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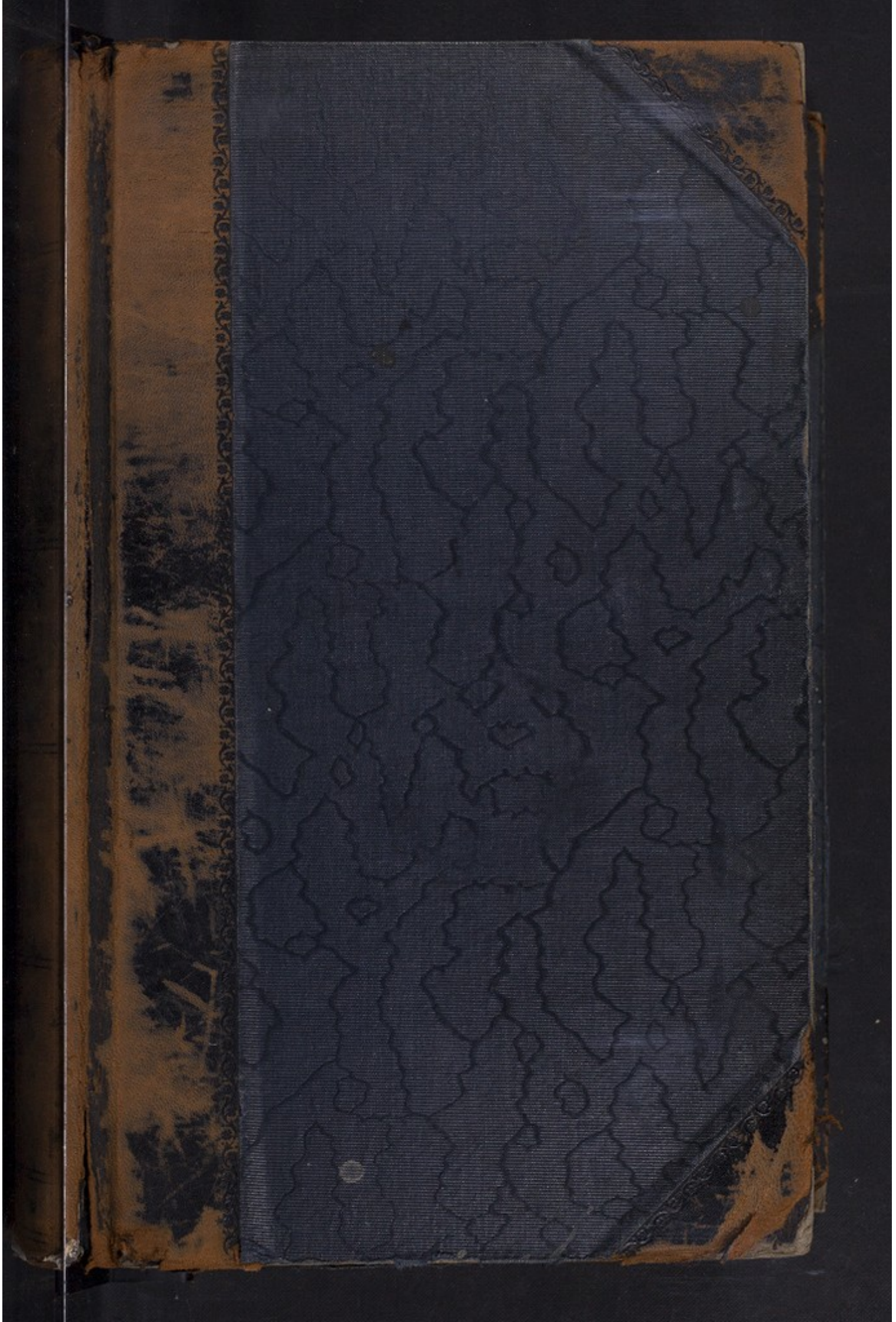
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1

NAME, James Scott *No.*

Admitted, 23rd Dec. 1892 *Pr. Ad.*

Sex, Male *Age,* 61 *Marriage,* Widower *Occupation,* Ploughman

Education, *Religion,* Protestant

Private or Pauper, Private *Where from?* Burnswark

HISTORY.

Causation.

