 0 lbs.

Nov 1 89 - Wt. 8st. 6 lbs
Feb 1 90 8st. 9 lbs

July 90. Quiet & pleasant - is in High Wort Gallery

Oct 1st Mr Potter imagines that Mr Howson one of the patients makes bad smells in his mouth & then blows in his face: he struck Mr Howson this morning. He also states that when any patient is walking past him he intentionally falls against him; when coming up stairs from meals he frames the others on pulling his trousers, & that they cough & make noises to annoy him. When coming from dinner today he struck Mr Barrington in the face.

His tongue is tremulous, speech slightly slurred; facial tremor of lips: left pupil larger than right.

10. 3. 91 Mr Potter has delusion of suspicion, imagines the other patients annoy him intentionally, and sometimes strikes.

17. 10. 91 No change.

30. 6. 92 Mr Potter is in fair bodily condition; but is very suspicious, takes an interest in nothing that is going on. Lounges about on a sofa ready to strike any one who he thinks is annoying him.

Is in Low Wall at present.

12. 11. 92 Still becoming more demented.

1. 5. 93 In Low North where his reputation for hard hitting preserves him from interference from the other patients.

20. 10. 93 No change. Impulsive as ever.

16/5/95. Very puerilistic at times. Talks when spoken to but otherwise rarely speaks. Bursts out into meaningless laughter at times.

29/11/95. Mr Potter's condition remains unimproved.

10. 1. 94. Patient is considerably enfeebled mentally, sits in a chair with his eyes on the ground, rarely speaks when spoken to and refuses to occupy himself. Physical health is fair.

27. 6. 94. Shows little change, is occasionally impulsive towards the attendants and other patients.

4. 1. 98. No change to record, is located in the Low North, takes his food well and is in good physical health.

20. 8. 98. Since last note was recorded he has had one or two attacks of depression which passed off in a few days, otherwise there is little change. Physical health is fair.

Continued on page 916

George Philip Cadell.

(continued from page 538)

5th Nov. 1887. Mr. Cadell is excited this morning, talking constantly and incoherently. He has shewn symptoms of the approaching attack for the last two days. He has been removed to the Infirmary, and put on 30gr. doses of KBr. three times a day.

7th Nov. Still very noisy and incoherent.

14th Nov. Excitement subsiding.

17th Nov. Mr. Cadell was sent back to the High East last night, and has returned to table d'hôte. This attack has been shorter than usual.

14th Dec. Weight 153 lb. Mr. Cadell is keeping well.

1888. 14th Jan. Is again excited: was removed to the Infirmary today, had a large dose of castor-oil, and was ordered KBr. gr. 30, t.i.d.

15th Jan. Is very noisy this morning: has been put into the Mid East.

16th " . Quieter today.

28th " Sent back to the High East today, and came to table d'hôte. Still rather talkative.

30th March. Weight 155 lb. He is keeping quiet, but today there are symptoms of an approaching attack.

2nd April. Very much excited today: has been removed to the Infirmary.

9th " He is quieting down quickly under KBr. gr. 30 t.i.d. He was visited by his daughter today. He is still very talkative.

1st May. Mr. Cadell is well again, and has returned to the High East.

2nd July. Excited this morning. Removed to Infirmary.

3rd " Very noisy today.

25th " Weight 151 lb. He is quieting down.

13th Oct. Is recovering from another attack of excitement. He was in the Infirmary for a fortnight, but returned to the High East today. Weight 152 lb.

20 Feb. 89 He is just recovered from an attack of excitement: which lasted about a fortnight. He is in fair health.

25 April He is now fairly well. Weight 155 lbs.

24 June. He is just recovering from an attack which commenced on June 8th. He was placed in the Infirmary but returns to the High East to-day. Nothing specially noticeable during this attack.

Aug 30 Mr Cadell at present well & quiet, reads much of this time, does not talk unless spoken to. Bowels regular. Not a bodily health otherwise good. Weight 10 st 10 lbs

Sept. 30th Still doing well and quiet. Weight 10 st 10 lb.

March. 8th During the last fortnight Mr C. has been under an attack of excitement. He is better now. Has returned to the High East & Table d'hôte from the Low West Gallery

May 8th Mr C. was excited, incoherent this morning, & restless. Was removed from High East to Low West Gallery.

George Philip Cadell

June 1st. Mr Cadell has again returned to High East as the period of excitement & incoherence of speech is over. He eats largely.

July 3. To day Mr Cadell had a shivering, he was put to bed & whisky given him, also a hot bottle to feet, & a large dose of castor oil. Bowels moved this evening well

" Much improved. Mr C has been very well since beginning of June; he is however gradually getting older & a little less acute mentally

July 24 Mr Cadell has not recovered quite. He is shaky, but there is nothing definite in the way of disease.

Weight of Nov. 1-89 10 st. 11 lbs
" " Feb 1-90 11 st 1 lb

Aug. 13th 189. 2 nights ago Mr Cadell's temperature rose to 104° & he was shivery & feltout of sorts. No organic disease could be discovered - given 5 grs Antifebrin - also Liq. Ammon Acet. & Spt Ammon Aromat. temp next morning 100° - & has never risen again - is now normal

Aug. 18. 2 days ago (Aug. 10th) Mr Cadell began to have an excited attack he is talkative & speaks of many things, not at all in connection with lack, other - his nose is redder than it is usually - This talkative mess is still continuing.

Sept 10th Mr Cadell has now recovered from his attack of excitement

7.1.91 Mr Cadell is feeble minded, subject to attacks of excitement during which he is restless, makes complaints regarding the attendants & is very garrulous. During the attack of excitement his nose becomes red.

14.10.91 Mr Cadell is becoming feeble both in mind and in body. He occasionally has a mild attack of excitement.

30.6.92 Mr Cadell has kept free from excitement during the last two months and is in better bodily condition. As he becomes older the attacks appears to be becoming milder and less frequent.

2.9.92 An abscess was opened in Mr Cadell's breast last month & is still discharging.

12.11.92 abscess still discharging.

30.5.93 Sinus still discharges a little causes little inconvenience

25.10.93 Sinus closed practically. He says that there sometimes is some discharge. Has been very much excited lately Was better mentally while sinus discharged

10/5/95. Talks in a grumbling monotone. Lies constantly in bed, but is now to be tried sitting up for a little. Pulse 80 & irregular but of fairly good force. Arteries rigid & tortuous. Distinct arcus senilis. Good deal of wheezing rale in the chest.

page 904

William Sinclair. (continued from page 274).

14/12/87. Weight 146 lb. Mr. Sinclair is in good spirits at present.

3/1/88. For the last fortnight Mr. Sinclair has been acutely depressed. He will not speak a word. He picks up all sorts of rubbish, eg. rusty nails, pieces of broken glass, stones, &c. so that his pockets have to be searched at night. He is very suicidal, and is very anxious to get possession of a knife.

26/1/88. The prolonged attack of depression has now passed off: it has lasted for five weeks.

24/2/88. Mr. Sinclair is again becoming depressed. He has been in good spirits for the last month.

30/3/88. Weight 151 lb. The last attack of depression was of short duration, and he is now in good health and spirits.

9/4/88. He again acutely depressed.

20/5/88. Mr. Sinclair is in high spirits. He is the most active workman in the outdoor party, and a most enthusiastic cricketer. He has parole in the afternoon and evening.

Aug. 5th. Depression has returned. His parole was stopped today. An extraordinary assortment of rubbish — scraps of paper, broken glass, &c, — was removed from his possession. Weight 152 lb.

20 Feb. 89. Mr Sinclair frequently has acute attack of depression. When well he is pleasant, intelligent & full of energy. When depressed as he has been for the last few days, he speaks to no one & always hides his face away in a corner. He never will get on with the working party.

25 April. Still changeable. Last is well for about 2 or 3 weeks, & then falls depressed. He is just now depressed, - before this he had written an article for the "New Moon," which is to come out in several numbers. Weight 150 lbs.

July 20th 89. 151 lbs. Weight. Has for some time been pretty well. Lively and taking an interest in cricket. Writes well for the New Moon.

Sept. 30th 89. Weight 151 lbs. Has had no acute attack of depression during the last few months and has been pretty well. He is a little interfering, fault-finding and scandalizing in nature — also inclined to be a tale bearer - when well.

April 25 1890. Wt 155 lbs. Mr Sinclair has of late been pretty well physically, & not depressed of mentally. He busies himself about everything everybody in his Gallery.

May 1st. Mr S. to day is somewhat depressed & will scarcely talk.

May 8th. Mr Sinclair's depression has been gradually deepening.

12th. Mr Sinclair is esteemed depressed to-day, & will talk of doing mischief to himself. He moans, & says there is no hope for him.

June 15. Not depressed now, but very officious, & busy writing a great deal. Is somewhat excited mentally. Plays cricket.

William Sinclair

July 23rd Again acutely Depressed.
Oct. 14th Has been very well up till a few days ago when he gradually became dull & is now acutely depressed.

7.1.91 Wm Sinclair is subject to attacks of depression which last for about a fortnight. During the intervals he is pleasant and cheerful, plays draughts &c.

21.10.91 No change.

29.6.92 Wm Sinclair has just had an acute attack of depression. When depressed he seldom speaks to any one, sits with his face to the wall, groans and hopes he will soon die. When well he is middle-aged and interfering – a great gossip, knowing everything that is taking and threatening any disagreeable incident which he puts a stop to. He is in good bodily health

12.11.92 He has been more depressed than usual during the last two months.

3.5.93 At present silent – depressed gives no trouble

25.10.93 At present well, gossiping & interfering with everyones affairs annoying other patients & giving a great deal of trouble.

16/5/95. Very much depressed & melancholic. Never speaks nor returns one's morning greeting. Appears to be in very fair health

29/12/95 Wm Sinclair is at present in a state of much exaltation. His case resembles in a mild way Folie Circulaire.

3.2.96 Wm Sinclair is depressed at present refuses to talk Looks very unhappy. Does not talk much even when spoken to. Has an abscess on Dorsum of foot but he will not let it be touched

4.6.96 Still in much the same state. Has varicose veins, some ulcers on the right foot. Is in the Low West where his leg is dressed daily. Is on extra diet Talks freely Chiefly about his getting home. Has morbid fears about his being destroyed.

17.9.96 His leg is becoming flexed & has to be extended daily. The ulcers are in a chronic state. Physically he has improved.

20.12.96. Patient is fairly well mentally and is probably in the same period of his folie circulaire His leg is gradually getting worse the ulcers are extending he requires dressing every 2nd day

6 pages XX. 905

John Blamire

(Continued from page 602)

3/1/88. Mr. Blamire has been ordered the following,— He is irritable, unsociable, and inclined to resent any interference with his established routine of life. It is feared that he may become suicidal.

R/. Sig. Strychnin. ℥iss
Acid. Hydrochl. dil. ℥iii
Sig. Aquam ad ℥viii ℔
℥ss. t.i.d. after food.