Disposition

Habits

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 No

Dangerous Yes

Duration of Existing Attack Two days

Other Facts or Remarks Affected Acute mania

Facts of Medical Certificates

(1) S. Bart. (1) Acute. destructive. maniacal.

(2) Dancing singing tearing dishes.

NAME, James Scott

STATE ON

Mental.

Exaltation Marked

Depression —

Excitement Marked

Enfeeblement

Memory Considerably

Coherence No Can answer questions? No

Delusions -

Other Abnormalities In a state of acute mania

Bodily

Appearance very excited

Skin Healthy Hair fair

Eyes Normal. Head & eyes turned Pupils Dilated

Muscularity good Fatness fair

Nervous System—*Motor* Constant tossing about.

Sensory

Reflex Action equal Special Senses Normal

Retina

Lungs Healthy

Heart Normal.

Tongue Furred Bowels

Other Organs, Abnormalities, Bruises, &c.

Large inguinal Hernia (Right sided). Right testicle seems very much inflamed & enlarged.

Appetite

Urine 1030 Muddy to clear to stupor. Large deposit of urates

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.

3

NAME, James Scott.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24th Dec.						Very excited all night. Heard chat all night. Has been noisy all day. Quieter this morning.
26th Dec						Has been in bed till to-day. Gets up during the day though walk stiff is fairly quiet. At night he is worst & talks steadily.
28th "						Very little change.
31st "						Much more rational. Knows where he is. Attitude he is confined. Right Patella has now subsided, but left is a little inflamed
2nd Jan						very quiet. Thinks he can get no better here.
6th Jan						Patella now quite normal size. Ends still swollen.
15th "						Is more excitable. Talks very kindly of his quarters.
25th "						Sleeping well.
31st "						Had seen seeing him says he has no desire to leave this place. Has been very well.
						Has had rather bad diarrhoea (given Bismuth.)
14-2-93						Discharged

NAME,

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

5

NAME. Angus McInnes *No.*

Admitted, 24th Dec. 1892 *Pr. Ad.*

Sex, Male *Age,* 21 *Marriage,* Single *Occupation,* Labourer

Education, *Religion,* Protestant

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration first *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting Intemperance

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates

(a) S. Johnston "Unsound of mind & dangerous if at large or if detained. Cannot answer questions" & Outrageous in streets - got into hands of police.

NAME, Angus Mc Donnes

STATE ON

Mental.

Exaltation slight

Depression —

Excitement slight

Enfeeblement —

Memory Bad

Coherence No Can answer questions? In a very jerky manner.

Delusions

Other Abnormalities

Bodily

Appearance Bewildered expression.

Skin healthy Hair fair

Eyes blue Pupils dilated equally

Muscularity very good Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses Normal.

Retina

Lungs Healthy

Heart Normal

Tongue furred Bowels

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

Appetite

Urine 10 25 turbid acid 10 ozs 1015 sp gr traces.

Menstruation

Pulse 76 strong & regular Temp. 98

Height 5 ft 8 ins Weight 10 st 4 lbs.

Disease Acute insanity *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.

7

NAME, Angus McGinnes.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25th Dec.						very much confused. Has no idea where he is. Says he has been drinking. - Speaks with a Highland accent (Comes from Skye).
28th "						Got working to-day. Still speaking in his manner, but more sensible.
31st "						Doing fairly well.
6th Jan.						Not nearly so stupid. Doing very well. Talks to his surroundings very well. Is not working.
10th Jan.						Improving.
15th "						Keeping well - working regularly.
20th "						Stupid again. Says he is quite daft.
30th "						Confused, memory partly impaired. answers simple questions in a stupid manner. very restless.

Transferred to Inverness.

NAME,

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

NAME, Abram R. Spiers. *No.*

Admitted, 27th Dec. 1892 *Pr. Ad.*

Sex, Male *Age,* 34 *Marriage,* Married *Occupation,* Cashier.

Education, *Religion,* Protestant

Private or Pauper, *Where from?* Cambuslang.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hereditary History—*Insanity.*

Other Diseases

Predisposing.

Exciting Revivalism.

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous ?

Duration of Existing Attack Few days.

Other Facts or Remarks

Facts of Medical Certificates

A. S. McPharn — very excited. says he is a devil. wished all but attacked neighbours with knife

B. S. Wilson — Delusions - he is 8th. Almighty - forgives sins - has conquered the devil

— Thinks amount of evil as he thought he the devil. thinks his wife not think as he is a responsible being.