6/1/88. Mr. Blamire went home today to see his mother who is seriously ill. He was reluctant to go, and intends to return as soon as possible.

Mr. Blamire did not return, and was accordingly discharged. (6/1/88).

John Macdougall

(continued from page 558)

14/12/87. Mr. Macdougall is still improving. He is up almost the whole day, and can walk about the corridor. There is no trace of dropsy, but his urine is still loaded with albumen. He believes that he has got a new body. He talks incoherently about the turf, the army, &c: he is very easily irritated, and his language becomes strong. He is occasionally noisy through the night.

14/3/88. The Captain is wonderfully well. He has been out driving several times. His mental condition is unchanged.

30/3/88. Weight 8 st. 7 lb.

29/5/88. Mr. Macdougall walks in the grounds for the greater part of the day, when the weather is fine. He is in good spirits, and much less irritable than he used. He has a glandular abscess on the right side of the neck, which however has been noticed for some time, and does not appear to be increasing in size. He will scarcely allow it to be examined.

10/8/88. Has been kept in bed for the last three weeks, as the swelling of the limbs had reappeared. It has now disappeared under the use of digitalis and acetate of pot. but he is very thin and weak. He takes his food pretty well. His temper has not improved.

30/8/88 Had 4 severe uraemic fits & was expected to die but is doing well.

24/10/88. Is gradually sinking. He is very much emaciated, and bedsores have formed on his back and over the right trochanter. As soon as one heals another forms. He is not taking his food well.

30/10/88. Still weaker. The bedsores have now little tendency to heal. He takes very little nourishment. There is no dropsy, but the urine is loaded with albumen. Stimulants are given freely, and he is made to drink as much milk as possible. Pulse 100, very feeble. Breathing accelerated. He is scarcely able to speak.

2/11/88. Gradually sank, and died at 2.50 A.M. today.

John Elwin + 852

January 30th 1902: In fair health. Still troubled with chronic phthisis. He has a 'winter' cough and he is constantly spitting. He has also asthmatic attacks. He still has the old delusions regarding the Judaical mysteries and the Chaldean & becomes very incoherent & rambling when spoken to about them.

July 10th 1902. No Change in this quiet, delusional man. In 3rd Div. idle and refuses to do any work. In indifft. health.

July 10th 1903. shows no Change. In indifft. health.

March 1st 1904. delusional & demented man. refuses to work. In fair health at present.

SEE CHRONIC CASE BOOK

John Elvin

Jr p. 454.

2 Jan 1888 – At present comparatively quiet & sane – gives no trouble & helps a good deal about the place

30 Mar 1888 John Elvin is a little exalted at present. is a useful man.

20 June 1888 Now "Gaffirs" a gang of barrow men – is at his best – but is an excitable fellow & very erotic.

1 October This man is as restless as ever & shews no change.

20 Decr He is silly & erotic & gradually becoming more weak minded.

30 Mar 1889 He is very variable – at times much excited & at times dull.

June 8th 1889. Came to the 1st House to-day to work here in the Low West Gallery. Was quiet and well-behaved for a long time

Sept. 4th 1889. Removed to 2nd House again being very dull, depressed, and suicidal.

15 Novr This man is dull & irritable & much the same as before.

12 March 1890 Physical health good. Knee jerks exaggerated. No ankle clonus. Triceps jerks present. No rigidity

12 June Same state.

18 August John is restless & exalted today & is talking great nonsense.

10 Novr Same state.

February 13th 1900:– Sent to Farm Annexe in Oct last.

March 19th " :– Returned to 11 House

July 28th 1900: In fair health: He has chronic phthisis; with a muscular sputum and occasionally in addition has bronchitic attacks: Mentally no change still readily expresses his delusions about the chaldeans &c. He sleeps well however & eats well.

January 19th 1901:– In fair health: In 3rd Div. He is able to do a little dusting &c. Always reticent and uneasy, walks in corridor most of the day: rarely reads. Has many delusions: Incoherent.

← 851

William Cecil Wray

(Continued from page 594)

12th Jan. 1888. Mr. Wray slept well last night, and passed a little urine in the morning, but not enough to relieve the distention of his bladder. A No. 7 silver catheter was passed in the forenoon, and tied in, and he passed urine through it all day. It came out of the bladder in the evening while he was straining, and some blood came from the urethra as the result of the irritation. It was impossible to re-introduce it without chloroform, which was given at 10 P.M: a No. 9 instrument was then passed easily. An enema of warm water was given at 11-30 P.M. Pulse 70. Temp. normal.

13th Jan. Slept well. Has passed water all day with little pain, and the bladder is not distended. Could not take much food on account of sickness, which is not surprising as he has had chloroform ~~at~~ eight times in five days. An enema was administered in the evening. The urine is high-coloured, and mixed with a good deal of blood. Evening temp. 99°3. Pulse 72, good.

16th Jan. Continues to pass water freely and with very little pain. Was up this afternoon.

2nd Feb. Mr. Wray regained complete health, and had no more trouble with his urine. He was discharged recovered today.

William Fleming Scott

(continued from page 646)

30/3/88. Weight 149 lb. No improvement in Mr. Scott's mental condition. He is in a dazed state, mutters and laughs to himself. He talks on in an incoherent manner; but when spoken to sharply, he pulls himself up, and answers sensibly enough. He constantly asks for whisky.

6/4/88. Mr. Scott was very noisy the last two nights, and was put into the mid East this morning. Prescribed KBr. gr. 30 t.i.d.

9/4/88. He has quieted down, and returned to the High West today.

19/4/88. Mr. Scott has been very noisy for the last two nights, and has been put into the Low North today. Prescribed KBr. gr. 30 t.i.d.

23/4/88. Has quieted down completely.

20/7/88. Weight 140 lb.

4/8/88. Has been very noisy for some nights, and is now to sleep in the padded room. He has been throwing himself about in a dangerous way.

10/8/88. The excitement has passed off, and he is back to his bedroom in the High West.

10/9/88. Discharged today, relieved

George Yule

(continued from page 302)

Accordingly he is not now allowed out without an attendant. His mind is weak, and his delusions of suspicion continue.

20/7/88 - At Kirkmichael -

4/8/88 - Returned from Kirkmichael -

15/9/88. Weight 179 lb.

8/11/88. Mr. Yule is becoming more suspicious and more weak-minded. He complains of sleeplessness, but sleeps better than he will admit. He believes that some unseen agency is employed to deprive him of sleep, to give him toothache, and generally to make his life miserable. He talks of suicide. He cannot apply himself to any occupation for any length of time, and he is constantly desiring a change. His reasoning power is becoming more & more impaired -

20 Feb. 89 Mr Yule is in much the same condition as at last entry, always talks about his sleeplessness, is restless & changeable in disposition. Think not enough attention is paid to a man of his position etc. He is now in the High North as a change from the mid North Gallery.
Bromide is occasionally given for his sleeplessness.

25 April Weight 185. No change.

12 June '89. Went to Kinmount to try the change as a cure
Weight 180 for sleeplessness. Bromide was given & failed. Says he is much troubled with "Visions" at night.

Sept. 30th '89. Returned from Kinmount on July 2nd, somewhat
Weight. benefitted by the change - but not sleeping much
186 lbs better. Has lately been getting more silly in
Nov 1. 190 lbs manner and stupid in conversation - in fact
Feb 1 186 exhibiting signs of decided ~~mental~~ dementia.
Has been increasing in weight lately. Still states that "he never sleeps".

June 13 - Removed from mid to High North. No change. Very weak minded & facile.

July 18. Went to Kinmount to day.

Aug. 1st Got tired of Kinmount & returned today in High North.

Aug. 20. Mr Yule is very patient - but admits that he thinks people amuse themselves outside at tennis & bowls just to annoy him - the knocking of the bowls wonderfully irritates him - for the last few nights he has been very restless & sleepless & disturbs the other patients by rising & stamping about the room. His reasoning power is much enfeebled.

Sept. 20th Mr Y. complains very much of sleeplessness but is always asleep when the night watch goes round. Was put in the dormitory & he snored all night to the disturbance of other patients.

over

George Yule.

Oct. 1st Mr Yule, stamped & cursed nearly all last night in his bedroom. Says his sleeplessness has been sent upon as a punishment by God - I still very erotic & wishes to go round to the female side at night.

Dec 17th He often stamps, curses and swears at the false God who has sent all his trouble upon him. Is quiet and civil when spoken to. Bodily health good.

17.6.91 Mr Yule is becoming more weakened. He is sometimes very noisy, leaping in the air, denouncing and declaiming against the God who is torturing him.

20.7.91 Went to Kinmount to-day

24.7.91 Brought back from Kinmount as he was so noisy. He stamped and cursed nearly all the time he was there.

17.12.91 Mr Yule is discontented and restless, always fancies one part of the house is better than another and when he gets a room he has chosen does not remain in it for many days. He has denied in every part of the house and his whims have been humoured as far as possible. He states that the air is close & suffocating & that only 50 per cent of him is living. He often denounces & declaims against the false God, leaping in the air as he does & disturbing every one near him. He says there are false Gods inside him in the form of rats - at another time they are serpents - and sometimes they appear as flies in his bedroom.

13.6.92 Went to Kinmount to-day

28.6.92 Returned from " " . There is not much change in his mental condition. He has not been so noisy lately, but occasionally he denounces the false God in forcible language. He is suspicious of some of the patients & thinks they make signs to annoy him. He does not associate with the other but spends the day in his room reading newspapers & books or in talking to himself. He is very erotic complains of the bachelor life which he is leading, and wishes to have a few nights with his wife in a hotel.

27/8/92. For some time past Mr Yule has not had any complaints to make - but just lately has begun to express a wish not to dine at table d'Hôte - complains of not sleeping & having rest-less nights

29.9.92 Transferred to Morningside

James Telfer
fr. page 238

30 Mar 1888 No change.
20 June 1888 Has had tonsillar abscess wh. was opened. He is weak at present. He thinks his hands are swollen & nearly bursting - which is a delusion.
1 October - His trophic energy is low & he is weak & wants vigour. Quite idle & refuses to work.
21 Decr This man is still lazy & idle & has the same delusion about his hands - he is a sour silent man
30 Mar. 1889 No change.
1 July. He is suffering from Diabetes Mellitus
10 Septr. Still a great deal of Glycosuria.
* He is in bed - very thirsty & weak. Gets opium.
15 Novr This man is now out of bed & in much the same state but not so thin.

20th Feb. Urine
Is fatter in the face. Place Jerks not elicited. Fixed delusions about a telephone & speaking into his heart, or about his memory being taken from him & his body changed. Gets irritable if contradicted & says he will say no more. Is more sociable on the whole, getting up occasionally & going into the day room.
1 June This man is still passing great quantities of urine.
10 November. He is full of delusions - viz - that he has been dissected & cut to pieces & his memory thus taken from him.
22nd March 1890 Died of Diabetes Mellitus.