NAME. Abram R. Spiers.

STATE ON

Mental.

Exaltation Slight

Depression no

Excitement yes.

Enfeeblement no

Memory fair

Coherence Works incoherent Can answer questions? yes (When excited Turns)

Delusions

Other Abnormalities

Bodily

Appearance Ruddy pleasant - looking man.

Skin healthy. Hair hair - a right of baldness at back

Eyes brown Pupils equal

Muscularity good Fatness good

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses -

Retina

Lungs Healthy

Heart Normal - no murmurs

Tongue clean Bowels

Other Organs, Abnormalities, Bruises, &c.

Cicatrices in each side of neck - like old scrofulous sinuses.

Appetite

Urine -

Menstruation

Pulse 76 Temp. 98

Height 5ft 3 Weight 11 st 8 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.

11

NAME, Abram R. Spiers.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28th Dec.						Became very unruly last night. Got out of bed & got hold of patient (lying near him) & testicles, & was going to do him harm. Seems subject to fits of excitement.
29th Dec.						Was excited last night & got 40 grs Sulphonal
31st Dec.						Has slept very well for last night. During the day he will with little coaxing give attention to biblical subjects, & wishes to discuss these alone.
6th Jan.						Has had no more excited turns. Speaks rationally, & says he blames the revival meetings for making him believe "he had something to do". Seems of a facile disposition.
9th Jan.						Improving. Was at the weekly dance last night, & seemed to have enjoyed himself.
15th "						Keeping well working daily - & exercising himself as Sup.
25th "						Always dull seems. Yet facile & inclined to laugh in a silly way. Sup he will have nothing more to do with revival meetings.
30th "						His friend seeing him on Saturday (28th). Says he was in quite usual. Did not seem to feel his position at all when speaking to friend.
1st						Better & able. Very facile in manner. Seems unable to control himself fretfully.
25th						Discharged

NAME,

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

13

NAME, William Newall No.

Admitted, 3rd June 1893 Pr. Ad.

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

Education, Religion, Protestant

Private or Pauper, Pauper Where from? Lockalie

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first Kind

Duration Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous ?

Duration of Existing Attack few days

Other Facts or Remarks

Facts of Medical Certificates

(A) Sees Devil & spirit sees people. thinks his soul is lost & sleepless

(B) Sees Devil & spirits in his room. Hears voices telling him & sleepless. refuses food. will not utter incoherent.

NAME. William Newall

STATE ON

Mental.

Exaltation None

Depression very deep.

Excitement restless

Enfeeblement -

Memory fair

Coherence so far Can answer questions? yes.

Delusions thinks he is the kidlock - most timid

Other Abnormalities

Bodily.

Appearance very anxious

Skin healthy Hair fair

Eyes brown Pupils equal

Muscularity fair Fatness fair

Nervous System—*Motor* restless.

Sensory

Reflex Action equal Special Senses good

Retina

Lungs Healthy

Heart No murmur. action feeble strong & regular

Tongue clean Bowels

Other Organs, Abnormalities, Bruises, &c.

No bruises

Appetite

Urine 1025 turbid deposit & crystals.

Menstruation

Pulse 72 Temp.

Height 5. 5½ Weight 8 St 5

Disease Melancholia: Simple (with) *Kkae'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.

15

NAME, William Newall

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2nd Jan.						very frightened – in constant danger that he is to be killed. very resistive – for same reason. Restless. uncertain what is going to happen.
6th Jan.						
9th Jan						very constipated. Restlessness steady. very confused – & apathetic.
15th "						Left dirty in his habits – had frequently wet at night. His lips sore.
25th "						Great watchfulness steady. Still restless. but has not been wetting bed last few nights.
30th "						Quite sane. Answers simple questions. will not speak to anyone.
6th Feb.						Still in same listless state.
29th "						Gradual getting more & more demented. Habits dirty. restlessness strong & is seemingly unable to understand what is said to him.
5-5-93						was put to bed yesterday. has been constipated. requires &c. Bowels cleared off. Ricini. Appetite bright but is rather dull & healthy is markedly emaciated.
6-5-93						Listless – takes food well but very slowly. Condition is much the same state.
18-5-93						Is getting gradually more steadily when eating &c. Naturally a little brighter.
26-V-93						Discharged to care of friends.

NAME,

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

17

NAME, John Greilly No.

Admitted, 4th Jan. 1893 Pr. Ad.

Sex, M. Age, 36 Marriage, Single Occupation, Attendant

Education, Religion, R.C.

Private or Pauper, Pauper Where from? Hamilton.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated Chester Asylum

Hereditary 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 four days

Other Facts or Remarks Says he was in Chester Asylum two years ago for about 6 months. Says he thinks he had been excited, then not so bad as he is now

Facts of Medical Certificates

(A) S. London (1) Violent & dangerous - Is incidly silent -

(2) Delusions of persecution says not talks but sitting alone & he overhears talk, does not speak. Does as was told

(B) S. Lunacy (1) as above.

NAME, John Breilly

STATE ON

Mental.

Exaltation None

Depression Yes

Excitement None

Enfeeblement -

Memory Poor

Coherence Yes Can answer questions? At times

Delusions

Other Abnormalities Sits with head bent & eyes closed & only at times takes any notice of what is said to him. In state of stupor.

Bodily.

Appearance Heavy - Pasty

Skin Pallid Hair fair

Eyes Dim Pupils equal

Muscularity good Fatness good

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses None

Retina

Lungs Healthy.

Heart Action fairly good & regular. No murmur

Tongue - Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine

Menstruation

Pulse Temp.

Height 5ft 8½ Weight 10 St 10

Disease Stupor (? Cerebral) *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.

19

NAME, John Greilly

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5th Jan.						In state of semi-stupor. Sits in fixed attitude, & refuses to speak. – looks very down:
6th Jan						a little brighter to-day. says he feels as if he was coming to himself.
8th Jan						Dr Rutherford considers this case of Brain disease? Sitting & writing some weeks ago. headache &c. Optic neuritis. Knee jerks increased.
18th Jan						Improving – Right eye has slight dr. stabbing & with other eye dim & heavy. White expression is very vacant. Pupillary reaction is increased – Knee reflex still absent. Walking.
20th Jan						Got very stiff last night & refused to speak. better to-day. But very down: will not lift his eyes as before. medical attendance.
30th Jan						
1st Feb.						Speechless to-day again. Very peculiar case. Seems easy & sudden to change into a brief stupor – sits quite stiff with hands in pockets & eyes fixed on ground about a yard or so in front of him. Will at best not raise his eyes above foreign & till when will he speaks freely & is inclined to appreciate point raised.
10th						Good night – next day speechless.
15th						Machine
29th						During last few days has changed his usual position, & is standing sitting in day-room – stands staring out blankly. of one of the windows in corridor.
6.3.93						Is now not. nothing of same a little more lively, but goes about in a very machine-like manner.
30-VIII-93						Has for the last few months been wonderfully bright pleasant & working steadily. Same as when he first came to us. He seems contented to stay.

Discharged

NAME,

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

21

NAME, James Rithgow No.

Admitted, 5th Jan. 1893 Pr. Ad.

Sex, M Age, 39 Marriage, S Occupation, Labourer

Education, Religion, P.

Private or Pauper, Pauper Where from? Lanark

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 1 Kind

Duration 22nd June - 8th Aug 1892 Where treated Dundee

Hered. History—*Insanity.*

Other Diseases

Predisposing.

Exciting Alcohol.

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous Yes.

Duration of Existing Attack about a week.

Other Facts or Remarks

attempted to commit suicide before last admission.

Facts of Medical Certificates

1 St. Cantin. 2 Insane. Hears voices

2) Runs after children with knife

3 St. — 2) alone.

NAME. James Lithgow.

STATE ON

Mental.

Exaltation none

Depression Very afraid that some evil is to befall him.

Excitement slight

Enfeeblement confused

Memory impaired

Coherence fair. Can answer questions? Simple questions

Delusions

Other Abnormalities

Bodily.

Appearance Debauched worn out. like exposure

Skin healthy. Hair dark

Eyes blue Pupils equal dilated

Muscularity fair Fatness poor

Nervous System—*Motor* restless

Sensory

Reflex Action Special Senses normal

Retina

Lungs Left apex dull & harsh with some rhonchi

Heart feint first sound & accentuated 2nd

Tongue furred tremulous Bowels

Other Organs, Abnormalities, Bruises, &c.