Thomas Hoare

(continued from page 827)

15-9-88 - Weight 158 lb. He has been very well since his return from Kirkmichael. He is restless and full of notions about the causes of his trouble: he ascribes it to the food he gets, the state of his bowels, the atmosphere, &c. He cannot keep up a conversation long without reaching these topics. He inclines to eat voraciously. He is not dirty in his habits at present.

Dec. 4th He had been in Kirkmichael for ~~a few days~~ 2 or 3 weeks but had to return today as he was getting too troublesome, & degraded & had been seen eating his faeces.

Dec. 20th Has been well behaved & quiet since admission, but still at every opportunity he speaks about his food not agreeing with him etc.

20 Feb. 89 Has been better behaved lately, although his chief consideration is his food. He is rather failing in bodily health is getting thinner, he does not eat much & (chiefly) what he does eat is meat. He will not touch bread except in the form of cake etc.

25 April He is now doing fairly well. Weight 142

8th June 89. Mr Hoare & his attendant went to Kinmount to-day. For a long time his bladder has been very bad - urine running from him as soon as the bladder filled. He has been put on a lower diet again & his whiskey stopped.

Weight 140 lbs.

Sept. 30th 89. Mr Hoare is still at Kinmount and spends all his time fishing etc. He is still facile, vacillating exhibiting great want of decision and instability. At one time wants one kind of diet and soon another. Will, unless prevented eat nothing but meat and eggs. Is always craving for drink. His bladder is still very weak -

Feb 1 No. 11 [illegible]

June 16 1890. Went to Kinmount to day. He came to the Crichton from Kinmount on 14th March 1890. Since then till now he has been at the Crichton. He plays the guitar still & tennis & a little at cricket, but is very irregular, playing a few balls well and then ~~the~~ slackening & playing anyhow. He still often micturates into his trousers, & craves for beer. He is facile as ever.

July 1890. Mr Hoare has been fishing &c, & playing the guitar, & asking for a larger allowance of beer.

Oct. 17th 1890 Mr Hoare is still at Kinmount. There is little change to report in his mental condition. He is fastidious as to his diet & at present eats hard boiled eggs: if meat be put down to him he cuts it up and wastes it. He fishes the Annan as often as he can get permission and is quite happy and contented. Drinks as much beer as he can get hold of.

Thomas Hoare

11th Feby 1891 Mr Hoare was brought in from Kinmount to-day. He is complaining of pain in his right knee wh. is slightly swollen, and he is confined to bed. He is hypochondriacal, talks continually about the state of his stomach and bowels, has fancies regarding his food – eating only hard boiled eggs.

18.2.91 His knee is progressing favourably and he is eating more animal food. He spends the day in bed playing on the guitar, smoking, and drinking as much beer as is brought to him.

1.5.91 Mr Hoare has quite recovered. He is happy and contented. plays tennis, billiards &c. He suffers from incontinence of urine. He drinks as much as he can get and will do almost anything for a pint of beer. He wastes a large quantity of tobacco, & cigars; lights a cigar and fancies it does not suit the condition of his stomach and throws it away. He is facile & always in good humour.

10.6.91 Is at Kinmount again.

17.11.91 He is still at Kinmount. No change mentally.

20.6.92 Mr Hoare is at Kinmount. With the exception of the condition of his bladder he is in good bodily health. He eats enormously of everything put before him – fish, eggs, steak &c. He fishes the Annan frequently & often has good luck. He is very changeable in his tastes regarding food and tobacco but is always ready for beer.

12.11.92 No change.

3.2.93 Still at Kinmount. Has charge of his own guns & cartridges.

1.5.93 No change. At times facile at times obstinate. In good bodily health. Careless about his dress & micturition systematically in his knickerbockers.

23.10.93 Arrived today at the Crichton having packed a hand bag walked to Cummertrees with it & came here in a cab demanding rooms as after about five years residence at Kinmount he had just discovered that he had never been comfortable since he went there.

12:12:93. Today Mr Hoare who has been seedy during the last few days developed apical pneumonia on the right side, he has had influenza with slightly raised temperature eg. 100° & would not take care of himself but got up in the middle of the night & opened his window & sat up in his night shirt for sometime. Temperature 104° P. 90 R. 30. The whole apex is consolidated.
Diet 0 oz of milk & 3 oz of brandy no drugs.
eff 901

Robert Johnstone

from page 206

20 December This man is quiet & is in bed - There does not seem to be anything the matter with him - but he wont work & lies in bed. Silent, sour & unsociable.

30 Mar. 1889.

See page 864.

J. R. Somerville

fr page {642. 828

20 December This man is now in the 2nd House & is going from bad to worse if that is possible. He tears his clothes & a shirt lasts him about a day – he tears everything & even tears the attendant's boots if he can get hold of them. He is utterly degraded, filthy, inclined to be acquisitive & has lost all sense of right & decency – he is subject to fits of great excitement & yells fiendishly, clenching his fist threateningly at the nearest person. His habits at night are at times very dirty.

30 Mar 1889. He is very destructive & violent Has paroxysms of excitement.

1 July Still the same and excitable & at times violent.

10 Septr. Not so noisy at night now but otherwise the same.

21 Novr An axillary abscess was opened today – He has a glandular swelling.

18 March 1890 This patient is noisy abusive violent & impulsive & at times greatly excited. He is noisy at night & still destructive.

1 Septr Quieter & never abusive – always quiet at night.

10 Novr Depressed & sleepless & yellow & at times feverish. He is very hypochondriacal & overcats himself – does no work.

22nd April 1891 Removed to 1st House today. He is happy, cheerful and contented, and is in good bodily condition.

15. 8. 91 Dr S. is quiet and happy. He has parole in the grounds and does not abuse it. He reads a large number of novels & other books.

11. 11. 91 Sent to Hannahfield today

30. 4. 92 Discharged Recovered

Robert Johnstone.

from page 205

29 Dec 1888 He is now up but does no work. He has been confined to bed & would not get up. the chief malady he suffered from appeared to be hypochondriasis.

30 Mar 1889. No change.

1 July This man is quiet & docile. He says little & becomes easily irritable.

10 Sept. In his usual health & works with the others.

18 Nov. No change to record.

15 Mar. 1890 He is not working - says he is too weak.

10 June No change.

1 Nov. He is in the 3rd Division & does a little odd work - there is no change in him.

Died.

Robert Sutton

from page 146.

20 Feb. 1889. Mr. Sutton is still much the same. He is quiet, well behaved & occasionally has parole, the chief thing about him is that he must rub himself with vaseline to cure some papules which are present scattered over the body which are irritated by it. Attempts are made to get him to stop the habit.

25 April 89. Weight 154 lbs. Papules now cured when he had no vaseline since last note.

July 25th '89. Weight 160 lbs. No changes in his mental condition lately. Physically in good health.

Sept. 30th '89. Weight 166. lbs. This patient sits all day quiet and contented. Speaks seldom. Does not complain now of his "boils" or count them. Has increased in weight a good deal lately, during the last six months.

Nov. 1st 166 lbs

Feb 1st 158 lbs. — no mental change. Body health fair

Oct 17th 1890. He is quiet & contented has parole.

June 10th 1891 Mr. Sutton has parole and goes out walking in the grounds every day and carries an umbrella which he hoists if the sun be shining. He makes loud noises in clearing his throat and always carries a spittoon about with him when in the house — even into the dining hall.

26.6.92 Mr. Sutton is quiet, happy and inoffensive. He seldom speaks to any one but when spoken to always answers civilly. He continues to make loud noises in clearing his throat. His bodily health is good.

8.8.92. Mr. Sutton has been discharged on trial for 28 days.

5.9.92 Discharged.

James Gouldie.

fr. page 118.

30 Mar 1889. He is quite bedridden but is fat & gaining flesh.

1 July This man is in bed & has occasionally a little diarrhoea

10 Septr. He is coughing a little just now but not losing flesh.

21 Septr. Has diarrhoea again now & then. He is in much the same state mentally.

15 Mar. 1890 No change.

November 6th 1890 Died.

Adolf Kaufmann.

cont? from p. 494.

Sept. 30th 89. Remains unchanged. Has been in good health during the last three months

1889 Weight 109 lbs.

Aug. 1 Wt 119 lbs
Nov 1 " 110 lbs
Feb 1 " 121 "

July 1 - 90 - very talkative, restless - works in Gallery. Generally cheerful -

Aug. 16th Mr K. while playing cricket was struck on the knee with a cricket ball: fell to bed in Low ward.

18th Knee acutely inflamed.

30th Knee still swollen & painful: his general health is very poor.

Sept. 10th Knee very slightly improved: is very weak.

22nd Improved in bodily health; knee much less swollen; is very talkative: grumbles very much at the quality & quantity of food served to him.

Oct 3rd Blister applied to knee a few days ago to remove effusion: knee very much improved

24th July 1891. He has been in a feeble state of health all the winter and was sent home today under the care of his son.

John Russell.
cont^d from p. 194.

July 30th 1889. Has been in good health lately. No mental change. Behaves well unless he has money when he drinks to excess, makes a great disturbance - the next day apologising for what he has said & done.

Sept. 30th 1889. Has had his full parole stopped & he now only goes out on a daily pass. This is due to his having got intoxicated & been very abusive. Has been to Kinmount for a few days at a time during the autumn.

16th May 1890. Has had full parole stopped, as he drove one day latef to Kinmount without telling that he was going, also latef he ~~goes~~ went out & hired cabs, on 2 or 3 different occasions. He also occasionally gets partly intoxicated.

Mr Russell up till this date has been on full parole for some time.

Oct 21st Mr Russell has full parole and behaves well except when he has money when he drinks to excess.

March 30th 1891 Mr Russell has got drunk on several occasions lately. When drunk he is quarrelsome, abusive and swears at every one whom he meets. On one occasion after being out all day he returned in the evening drunk, swore at & abused all the officials: in his gallery he smashed several chairs, piled up a patients clothes on the floor and set fire to them: was removed the Low North when he was kept for three days.

Aug 17th 1891 Mr Russell still gets drunk occasionally, and makes a disturbance when he returns to the house. When sober he is quiet, civil and sociable - plays cards, billiards &c.

June 18th 1892 Mr Russell gets drunk whenever he has an opportunity. To-day he returned with the Coachman in the Waggonette from town drunk, broke an umbrella wh. he found in the trap, broke the whip, smashed some other things at the stables, ~~upo~~, emphied out a "mash" for the horses.

" 26. His parole has been stopped during the past week. In the mornings he has gone out driving, and in the afternoon walked out with an attendant. When sober Mr Russell is quiet and civil, but there is some mental enfublement present and his conversation is rambling and "twaddling".

12.11.92 Gets drunk & abusive as often as he can.

John Russell

20·2·93 Frequently gets drunk. Is liberally supplied with money which he devotes entirely to drink.

26·5·93 Parole stopped. Has been very frequently drunk at the dinner table lately. Has annoyed his companions at table & has made himself generally obnoxious throughout the house.

25·10·93 Last month he went for a holiday with one of Dr. Rutherfords Visitors as companion. They did Isle of Man Ireland & enjoyed himself very much. Has behaved better since

16. 4. 95. Mr R. has been much as described above. Gets drunk from time to time & has fits of penitence. Today however he has been different — nervous & melancholy & does perhaps to a slight touch of influenza last week

17. 4. 95. Slept badly last night in spite of a glass of hot toddy. Is more nervous & restless today. Came into my room & told me that he was not really mad, but only kept here to be out of the way of the police, who wanted him for a crime committed in his youth. Got Trional gs ~~XXX~~ in a glass of hot toddy.

18. 4. 95. Slept very soundly last night & seems rather better this morning. Has got Calomel gs II & Mag. sulph. gs ~~XL~~

11/5/95 "Very unhappy for past stupidity & follies": Was very excitable two days ago, & talked of a marriage which he should have gone through. Is better now, but still in great mental pain as shewn by a letter sent by him to Dr. Rutherford. Pulse regular, 74. & of fair quality. Weight. 13 st. 3 lbs.

20/6/95: Mr. Russell is very well again & has been removed to his rooms in the mid. north. Plays draughts chess & baccarat. & enjoys his pipe

5/4/95. Mr. Russell who appeared to be in bright spirits this morning, than usual, cracking jokes with his companion, went out walking about 10·15 a.m. About 11·40 am. Rodan who had accompanied him met the gard. in the grounds & stated that Mr. Russell had thrown himself into the river Nith. On arriving at the scene of the calamity, nothing was to be seen but three men who were eagerly looking for foot-marks. It would seem that Mr. Russell on approaching the farm this morning suggested to Rodan that they should take the path leading to the

page 903.

Robert McNish.

fr p. 149.

7 July 1889 Still in bed but better. No dyspnoea.

10 Septr. Continues better & is out of bed. He takes his food well.

15 Novr. This man is quiet. hallucination of sight & hearing continue & he is in his usual health (bodily) - He is not very robust but gets on well, eats & sleeps well.

2nd April 1890. There is some Emphysema of the lungs of this patient. His knee jerks are exaggerated.

10 June Is now in the 3rd Division.

1 Novr. Same state.

1st May 1892 Died from pneumonia after 7 days illness.

Thomas Nicolson

f. p 166.

10 Sept. 1889 Restless at times. He is a most homicidal man & suicidal too.

15 Nov. A little restless & threatening still. Bodily health fairly good. He at times becomes irritable & needs great care in his management. A few days ago he was rather threatening & dangerous but is quieter again now.

18 March. Quiet. Does not converse. Physical health good. Spends a great part of the day in polishing the floor. Knee jerks exaggerated. Triceps reflex just present.

21st January 1897 — Died today.

Joseph Craig

for p. 481

1 July 1889 This man is still talkative & restless & at times obscene. He is an excitable fellow.

10 Sept. He is in his usual health & works on the farm.

15 Novr. Still talks utter nonsense & is restless & excitable. Health good on the whole but he always has a pale look & changes color easily. The other day he ate a quantity of cotton cake & was very ill & for one day was confined to bed.

13 March 1890. As above mentally. Physically is healthy. Three jerks very exaggerated, Triceps & coriat jerks present

8 Decr 1899:- Sent to Farm Annexe.

SEE CHRONIC CHOF BOOK.

Thomas Yeman.

fr. page 632.

Admitted 8 January 1890. male; 36 yrs; single; Raggatherer; Roman Catholic. Pauper; Dumfries -

Not dangerous suicidal or epileptic -

He had been discharged on Dec. 31. 1890.

Dr Thomson. Dumfries.

1. He is of feeble intellect, in short imbecile & easily excited; his speech is defective & he can talk only in a mumbling manner. 2 —.

Dr W. S. Kerr Dumfries.

1. He has a silly, imbecile look. makes defective & unknown replies to questions, He has never learned to do anything at work or otherwise except carry his father's skin & clothes bag, till father's death. He has been well known to the public as imbecile.

9 On admission this man shewed no specially marked exaltation except the pleasure of returning to the Asylum. He was not at all excited and not depressed. His memory was good for recent events. He was quite coherent though difficult for strangers to understand owing to his defective speech. He considered himself fortunate to get back here. His physical condition was good & had not altered.

9 January 1890. This man has fallen into the usual routine of the house just as before - eats & sleeps well & gives no trouble. He is much pleased at being back & says he likes being here much better than in Dumfries as it is much more comfortable here. He is quiet & perfectly tractable and manageable.

10 January. This patient is quiet orderly & gives no manner of trouble. He is pleased with his quarters & says he intends to stay in them if possible. He sleeps well & his appetite is good. The reason why he did not stay away when discharged is not apparent from his behaviour otherwise than his desire to

be in good quarters & to return to a place he liked.

11 January. Thomas Teenan goes on in the same way shewing no change in any way from day to day.

13 January. He is pleased & contented & thinks himself so well off that he is much disappointed at the least mention of his being sent away anywhere - especially to the Dumfries Poorhouse.

16 January. He continues much as before, & is a cunning fellow - there is no excitement & he goes on quietly day by day without shewing the least sign of irritability or excitement. He sleeps & eats well.

19 January. He is quiet both by night & day & gives no trouble - eats & sleeps well & is in good bodily health.

26 January. This patient is still quite tractable & quiet - he likes his quarters & says so - His intellect & appreciation of his position are weak & the small comforts of the Asylum completely out-balance his desire for freedom & the idea of being held in bondage does not occur to him.

2 February Much the same.

9 February Teenan is disinclined for work - He does not care for it but likes perquisites in the way of tobacco so gathers chips & uses the crosscut saw to secure this. He is quite quiet & tractable.

February 13th 1900:- Running down very rapidly from phthisis. He is confined to bed at present. Temp varies from 103° at night to 99.2° in the mornings thin & feeble: There is dulness at both apices & many moist sounds: Eating well: Sleep variable no sweating - Mentally quiet & demented. Cleanly & easily managed.

17th March 1900:- Died today of phthisis.

Bartholomew Dodds see page 567.

3rd March 1890. Some tremor of hands if held out in front of him. No rigidity of legs nor arms. Knee, Triceps & wrist jerks very marked. Good muscular sense in arms. Lungs & heart seem normal. Is stupid irritable & somewhat demented. Takes fits as before. Mental condition not much altered.

February 13th 1900:- In fair health: Has a very pronounced acne over face which is always flushed & congested looking: The steps seats well: requires attention as regards cleanliness: a quiet harmless man who still takes his pits regularly.

July 28th 1900:- Bodily health is fair: He is gradually running down however and after a series of fits takes longer to clear: He is quiet as a rule, unobtrusive: He requires constant attention to keep him clearly and if allowed would sit wet & dirty all day.

January 19th 1901:- No change: Still "fitty" - He is easily managed & gives no trouble except from his gradually increasing enfablement.

January 30th 1902: In fair health. A quiet decent little man when not taking his pits. Very useless demented and requiring attention as a rule to keep him clearly.

July 10th 1902. No change. Keeps in fair health. In 2nd Div. where he requires a great deal of attention.

July 10th 1903. Keeps in fair health. No change in this demented & unhoy man.

March 1st: 1904. In rather poor health at present & confined to bed in Sick ward.

James Whitson. continued from P. 706

March 28th 1890. A distinct mitral Systolic murmur is heard in & outside the mitral area. The lungs are healthy. Patient is mentally in very much the same condition as on last entry.
Knee jerks are exaggerated

February 5th 1900 – Sent to day to Down Asylum: She had to be carried along as she refused to walk otherwise: settled there quietly. (132 page)

May 2nd 1900: Was returned to us Home with a phlebitis: Mis has been treated with lead & opium fomentations which have relieved it: The lung condition is taking acute and seems to be on the top of an older & more chronic condition. She has been put on acid & bitter mixture.

June 1st Gradually running down. She is now very feeble and weak and the breathing is rapid & shallow 24 to minute & pulse 97 and small & slightly irregular. No change mentally.

June 13th 1900: Died to day of Phthisis with heart failure.

Died

Thomas M'Dowall
f p 106.

15 Mar 1890 He got up the other night & attacked a young man who was talking & making a noise in bed. He struck him & made his mouth bleed.

15: 1: 92 Died today of Chronic Bright's disease.

John Costello
fr p. 398

15-6-91	Is in bed; has frequent Epileptic fits, and is becoming weaker –
22-6-91	Has double pneumonia –
6-7-91	Died today –

James Robertson Gray Contd from p. (466)

17. 10. 90 Mr Gray is quiet and demented, occasionally mutters and talks to himself. Is in good health.

5. 2. 91 Went to Kinmount to day.

28. 10. 91 Returned from Kinmount. He is demented. laughs & talks to himself & cannot answer questions intelligently. He is in good bodily condition.

18. 4. 92 Went to Kinmount

12. 11. 92 No change.

20. 5. 93 Behaved indecently at Kinmount. sent back to Prichter more demented than ever.

25. 10. 93 No change. Behaves better when under discipline.

Montgomery Archdale (contd from p. 310)

14. 11. 90 Mr. Archdale is usually quiet and harmless, but is subject to short attacks of excitement during which he is impulsive and dangerous to harmless patients.

26. 6. 91 Mr. Archdale is gradually becoming more demented, never speaks unless addressed, answers questions in monosyllables. He is in good bodily health.

23. 7. 92 Mr. Archdale is still subject to attacks of excitement and has struck several harmless patients since last entry.

12. 11. 92 Suicidal present.

30. 5. 93 Since last entry Mr. Archdale has not had any fits of excitement. Quiet & demented.

25. 10. 93 No change.

4/3/94. Hopelessly demented,

22/5/95: ~~Speaks only when spoken to. Relishes vigorous~~ Is very shy & retiring. Much demented.

29/12/95. Quite demented. His physical condition is fair

1 Aug. 1904. At the present time he is an incoherent occasionally restless demented who does nothing but keeps in good physical health.

1 Aug. 1905. He is the subject of dementia Incoherent and at times restless. Does nothing beyond carrying clothes to & from his gallery. His health remains satisfactory.

1 Aug. 1906. Remains in the Low West Gallery. Demented and incoherent. At times he exhibits impulsiveness ~~impulsiveness~~, and strikes out at any one near him.

1 Jan. 1907. Still in Low West. Demented and incoherent at times.

30 Mar. 1908. This gentleman shows no change, mentally or physically He is at times noisy, but is not so impulsive, has not struck any one for a long time. Still in Low West. Enfeebled mentally but in good bodily health. Eats fairly well.

10 Aug. 1908. At times very noisy and impulsive. Habit is considerably enfeebled mentally.

30 Jan. 1909. A noisy incoherent and impulsive demented. This gentleman shows little change mentally. Is in good bodily health.

1 July 1909. No change from above note. Extremely noisy at times and also very impulsive. Kicks and strikes without the slightest provocation.

1 Nov. 1909. This noisy and objectionable demented shows no change. He is extremely impulsive. Most degraded & filthy in his habits. In the Low East, & at present is being treated by rest in bed in the open air. The chances of this helping him however are slight.