3 incised wounds on neck. (attempted suicide)

Appetite

Urine 10 30 turbid Deposit phosphates.

Menstruation

Pulse 70 Temp. 98

Height 5ft 5 Weight 9 st

Disease Melancholia with stupor *Skae's Classification*

General Bodily Health and Condition Fairly good.

PREDOMINANT FEATURES.

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

NAME, James Lithgow.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7th Jan						Very restless. Very confused. Complains of voices speaking to him. Imagining. A drink case. Gives various different names. Imagining.
10th Jan						
25th "						
6th Feb.						Got working everyday. Is quite sensible & bright. Drinking well. At working daily. Seems at times confused, as to rest of rather low mental power.
25th "						
15-IV-93						Is very well & working steadily.
30-VIII-93						Still bright & pleasant & anxious to get home to friends. Drinks fairly well at home & soon gets employment.
						Discharged

NAME,

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

25

NAME, John Smith *No.*

Admitted, 13 - Jan 93.

Sex, M. *Age,* 26 *Marriage,* S *Pr. Ad.* *Occupation,* Labourer

Education, *Religion,* P.

Private or Pauper, Pauper *Where from?* City Parish Union

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting Intemperance.

Symptoms.

First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes.

Duration of Existing Attack Few days

Other Facts or Remarks

Facts of Medical Certificates

(A) S. Clark " Confused. unfit to take care of himself

" Violent - delusions of wealth, trying to jump from window

(B) S. Johnston as in A.

NAME, John Smith

STATE ON

Mental.

Exaltation slight (going to be married &c)

Depression —

Excitement slight

Enfeeblement —

Memory impaired

Coherence at times clear. Can answer questions? at times

Delusions Numerous fleeting delusions

Other Abnormalities At times fails completely to speak.

Bodily

Appearance Nervous poorly developed youth.

Skin [illegible] Hair fair

Eyes grey Pupils left small Right large - Vil react.

Muscularity poor Fatness poor.

Nervous System—*Motor* No tremors. Tongue.

Sensory

Reflex Action normal Special Senses Normal.

Retina

Lungs Healthy

Heart Healthy

Tongue Very furred Bowels

Other Organs, Abnormalities, Bruises, &c.

No bruises. - Marks of Leg ? syphilitic.

Appetite

Urine Normal.

Menstruation

Pulse 78 Temp. 98

Height 5 9 Weight 10 6

Disease Acute Mania (? Syphilitic) *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 Smith

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14th Jan.						Has been fairly quiet to-day speaks rationally at times. but then goes off incoherently.
16th Jan						very noisy last night & got 3iij paraldehyde which gave him sleep from 11 till 5.
17th Jan						Quiet during day, but gave him little trouble during night.
18th Jan						very noisy all night. To day restless. knocking something about.
20th Jan						No change. Tearing off his clothes & doing all sorts of mischief
24th "						very restless. In constant motion. Walks & shouts by turns.
28th "						Getting gradually worse & to-day is in dreadful state. Moaning weeping - putting himself into distorted positions. Given 3ij's Paraldehyde at 9.15 - (no effect). Repeated at 12 M. (no effect). - slept during night.
30th						Not quite so violent as he was, but still very restless. Quiet last night.
6th Feb.						Takes into his head to do some work in a helping-go-lucky way. Making no progress.
29th "						Noisy - restless - habits dirty & altogether very much worse. At work all day. To-day is first day working alone in a room & read by. Talks to himself continually - active limbs restless hands.
5-5-93						Has improved markedly within the last month. He is still at times incoherent & talks little sense to himself.
10-VII-93						Maintains his improvement. Has dull vacant look. He seems to know exactly what he is doing
31-8-93						Discharged

NAME,

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

29

NAME, James Whitelaw No.

Admitted, 14th Jan Pr. Ad.

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

Education, Religion, P.

Private or Pauper, Pauper Where from? Annan.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous ?

Duration of Existing Attack 10-12 days.

Other Facts or Remarks

Facts of Medical Certificates

1st Sig. Mania. ① Restless - excited. Does not know his family
② Vacant he is shaved

2nd Sig. Bleek ① Talks wildly of Christ &c

NAME. James Whitelaw.

STATE ON

Mental.

Exaltation None.

Depression Yes.

Excitement Whitelaw.