2 July 1910. Remains unchanged and is in the Low East. An incoherent, noisy impulsive.

3 Jan. 1911. Unchanged mentally & physically.

29 June " J.S.Q. 10 Dec 1911. Unchanged mentally & physically: in Low E.

20 March 1912. J.S.Q. Still impulsive. Lies out at times

1913 Feby 4.	J.S.Q.	Aug 7.	J.S.Q.	
1914 June 4.	J.S.Q.	Sept. 30.	J.S.Q.	
1915 July 1	In Status quo	dec 31.	no change	
1916 July 2	ditto	dec 28	ditto	
1917 Feby 10	ditto in LE still			

6 Jo 915

Thomas Porteous Stenhouse. (cont'd from p. 78)

17.11.90 Mr. Stenhouse is in mid West - has parole in grounds. He wanders about alone seldom speaking to any one. When he is out walking and going to turn a corner he does not go round in a "wheel" but walks sharply to the corner, halts, turns round to the required angle & then walks sharply onward. He often carries on the same manoeuvre in the house: in the tower he only steps on certain tiles. He is in good health.

7.2.91 Went to Kinmount to-day.

16.10.91 Returned from Kinmount to-day. No change.

17.10.91 Went to Hannahfield

9.5.92 Returned to First House.

29.6.92 Went to Kinmount

2.8.92 From Kinmount to Hannahfield.

12.11.92 No change.

1.6.93 Has been at Hannahfield all winter. No change.

24.10.93 Absolutely no change. Very carefully about the tassels at the end of rugs & bed covers.

15/4/95: Getting along very well. States that he is pretty busy (twisting & twining long grasses). Good appetite. Tongue clean & moist. Pulse of good tension. Rate 40. Demented.

29/12/95: Still at Hannahfield. In a fair bodily condition

6/3/97. Still at Hannahfield quiet and contented. Mentally he is just the same. Sometimes has headaches. Talks incoherently & cant answer questions very well. Bodily condition very fair.

1 June 97. Mr. Stenhouse remains much the same. Talks his food well & walks out every day, talks incoherently & is quite quiet & contented to be at Hannahfield.

6 Mar. 97. Mr. Stenhouse enjoys good health is quiet & contented otherwise no change in his condition.

7 June 98. Mr. Stenhouse is still at Hannahfield. Talks incoherently & is usually very quiet. This last few months he has been loosing weight. In Feby he was 10 St. 9 lbs & on the 26 May he was 9 St. 9 lbs. in spite of extra diet Cod liver Oil & Extract of Malt etc.
His mental condition is much the same.

1st Aug. 1904. His health has always been below the average. He is now in the Mid East. Incoherent & very feeble minded. Pale. Only moderately well nourished. But no acute physical symptoms.

22/4/05. Sent to Friars Carse. 2/6/05. Returned from Friars Carse 6/6/05. Sent to Hannahfield

30/6/05. Back to 1st House. 1/8/05. Quiet & demented. does nothing. Well physically. In Mid West.

7/12/05. Sent to Rosebank. 1/8/06. Remains at Rosebank - A quiet harmless demented: does nothing.

1/8/07 This patient still at Rosebank. no change mentally or physically overleaf.

1/6/08. no change in Mr. Stenhouse still at Rosebank

Thomas Porteaus Stenhouse

1909. 16 Aug. Mr. Stenhouse was transferred to day from Rosebank to II Ho special. no change in this quiet demented old man physical health, indifferent.

1910 May This patient is at the Sanatorium now and is keeping in fairly good health. He is very quiet and unobtrusive.

1913. April 11th. Is now in Dudgeon Ho. Has had a slight cold for a day or two.

1916. May. Demented. quiet, unobtrusive. Getting gradually more feeble physically. Now at Galloway House.

1917. March. He slipped off his chair and fell against fire-place: sustained no injury beyond a slight bump on head and singing his hair.

1918. July. Feeble and spends a good deal of his time in bed. Demented.

V. Chr. C.B. pp. 371.

David Crawford (cont^d from p 8.)

5.3.91 Mr Crawford does not go out of doors much but keeps in wonderfully good health. He occasionally suffers from indigestion which is relieved by rhubarb.

5.8.91 Mr Crawford drank to excess one day lately and was in a miserable depressed & stupless condition for some days.

3.7.92 Mr Crawford has with the exception of slight indigestion kept very well during the last year. He has seldom drank to excess and is always pleasant and cheerful. He does not go out much but when he does do so always takes a long walk.

2.11.92 No change.

0.5.93 No change. Sometimes drinks a good deal but does not lose his presence of mind. Goes of for walks

25.10.93 No change

28:11:93. Mr Crawford has been poorly the last few days slight evening temperature of 100° & normal in the morning; respiration 26. P. 90 full & regular appetite fair a few ~~[illegible]~~ ronchi over bases & bubbling râles Today he developed pneumonia in the right base He is very restless & is with difficulty kept covered Having slop diet with ℥iij brandy.

29:11:93. Left base affected this morning respiration 36: P. 130. Cyanosis. pulse bounding. T. 102°. Same treatment. Champagne ♂j. Diaphoretic mixture.

30:11:93. Gradually sinking T. 100. P. 140 R. 40. Bowels open. Mist. Ether et ammon.

:12:93. Mr Crawford died early this morning

John Graham

From P 422

30·5·93 Filthy in his habits Eats faeces. Crawls about under sofas chairs + tables + hunts himself in the forgotten angles.

25·10·93 No change. Bodily health not good Edoema of the feet pregnancy No albumen in urine.

4/3/94. Had an epileptiform fit at dinner today + was put to bed. T. 102. No organic disease to account for it

5/3/94. Had another fit this morning about breakfast time + was convulsed during it

6/3/94. Had a similar fit at the same time this morning T. 99. taking his food fairly. bowels well opened

7/3/94. Another fit at the same time but not so severe

16/5/95. Very perverted appetite. Eating faeces + drinking urine + also breaking into the paddings of the Sofas + eating the horse hair in it.

29/12/95. Appetite remains quite perverted. He eats all sorts of filth. Can't be got to speak.

9.1.96. Continues as above described. demented and dirty in his habits, smiles when spoken to, never talks. He eats any food given him with a ferocial rapidity and requires pultaceous food e.g. bread sops to prevent choking. Physical health is fair.

20.6.96. Very little apparent change, bodily health good.

20.11.96. No change to be noted.

14.8.98. To day I noticed a hard swelling in the Submaxillary region of the right side about the size of a walnut: it is freely movable both in connection with skin and deep parts and gives him no trouble. This is all probability glandular and seems an isolated condition. No change mentally, bodily health good.

17.4.98 Patient is confined to bed in the Ward with a temp of 99.8° Pulse 96. Examination of the chest shows heart weakly breathing with fine crepitations at the left apex, his general health is fair.

18.4.98 Temp 98.4° Pulse 88 is taking his food well and is not generally affected by this attack.

20.4.98 Allowed up to day and kept in the Ward.

27.4.98. Has returned to his normal, takes his food well otherwise no change.

28.8.98. Patient is improving in bodily health, he has put on

over.

weight and is able to take abundance of open air exercise. He is still in the Low West under observation to remedy his dirty habits eg eating faeces.

25.10.98. Has improved still more in his bodily health, no mental change.

8.11.98. Patient was put to bed today with oedema of the ankles, this is due to mitral incompetency - there is a well marked blowing Mitral Systolic murmur. Pulse rate 97 per min volume small tension low.

Patient Rx. Tinct. Digitalis m 80
Spt. Chloroformi ℥iij
Inf. Senegae ad ℥iv
Sig ℥ij ex aq t. i. d. a. c.

14.11.98. Is improving, oedema all gone, pulse fuller in volume allowed up for the afternoon.

16.11.98. Confined to bed again with swelling in the right submaxillary region, in all probability the starting point was the glandular swelling afore noted but there is in addition a cellulitis of the parts extending over the one side of the face

1 Aug. 1904. Now in a hopeless condition of dementia. His habits have become worse. drinks his urine & eats his faeces. This has been his condition for the last 15 yrs.

1 Aug. 1905. A dirty degraded dement. Does nothing. Exhibits marked incoherence

23 April 1906. For some months past patient has been getting much thinner & weaker and his symptoms were those of malignancy. During the last 2 or 3 weeks he has gone down rapidly and today he

Died.

Ferdinand Smith

from P 522

25.10.93 In decidedly better bodily health. No mental change
12.4.95 Mr Smith has been in fair health, but today he fainted without warning at 4 p.m. while brushing boots. Put to bed & brought round with whisky, a hypodermic of strophanthus & some sp. æthers & sp. amm. aromat – Came round rather slowly.
16/5/95. Depressed, never speaks. Polishes vigorously. Has at present eczema seborrhoicum.
29/12/95: Mr Smith's head has for a long time been quite healed & treatment has been stopped. Mentally he is unaltered.
1.3.94. Mr Smith is very much enfeebled, he seems to have hallucinations and swears very forcibly at imaginary people. Physical health seems good.
30.6.94. Patient is becoming more & more demented. Physical health is also deteriorating
2 Jan. 1906. This gentleman is now much demented. He is in good bodily health. does a little work in the gallery. Gives at times noisy shouts, but is easily managed.
3 Mar. 1907. No change from the above –
10 Mar. 1908. Remains unchanged. Quite demented, but still capable of doing a little polishing. Apparently is in fair bodily health.
10 Aug. 1908. No change from above. demented and ~~[illegible]~~ at times very noisy. does a little house work. B.H. fair.
20 Jan. 1909. No change mentally or physically.
1 July 1909. Quite unchanged. He is demented and at times noisy – but not quite so bad as he used to do. He polishes the floors and all the time utters noisy and quite unintelligible monosyllables. His bodily health is fairly good.
3 Jan. 1910. No change mentally or physically
19 July 1910 Remains the same in every respect.
3 Jan. 1911. I.S.Q. 12 Ap 1911. I.S.Q. 30 Dec 1911. I.S.Q.
30 Mar 1912. Remains the same mentally & physically. Is in Mid East.
1913. Feb. 4. I.S.Q. Aug. I.S.Q.
1914. Mar. 4. Suffers severely from eczema. Otherwise as above.
Sept. 30 as above –
1915 July 1 no change
1916 July 26 in statu quo – Now at Oakfield
1917 Feby 28. No material change – still at Oakfield
His skin is much healthier
1920. Feb. 2. H. Mentally = I.S.Q. –
1924. Still demented habits faulty. E & S. sales
Pale & anaemic. In Bungalow.

p. 922

af. 860.

Thomas Hoare.

13:12:93. Mr Hoare did not get any sleep last night took his milk well + also brandy + soda water was very restless + difficult to manage objected to have a fire in the room + when the attendant left the room for a short time he got up + raked the fire out, he also would not be persuaded to keep lying down but continually sat up with his legs hanging over the side of the bed
T. 103·4. P. 90 : R. 30. B. open.
T. 104·2 (evening.) R. 38 : P. 101. Pneumonia not extending still confined to the right apex

14:12:93. Mr Hoare is progressing favourably to really bad cigar. The temperature is lower this morning + he is in consequence more comfortable
T. 101. P. 100. R 30. Evening T. 102 : R. 36. P. 128.
Has been spitting rusty sputum from commencement

15:12:93. Temperature 98° in the morning with P. 88 R. 28. Lower it went up to 101 this Evening R. 32 P. 100.

16:12:93. Temperature has been normal all day + Mr Hoare is comfortable + had a better night last night getting 3 hours sleep. Same diet

18:12:93. Progressing towards convalescence. cough rather troublesome had champagne + oysters today

24:12:93. Having his usual diet now sleeps well, apex clearing up still dull on percussion.

2:1:94. Sat up today for first time, is rather loth to leave his bed.

20/5/95. Mr Hoare is at Kimmount where he seems to lead a happy + contented life, his lot being apparently cast for him in pleasant places. Most of his time he spends in fishing, playing tennis, croquet billiards, Smoking + lounging idly about. He seems to have no idea of the value of money ~~but~~ for if he ~~buys~~ fancies anything, he buys it regardless of price, never as a rule asking the price.

5/8/95. Mr Hoare continues fishing + loading a lazy, but withal a happy life getting all

1/

Case of Thomas Hoare Esq.

June 30 (Dr. Law)

"During the past month Mr. H. has been in a condition of excited melancholia. He has exhibited great impulsiveness at times, and has on more than one occasion struck three in attendance on him and has made rushes as tho he wd. throw himself out of window.

He has expressed aural hallucinations. He has refused his food on several occasions and has thrice been fed with the tube. At night he has been in the padded room, and during the past fortnight has had at night Sulphonal, Bromide of K. Chloral, Paraldehyde. He has steadily become worse and cardiac disease has been indicated. On June 27 he became suddenly cyanosed and gave indications of collapse, but recovered. A mitral systolic murmur was then present. He was put to bed in the High N. On June 28th he had another acute cardiac attack and following it was some dyspnoea. He is now on Digitalis in XV every 4 hours. His condition appears to be critical"

July 30 (W. Turner)

During the early part of the month patient was confined to bed in High N. The Digitalis was continued with beneficial results. Color improved, dyspnoea passed off, mitral murmur gradually disappeared and general health improved. Appetite, tho still capricious became better

(July 30 cont.)

After a time Mr. A. was allowed up in the sitting room c̄ an attendant. During this time with the exception of taking a strong dislike to one of his attendants and endeavouring to strike him patient became less impulsive.

On July 23rd without any warning Mr. H. took up a large volume, threw it thro' the window, and himself after it the attendant just managing to grab him by the heel, as he disappeared over the sill. Patient fell on to the leads of the Low N. sitting-room, alighting on his left shoulder, and his head.

On arrival of A.M.O. Mr. A. was conscious, extremely collapsed, unable to move, but cd. just speak enough to ask what was the matter. The pupils were contracted. There was no blood from the internal ear, or upper part of the nose, back of throat, nor effusion into conjunctivae or orbits. There was a large lacerated scalp wound over frontal region, and several gashes about cheeks and lips. He was carried into a bedroom in Mid N. and stimulants administered. The scalp wound disclosed a bifurcating, fissured fracture of the vault, very slightly depressed. There were no fractures nor dislocations in other parts of the body, but there was total loss of power in left arm and both legs, loss of sensation in left arm below insertion of deltoid, and also below the level of the umbilicus. Right arm was markedly paretic. Reflexes in both legs were much exaggerated, a well developed rectus and ankle clonus especially on left side

The wounds were partly stitched, and dressed Patient's urine was drawn off and a purge ad

3)

ministered.

Collapse gradually passed off and was followed by a compensatory rise in temperature. By degrees sensation and then slight power of movement returned in lower extremities. Left arm remained totally paralysed and anaesthetic below level of deltoid insertion. The right pupil slowly began to dilate for a time but gradually regained its normal size.

A trained nurse was provided for Mr Hoal. He was put on Digitalis and strychnine fld. Bone Head powder every 4 hours & a mult dish. His urine became very foul from his voluntary holding it in his bladder: pus and triple phosphates being found. His bladder was washed out with Pot Permanganate, followed by Bone Head lotion

Aug 30. Patients condition slowly improved, till after constant dorsal decubitus, signs of pneumonia became evident in left base. Bedsores on prominent points: heels toes, sacrum etc began to form. Strychnine & digitalis was increased in dose and upright position was insisted on for so many hours daily.

His condition again slowly became better, and the pneumonic patch ~~slowly~~ cleared up. Learning evidence of a thickened pleura

Patients wounds healed by degrees and his circulation became much stronger. The bedsores began to heal.

From time to time there were pamphlet twitching in the lower extremities, sensation had quite returned in them and their power was greatly increased. Left arm still remained as before. On examination

Aug 30.

with the Galvanic Current, with exception of the Flexors of the wrist and fingers. All the muscles of the left upper extremity shewed signs of degeneration the Flexors alone reacted to the Faradic current

In the right upper extremity reactions of degeneration were present in a few small muscles of the forearm extensors of the index & little fingers, and the lumbrical muscles. The injury was diagnosed a lesion of the lower motor neuron, either in the brachial plexus from stretching or contusion & hæmorrhage into the nerve sheaths, or in the cervical spinal roots

Treatment in the form of Galvanism and Faradism together with massage and hot and cold douching was carried out.

Sept. 30. At the request of Mr. Hoare's relatives Dr. Gibson came down from Edinburgh. He entirely approved of the treatment, with the addition of intra-muscular injection of strychnine. A specially trained masseuse was sent on his recommendation. Strychnine was given internally, — not by intramuscular injection owing to lack of facilities or ~~pro~~ ensuring asepsis —

For a few days early in this month Mr. H. suffered from an attack of Bronchitis, this improved as he returned to his former condition

The much sweeter his urine remained more or less ammoniacal, with small quantities of pus a mixture containing Boric Acid & Tinct Hydrocyanic was prescribed.

Towards close of the month Mr. H sat up 1/2 hour twice daily and gradually seemed to regain power

5.

(Sept 30. Cont.)

He cd. flex the wrist and fingers of the left arm and cd. move himself about in bed. Under massage the joints became more supple but owing to ~~the~~ patients refusal to eat the whole benefit was not obtained. His diet consisted solely of milk of wh: he took ℥90 daily. He was also allowed ℥ij of whiskey every day.

Gradually patient improved somewhat becoming more cheerful. He voluntarily holds his urine believing that it is weakening to part with it. Under cardiac tonics the circulation improved wonderfully. The 1st sound remained a little impure but no decided murmur cd. be detected all bronchitic signs disappeared and the pressure sores all healed up.

His temperature thro' out with the exception of slight rise after the accident, and during the pneumonic attack has been subnormal varying from 96°.5 to 98°. His bowels have been constipated thro' out and his tongue coated. Calomel, Greypowder & Rhubarb: Cascara have all been tried, the last being most successful. He takes ℥i every 3rd day.

He has slept pretty well averaging 4½ hours every night, during the day also he has added to this amount.

Oct 30.

Patient has maintained his strength fairly well on the whole, ~~or Sun~~ About a fortnight ago he was induced for the first time to eat meat. He took some jaune, minced up, and

Oct 30th cont.

seemed to enjoy it.

During the last ~~month~~, decided improvement has been noticeable in the left forearm, the flexor muscles contracting more powerfully, and the extensors of the thumb and fingers also beginning to react to the Faradic Current. The right arm has also improved greatly.

About a fortnight ago Mr Hoare developed bronchitis. He was put on Ammon. Carb. and other expectorants alternately with the Digitalis and Strychnine. Though coughing still he has got much better the last day or two, in fact since his removal upstairs to the High North wh. took place about a week ago. ~~The~~

Present State.

Patient still shews signs of bronchitis there being a few rhonchi & rales to be heard over his chest. His heart is much stronger, the 1st sound at the apex is impure. There is no decentration of 2nd Pulmonic. The 2nd Aortic is rather loud & ringing. The condition of the limbs remains as above the left showing decided signs of improvement under the electrical treatment and massage.

Reflexes in the lower limbs markedly +.

His urine is foul and alkaline, containing albumin due to large deposit of pus.

His appetite is poor, takes simply milk again go on daily. Bowels costive as rule. His

tongue is coated and the breath offensive

He is on Digitalis & Strychnine alternately with an expectorant mixture. Also he has Boric acid in a mixture every 4 hours. A mouth wash has been prescribed.

His condition would be hopeful if he could be induced to eat more solid food and to try to exert himself more. His intense apathy retards progress ~~and prevent~~ and his refusal to eat prevents his reaping the full benefit of the massage etc.

Dec. 31. He is still depressed. He refuses all food but milk. He is out of bed daily in an arm chair. At times he is complaining, and every now and again he takes quite uncalled for dislikes against those in attendance on him. He is at times wet. Cystitis is still present.

His physical condition is worse. Massage and Electricity have still been employed, but the Extensor paralysis on the left side is more marked & the fingers are now more contracted than they were. C.D.L.

1904
Jan 31. The paralysis is gradually extending. The Cystitis is at the present time somewhat improved. The patient is depressed & quiet. He reads, is up daily seated in a chair before the fire. He still will only take milk. He receives ℥1 Whisky daily. C.D.L.

Aug. 1904. Is depressed and very delusional, believes that poison is being put in all his food, and requests that everything should be analysed. He is taking a mixed diet again. He does little in the way of reading now and it is almost impossible to get him to think about anything but his delusions. His habits are untidy. Cystitis still present. Paralysis gradually increasing. as is too the contractions. C.D.L.

1905.

Jan 1. Very delusional still about his food, and always asks that everything may be tested. Skelpters and has everything done for him. Takes little interest in anything. On the whole is looking very much better than he did six months ago. Still has wet and dirty habits. C.D.L.

1. May. Taking plenty of food. Looking better than he has for many months. Out in an invalid chair every day. Still most delusional. C.D.L.

8. May. Today considerable swelling was noticed in relation to the left testicle. It is suspected that Mr. Stoare has been squeezing the part either with his hands or by pressing his thighs together. He is being kept in bed or the condition is being suitably treated. C.D.L.

June 24. Today Mr Stoare was removed by his friends to an asylum at Bristol.

Discharged Relieved. C.D.L.

Thomas Hoare.

that he fancies & requires. He is careless & untidy, not being by any means thrifty. Some time ago he went into Annan, called at the Buccleuch Arms, got drunk, kicked up a row, was turned out into the street by the proprietor & refused all further admission

1/11/95. Mr Hoare is at Friars Carse fishing attendant Polson being in attendance. Mr Hoare has done a good deal of shooting during the season. One day he came up from Kinmount to shoot over the Crichton Estate but was considerably intoxicated before reaching Dye, took offence at something that was said & would not go out but retired to the billiard room where he had a game & a sleep.