Enfeeblement Yes.

Memory —

Coherence No Can answer questions? No

Delusions —

Other Abnormalities

Bodily.

Appearance a poor exhausted creature.

Skin healthy. Hair gray.

Eyes gray. Pupils equal

Muscularity poor Fatness poor

Nervous System—*Motor* restless.

Sensory

Reflex Action equal Special Senses

Retina

Lungs Bronchopneumonia in few cells at base.

Heart is rapid & weak - no murmur —

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

No bruises

Appetite

Urine 1028 acid Purulent no albumen no sugar Deposit of pus cells.

Menstruation

Pulse 68 Temp. 98

Height 5 ft 5 in Weight 7 st. 9

Disease Acute Mania *Skae's Classification*

General Bodily Health and Condition Very 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.

31

NAME, James Whitelaw.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18th Jan.						Very weak. Cries little stronger than yesterday. Restless at times
19th Jan						Shouting in an excited way. Cries little. Taking food fairly well
20th Jan.						Stronger today - still noisy & restless very much weaker. Has had diarrhoea for last day or two. Sores dressed. Pulse is very weak. Kept on milk diet.
29th "						Quite night Asleeting this morning
30th "						Weaker this morning Died rather suddenly in evening.
1st "						

NAME,

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

33

NAME, Frances Falconer No.

Admitted, 17th Jan. 1893. Pr. Ad.

Sex, M. Age, 28 Marriage, S Occupation, Pipe Maker.

Education, Religion, R. C.

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first Kind

Duration Where treated

Hereal 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 6 months

Other Facts or Remarks

Facts of Medical Certificates

A. S. Grv Delusions – injured by neighbours, Father Brothers influenced a young woman against him. Hostile friends with violence.

B. S. Blakie as in A.

NAME, Frances Falconer.

STATE ON

Mental.

Exaltation -

Depression Slight

Excitement —

Enfeeblement

Memory fair

Coherence No

Can answer questions? Simple ones.

Delusions very suspicious - relieves friends are doing him harm.

Other Abnormalities

Bodily

Appearance Skin & worn out.

Skin healthy

Hair brown

Eyes right cornea opaque

Pupils Left pupil round.

Muscularity poor

Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action equal

Special Senses right eye weak)

Retina

Lungs Nothing abnormal detected.

Heart Sounds very muffled. Action fairly good.

Tongue red.

Bowels

Other Organs, Abnormalities, Bruises, &c.

No Bruises

Appetite

Urine 1022 acid clear. No alb — no Sugar No Deposit

Menstruation

Pulse 74

Temp.

Height 5. 9½

Weight 9. 8

Disease Chronic Melancholia

Skae's Classification

General Bodily Health and Condition Poor

PREDOMINANT FEATURES.

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

35

NAME, Frances Falconer.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18th Jan						Quiet - Seeks then spoken to. Has delusions Persecution easily elicited
20th Jan						Still delusions. Talks fatuously & gives no trouble.
25th "						Out working.
30th "						Behind the stiff shop. Has still a peculiar suspicious manner about him.
6th Feb						Manager seems a good-for-nothing lazy fellow
29th "						Out working. Has not changed a bit since admission.
5-5-93						About the same mentally. Pleasant patient. At times we go about him. Yesterday while carrying coal glass cut his little finger of left hand rather badly.
30-V-93						Finger has healed since last writing. It is now all right. Patient is very delusional - pulls down blinds when you to examine him to see if he has the "red disease". Is very anxious to get home.
10-VII-93						Working well - still delusional
30-8-93						Is in very much same state. No improvement mentally - still maintains that Father keeps his fellows. Thinks he is "spotted" etc. Is very desirous to get married.
18th June 1897						Transferred today to Carlock

NAME,

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

37

NAME, James Scott No.

Admitted, 18 Jan. 1893 Pr. Ad.

Sex, M. Age, 31 Marriage, S. Occupation, Miner.

Education, Religion, P.

Private or Pauper, Pauper Where from? Newfoundland.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting Intemperance.

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes.

Duration of Existing Attack About 2 weeks.

Other Facts or Remarks Has been drinking heavily since New Year. Had similar attack last year

Facts of Medical Certificates

(A) E. Bennett (1) Sleepless. Talks incoherently.
(2) Talks of imaginary persons

(B) E. Alston (1) Violent, noisy, suspicious.
(2) Sleepless &c

NAME, James Scott

STATE ON

Mental.