Mr Hoare has always been noted for doing funny things at times; one of the latest is — five days ago or so when out fishing at Friars Carse, he hooked a good salmon & although he had his gaff in his pocket he refused to use it, saying that he "could draw any salmon ashore" with his line. Of course the line gave way at which Mr Hoare swore, never for once thinking that he was himself to blame for the loss, in not taking preventive measures when he could have done so.

29/12/95: Mr Hoare is once more at ~~Kinmount~~ where he is spending most of his time at present shooting

20.8.97. Is located at Friars Carse his doing well

12.1.98. Thos Hoare was brought back to the Crichton last night suffering from an exacerbation of his mental symptoms. He has not been sleeping well for some nights; is in a highly nervous state; and has marked hallucinations of hearing He was given 5 iv Paraldehyde and with this slept fairly well

14.1.98. He is located in the 2nd North and is improving under the regime and restrictions of the Asylum

26.1.98. Weight 16 st. has improved greatly in the last fortnight. is sleeping well at nights.

John Russell. from page 843.

river. Patient had parole on the farm, but had never before suggested the river side, which had always been a favourite walk of his.
He & his companion proceeded along the river's bank about 200 yards & as they did so Mr. Russell suggested a bathe in a jocular fashion. Then as if seized with a sudden impulse he threw himself into the water & swam out to mid-stream, before Roden was aware or rather had quite understood what had happened. He was carried down by the current, sank, rose twice & then eventually disappeared. A fisherman who soon arrived dissuaded the companion who could not swim from jumping into the water which at the part is very deep. A boat was obtained & the river dragged, but the body was not recovered until about 5 P.M. the catastrophe having occurred about 11.20 a.m. The face & neck were deeply congested, the lips blue the extremities quite white; the eyes were somewhat staring & the pupils dilated the mouth was closed & the jaw fixed; rigor mortis had set in. There were no marks or bruises other than a slight scratch on the right side of the nose, caused presumably by the grappling iron.

George Philip Cadell. from 845-

8/4/95: Wm. Cadell for a short time back has been very indignant & talkative often using abusive language. His pulse continues irregular but the tension is rather better. There is still pain in the chest & he continues taking his medicine

29/12/95. Moving about. Talkative & Cross. Physical condition remains unaltered.

15-4-96 Had Congestive attack. Rigidity of left arm and leg. Died

William Sinclair from page 847.

20. 2. 94. Continues well mentally. The leg is becoming worse

21. 4. 94. Patient has again passed into a state of depression and has taken to his bed The ulcer over the upper part of the Tibia has extended down to the Periosteum and to day when I dressed it I found an accumulation of Pus beneath the Periosteum, when this was opened the Periosteum chipped off The left leg & left arm an affected accumulation of Pus have formed in the region of the elbow ankle Joints

6. 5. 94. Mr Sinclair is going downhill rapidly metastatic abscesses are forming high up in both extremities. He has a septic look is losing flesh

Temp at night 99.2° Pulse rat. 100.

14. 5. 94. Patient is markedly suffering from septic intoxication. He is excitable restless incoherent in his talk has lost his depression and has a tendency to exaltation

Temp 99° Pulse 108.

18. 5. 94. Excitement + delirium not so marked

Temp in morning 98.4° Pulse 108

18. 6. 94. Patient's depression has returned His leg's are gradually getting worse worse Temp rises at night. Keeping between 100° & 102° Pulse varies from 100 to 120

3. 7. 94. Patient became unconscious this afternoon. He is very emaciated seems to be dying.

4. 4. 94. Died at 2 A. M.

C. R. I. POST-MORTEM SUMMARY.

N.B.—To be inserted at end of Clinical Record by Physician who was in charge of Patient.

Name John Leach.

Died on 8th Feb: 1912 at 5·20 a.m. P.-M. on 10th Feb: at a.m.

Mental Disease

Cause of Death Lobar pneumonia

General Survey.

P.-M. Lividity Well marked.

P.-M. Rigidity Well marked

Nutrition Good Pupils Dilated & equal.

Integumentary, Locomotory, and Hæmopoietic Systems.

Skin

Subcutaneous Fat

Bones

Joints

Muscles and Fasciæ

Lymph Glands

Thyroid Gland

Spleen (M. 6 oz., F. 5½ oz.)

Blood

Nervous System.

Peripheral Nerves

Spinal Cord and Column

Sympathetic Chain

Sense-Organs

Brain. 52 ozs.

Scalp

Skull—Measurements

Vault of Cranium

Floor of Cranium Hard Palate

Dura Mater

Pia-Arachnoid

Fluid in Cranial Cavity Weight of Encephalon (M. 49 oz., F 44 oz.)

Arteries at Base of Brain

Cerebrum

Cerebellum

Pons-Medulla

Ventricles

Choroid plexuses

Pineal body

Pituitary body

Circulatory System.

Pericardium — no fluid, non adherent & no signs of disease.

Heart (M. 11 oz., F. 9 oz.) 13 ozs. muscle healthy, but hypertrophied.

Cavities — R. V. normal in size, L. V. smaller than normal.

Valves (A. ·9 to 1 in., P. 1·1 to 1·2 in., M. 1·2 to 1·4 in., T. 1·5 to 1·8 in.) — Competent

A. 1·2. P. 1·2

Muscle

Aorta and Vessels

Respiratory System.

Left Pleura

Left Lung (M. 21 oz., F. 15 oz.) 19 ozs.

Right Pleura

Right Lung (M. 24 oz., F. 17 oz.) 51 ozs. Whole of R. base showed signs of acute pneumonia. Large grey hepatisation.

Respiratory passages — Signs of pleurisy at both apices.

Alimentary System.

Peritoneum

Liver (M. 53 oz., F. 44 oz.) 52.

Gall-bladder

Pancreas (M. 3 oz., F. 2¾ oz.)

Large intestine

Small intestine

Stomach

Upper alimentary passages

Urino-Generative System.

Left Kidney (M. 5½ oz. F. 5 oz.) 6 ozs. capsule adherent?

Right Kidney (M. 5¼ oz., F. 4¾ oz.) 5 ozs. capsule adherent? Large granular.

Bladder and ureters

Generative organs and passages

Microscopical Examination.

Signature of Assistant Physician Roderick Campbell

John French - 318 -

February 13th 1900 :- In good bodily health: a quiet easy going dement: who answers any direct question correctly but who will not converse: He is easily looked after, doing everything for himself: He sleeps & eats well and has ~~so~~ been working steadily outside. Enjoys the dances:

July 28th 1900 :- In fair health: no change mentally -

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John French

Admitted Oct 28th 1885. Case Book II p 906

June 4. Sent to Farm Annexe today. There is no change in this mental condition is unchanged. He is quiet if left alone but impulsive if interfered with. In good bodily health

905 Nov 26 Physically is in good health. Mentally is not so impulsive. ~~and given to~~ Four months ago was removed from the byres as he was fighting so much. Weeks in the farm squad now.

1907. Nov. 13. John French is a case of mania who has become more or less demented. works in farm squad. No change

Jan. 10. 1908. No change in this man. phys or mentally

Sept. 27. 1909. John French is complaining of weakness & is not in his usual good health. Pulse slightly irregular. Mag. sulph & rest in house for a few days.

Mch. 10. 1910. There is no change in this patient. He is occasionally run down & indoor.

Aug 12. 1911. This patient now sleeps at the Farm & works on the farm. No change.

1912 Feb 4th. John French has developed a temperature of 104° this evening. He has a slight dry cough. There is nothing to account for it.

Feb 8th French died very suddenly this morning at 5-20 a.m.

Circulatory System.

Pericardium no fluid, non adherent & no signs of disease.

Heart (M. 11 oz., F. 9 oz.) 13 ozs. Muscle healthy, but hypertrophied.

Cavities R. V. normal in size, L. V. smaller than normal.

Valves (A. ·9 to 1 in., P. 1·1 to 1·2 in., M. 1·2 to 1·4 in., T. 1·5 to 1·8 in.) Competent

A. 1·2. P. 1·2

Muscle

Aorta and Vessels

Respiratory System.

Left Pleura

Left Lung (M. 21 oz., F. 15 oz.) 19 ozs.

229

Microscopical Examination.

Signature of Assistant Physician Robert R Campbell

John French - 318 -

February 13th 1900 :- In good bodily health: a quiet easy going dement: who answers any direct question correctly but who will not converse: He is easily looked after, doing everything for himself: He sleeps & eats well and has ~~so~~ been working steadily outside. Enjoys the dances:

July 28th 1900 :- In fair health: no change mentally -

January 19th 1901 No change: he is kept at nights in a single room in the 3rd Div as he is apt to strike any one he disagrees with. He is easy to manage during the day & gives little trouble.

January 30th 1902: In good health. There has been no change. Still sleeps in single room and apt to be impulsive at time. He is a man best left alone.

July 10th 1902. Continues demented & impulsive. - In fair health.

July 10th 1903: Rufs in fair health. Still very impulsive & unreliable. Requires to sleep in single room.

March 1st 1904: Impulsive & dangerous at times - does a little work outside. In fair health.

June 4th 1904 Sent to Farm Annexe

See notes inserted.

Jan. 10. 1908. No change in this man. phys or mentally

Sept. 27. 1909. John French is complaining of weakness & is not in his usual good health. Pulse slightly irregular. Mag. sulph & rest in house for a few days.

Mch. 10. 1910. There is no change in this patient. He is occasionally run down & indoor.

Aug 12. 1911. His patient now sleeps at the Farm & works on the farm. No change.

1912 Feb 4th. John French has developed a temperature of 104° ~~the~~ evening. He has a slight dry cough. There is nothing to account for it.

Feb 8th French died very suddenly this morning at 5-20 a.m.

Robert McNaught - 158 -

February 13th 1900:- In fair health - He is a dement in every way, will not speak, laughs vacantly masturbates openly, careless in dress & appearance dirty occasionally in his habits. requires night attention: He is also impulsive & strikes anyone who comes near him if he is excited. Occasionally he has an eczema which always yields to treatment by mercurials -

July 28th 1900:- In good health at present: The eczema is absent just now: He is easily managed also at present - Still wet nearly every night.

January 19th 1901:- No change in good health He is an impulsive laughing silly dement works at the barrows untidy & dirty in all his ways

January 30th 1902:- In rather improved health. The eczema has not troubled him for some time. He is an untidy uncleanly man who rarely speaks always ready to strike if annoyed - a masturbator - and he never interests nor occupies himself in doors

1903 July 10th: Continues in 3rd Div. In tiriff to health. demented -

1904 March 1st: No change. In poor body health.

SEE CHRONIC CASE BOOK

John Dewar or Doig - 58

July 28th 1900:- In fair health: still taking his fits about once every week or 10 days: very rambling and incoherent in talk readily made excited and irritable and always untidy looking. Has wet & dirty and requires constant attention: Plays & sings at night.

January 19th 1901:- No change in any way very dirty and easily excited.

January 30th 1902: In good health at present Still takes his fits very badly and has irritable restless and impulsive affections. Is generally upset very demented dirty and useless man who requires Constant attention to keep him decently clad and presentable.

1903 July 30th: Continues in 1st Div. - epileptic + demented. In fair health.

1904 March 1st: No change. - troublesome at times. Keeps in fair health.

SEE CHRONIC CASE BOOK

Reginald Melville Gough – 670

July 28th 1900:- No change physically: an active outdoor worker: very rambling and incoherent in talk: has little memory. Is easily made excitable but soon settles: he goes to & from the greenhouses where he works by himself. He Reports well.

January 19th 1901:- No change: works in the greenhouses: an active little man incoherent & rambling in talk: Has fair general health.

Jany 30th 1902: In good health. He is an active pleasant little man. He has been working in gardens ground. He is an incoherent muttering little man who when indoor never amuses himself to occupies his time in any way. A confirmed masturbator.

1902. July 10th Continues to work in gardens ground much the same in every way & in fair health.

1903. July 10th No change. works in garden & keeps in fair bodily health.

1904 March 1st: Keeps in fair health. demented & confined. Continues to work in garden.

Chr. C.B.

David Weir - 90 -

July 28th 1900:- Weir recently slipped going into the lavatory and injured the hip joint on rt side no fracture could be detected & no displacement of any of the lines about the hip. The condition looked as if it might be a dislocation but this was excluded: he can give no information about the seat of pain: he is gradually recovering power in it: he is a very dirty and troublesome case and he has to be raised each night visit: he sleeps fairly never occupies his time in any way and cannot give an intelligible answer to even the simplest questions.

January 19th 1901:- He is a big fat heavy demented dirty in his habits rarely speaks will not answer questions: he walks with a distinct limp from the above injury there is probably an impacted fracture.

January 30th 1902: No change: even more demented dirty & untidy than at last note.

1903 July 10th: Continues in 3rd Div. demented. untidy & dirty. In fair health.

1904 March 11th: No change. Keeps in fair health.

from 893. Montgomery Archdale.

1918
Jany 25. Is in L.E. demented, dirty & filthy in his habits.
in good bodily health –
1919. Sept. 2. No change in mental condition – In failing health.
1920 – May 19th. Much as before – always sitting
doing nothing – [illegible]
" " 26th. I. L. L. –

Alfred Ernest Potter.

1 Aug. 1904. Now in a condition on Dementia does nothing. Is quite quiet and seldom speaks but he keeps in good health.
1 Aug. 1905. The subject of dementia. Seldom speaks. does nothing. Quiet, and gives no trouble whatever. & keeping in good health.
1 Aug. 1906. Demented. Seldom speaks. does nothing. Is in the High West. Quiet. gives no trouble. Keeping in average health.
6 Jan. 1907. No change. Much enfeebled mentally. Bodily health fair.
10 Mar. 1908. This gentleman presents absolutely no change.
10 Aug. 1908. Remains the same mentally and physically.
28 Jan. 1909. Is in High West. Keeps in good bodily health. but mentally is quite unchanged.
1 July 1909. Still in High East & is unchanged. He is quiet and harmless. is in good bodily health & gives no trouble.
3 Mar. 1910. Is unchanged mentally or physically.
17 July " Remains unchanged in any respect & is in the Mid East.
10 Jan 1911. I.S.Q. 12 Oct. 1911. I.S.Q. In Mid West.
16 Dec 1911. Not well physically at present. Suffering from severe flatulence with great abdominal distension, & wh. is resisting all treatment.
10 Feb. 1912. Slowly improving. Now sitting up.
30 Mar. 1912. Mentally unchanged. Physically, back to his usual.
18 July 1912. Mentally unchanged, physically not so well, marked flatulence with abdominal distension.
30 " 1912. Moved to Low North, condition still unsatisfactory, no marked abdominal distention, but loss of tone of the whole intestinal track.
4 Aug. 1912. Improving: 4 Sept 1912. Back to Mid West.
1913. Feb 4. I.S.Q. Aug 1. I.S.Q.
1914. Mar. 4. No change.
Sept. 30 As above.
1915. July 1. No change now in HE. Dec 31 - In statu quo. HE.
1916. July 1. Unaltered now in ME.
1917 Feby 10. demented, inert, does nothing, seldom says a word
1918. Jany 25. No change.
March 8. Has developed a hydrocele - put on a suspender
1919. Mch. 5. Has been in failing health for some months - profoundly stuporous & demented. In Bingalow.
7. After restless night suddenly collapsed & died in 15 mins. at 6.40 a.m. today.
WDC.

915

917

1919.

Name
Died on
Mental Disease
Cause of Death
P.-M. Lividity
P.-M. Rigidity
Nutrition
Skin
Subcutaneous
Bones
Joints
Muscles and
Lymph Glands
Thyroid Gland
Spleen (M. 6
Blood
Peripheral Ne
Spinal Cord
Sympathetic
Sense-Organs
Brain.
Scalp
Skull—Meas
Fault of Cr
Floor of Cr
Dura Mater
Pia-Arachno
Fluid in Ce
Arteries at
Cerebrum
Cerebellum
Pons-Medu
Ventricles
Choroid p
Basal ba
Pituitary

C. R. I. POST-MORTEM SUMMARY.

N.B.—To be inserted at end of Clinical Record by Physician who was in charge of Patient.

Name John Muir.

Died on 26th March at 11·5 a.m. P.M. on 28th March at 11 a.m.

Mental Disease Dementia

Cause of Death Tuberculosis pulmonalis

General Survey.

P.-M. Lividity marked

P.-M. Rigidity well marked.

Nutrition Fair Pupils equal & moderate

Integumentary, Locomotory, and Hæmopoietic Systems.

Skin Healthy & brown discolouration round ankles.

Subcutaneous Fat moderate.

Bones

Joints

Muscles and Fascia

Lymph Glands

Thyroid Gland

Spleen (M. 6 oz., F. 5½ oz.)

Blood

Nervous System.

Peripheral Nerves

Spinal Cord and Column

Sympathetic Chain

Sense-Organs

Brain.

Scalp

Skull—Measurements

Vault of Cranium

Floor of Cranium Hard Palate

Dura Mater

Pia-Arachnoid

Fluid in Cranial Cavity Weight of Encephalon (M. 49 oz., F 44 oz.)

Arteries at Base of Brain

Cerebrum

Cerebellum

Pons-Medulla

Ventricles

Choroid plexuses

Pineal body

Pituitary body

Circulatory System.

Pericardium — mild patches.

Heart (M. 11 oz., F. 9 oz.) — 12 ozs.

Cavities

Valves (A. ·9 to 1 in., P. 1·1 to 1·2 in., M. 1·2 to 1·4 in., T. 1·5 to 1·8 in.) 1·56.

Muscle — Soft, fatty & friable (infiltration & degeneration).

Aorta and Vessels — Patches of atheroma.

Respiratory System.

Left Pleura — Completely adherent, lung had to be dissected out.

Left Lung (M. 21 oz., F. 15 oz.) — 20 ozs. Lower lobe mostly a large caseous mass & upper lobe caseated & cicatrised, no cavities.

Right Pleura — Adherent & recent & recent times, most marked over the lower lobe

Right Lung (M. 24 oz., F. 17 oz.) — 36 ozs. Acute miliary state & grey granulations throughout whole lung.

Respiratory passages

Alimentary System.

Peritoneum

Liver (M. 53 oz., F. 44 oz.)

Gall-bladder

Pancreas (M. 3 oz., F. 2¾ oz.)

Large intestine

Small intestine

Stomach

Upper alimentary passages

Urino-Generative System.

Left Kidney (M. 5½ oz. F. 5 oz.)

Right Kidney (M. 5¼ oz., F. 4¾ oz.)

Bladder and ureters

Generative organs and passages

Microscopical Examination.

Signature of Assistant Physician Roderick Campbell M.D.

John Muir.

12. Aug 1911. Now. sleeps at the Farm & works in the house. No mental change.

Dec 24th Muir has not been very well lately. He has had an irregular temperature and sweats a good deal. There are signs of tubercle in the front of the chest on both sides especially the left — moist sounds have been very marked.

Feb 1st Still much the same. Has a rise of temperature every evening. Both lungs extensively affected.

March 26th John Muir died at 11.5 am today
1912

From p. 790 Charles Chaytor.

20 Mar. 1912. Quite unchanged, mentally or physically.
1913. Feb. 4. D.S.Q. Sept. 1. D.S.Q.
1914. March. D.S.Q. Sept. 30. D.S.Q.
1915. Aug 26. He is stout & in good health. He spends much of his time playing wildly on the piano - in fine days he spends hours sat on the grass smoking. He is not social, & appears to have no charm. In conversation he talks freely of his former life, of his time in New Zealand, his memory is fairly good for these things. He is quiet & harmless but feeble minded & appears happy.
1916 January 25. In good health, no change mentally, now in HE He attends visits tho no dances, plays the piano for hours at a time in a mostly feeble style - in conversation he is more incoherent.
1917. Feby 7 - Mr Chaytor has an attack of indigestion & a severe Cold. He does not wish for medicine but follows his customary plan of abstinence pure food.
1918 10. He is much better, but a little weak & Rend.
Jany 25. He has quite recovered his usual strength - takes his daily walks at fixed times, plays the piano feebly - attends the dances. Talks of the old N.Z. days when he was in N.Z. He is feeble minded, contented, quiet & harmless, & very much opposed to any change in his daily routine.
1919. Sept. 2. As in last note —
1924. Jan. In Oakfield. Quiet & amenable. Suspicious & delusional. Demented. E & S. oats. B & Bran.
1925. Feb. Mentally & physically D. S. Q.
1927. June. In Oakfield demented; quiet; plays piano E & S oats B Bran
1930 Mar. In Hospice I slowly failing physically. E & S. oats. No change in his mental state during the last few years.
1934. Mar. In Low West. Much frailer. Bed ridden. E & S oats.
1935 - Failing & slowly. in Low West.
1936 - Still in bed. Frail & weak. old man. E & S oats.
1934. May 9. Died to day. Senility several years. No. P.M.

p 522

922

Ferdinand Smith from 900

1925. Feb. In Bungalow. Mentally unstable; idle unintelligible Would speak. Spends some weeks in bed occasionally. Habits faulty. E & S. ratio. Failing physically.

1927 June mentally & physically I. S. Q.

1930 March In Hospice No 1. Failing physically. E & S ratio. At times wet. Psoriasis varies in intensity Very demented seldom speaks. Incontinent

1934. May 18th Has been in Hospice No 1. since last report & has shown little material change either mentally or physically. Is up around daily but still idle & demented. E & S ratio. Incontinent. Habits faulty. Transferred to Low West.

1934. June 2. Took sudden heart attack & died at 5-30 this morning. Senility several years.
Syncope. 1 day.

1st Dorsin patients in this book. Feb. 1925.

Mr Ferdinand Smyth. (p) 922
Mr Charles Chaytor (p) 920