Exaltation -

Depression -

Excitement Talks quite due

Enfeeblement -

Memory fair?

Coherence No

Can answer questions? Simple ones.

Delusions Many fleeting delusions.

Other Abnormalities -

Bodily

Appearance Debauched

Skin Healthy. fair complexion Hair dark

Eyes Muddy Pupils equal

Muscularity good Fatness fair

Nervous System—*Motor* restless.

Sensory

Reflex Action equal Special Senses

Retina

Lungs Healthy

Heart is rather feeble steady & regular. No murmurs.

Tongue furred Bowels constipated

Other Organs, Abnormalities, Bruises, &c.

—

Appetite

Urine 10

Menstruation

Pulse 76 Temp. 98

Height 5.9½.9 Weight 10 St.

Disease Acute Mania (in Retn) *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.

39

NAME, James Scott.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19th Jan						Has been excited raving all night. Taking food "by force" & coaxing. very troublesome. Still raving.
20th Jan.						Not raving now. but in deep melancholia - cannot understand where he is & if told - forgets immediately & starts again in few minutes. Taking food better & sleeping a great deal
24th Jan.						very confused.
26th "						Looks in a terrified way. Memory fairly good for recent events but for past very bad. Could not say how many meals he had got nor what he had got. Answers "I don't know" to most
30th "						questions. Cannot explain what his trouble is.
6th Feb						Brightening a little. Is still muddled up.
15th "						Seems to be learning anything as again: his memory seems to have been a complete blank. Coming back gradually & has
24th "						been out walking & is now very eager to get home. Doing well.
						Discharged

NAME,

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

41

NAME, Thomas Hastings. *No.*

Admitted, 18th Jan. 1893 *Pr. Ad.*

Sex, M *Age,* 15 *Marriage,* S *Occupation,* Van. Boy.

Education, *Religion,* P

Private or Pauper, Pauper. *Where from?* Ct Parish. Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes.

Duration of Existing Attack a week.

Other Facts or Remarks

Facts of Medical Certificates

(A) Dr. Hunter — a violent, destructive, tearing clothes & has been so for a week.

(B) Dr. Johnston — obstinate reticent, & other violent, incoherent, & Bites, kicks &c

NAME, Thomas Hastings.

STATE ON

Mental.

Exaltation -

Depression -

Excitement Very

Enfeeblement -

Memory weak-wicked

Coherence No Can answer questions? ?

Delusions

Other Abnormalities

Bodily

Appearance Reckless

Skin healthy Hair brown

Eyes Dull Pupils equal

Muscularity poor Fatness poor.

Nervous System—*Motor* very restless.

Sensory

Reflex Action exces. Special Senses normal

Retina

Lungs

Heart

Tongue furred Bowels constipated

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine 1020 acid clear No albumen No sugar

Menstruation

Pulse 72 Temp. 98

Height - Weight -

Disease Mania of Persecution *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.
	X								

NAME. Thomas Hastings

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.*	PROGRESS OF CASE.
19th Jan.						a restless, noisy, urchin.
20th Jan						No change - is restless as ever - speaks excitedly.
25th Jan						Much quieter & much more retained. Complains a great deal of thirst.
30th "						Has learned at night pleasant little fellow - inclined to be on the cheeky side.
6th Feb						Sang at the Same to night "The Donkey" - but the "Jubilee" which was greatly enjoyed & petitioned. Is quiet "off" again. Took his ad mission excited state.
16th "						Getting quieter & still very troublesome noisy - night & day.
25th "						Remains about again
2nd March						Making progress - is noisy & troublesome as ever. He "disorderly" on great friends & Tony is attached & enjoying the Industrial Class.
						Discharged to Service Sanderstead

NAME,

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

45

NAME, Adam Wightman — No.

Admitted, 23rd Jan. 1893 — Pr. Ad.

Sex, M — Age, 28 — Marriage, S — Occupation, Clerk

Education, 1 — Religion, P.

Private or Pauper, Private — Where from? Montague Place Sunfish

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration first — *Where treated*

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal — No

Dangerous — No

Duration of Existing Attack — 6 months.

Other Facts or Remarks

Facts of Medical Certificates

(A.) E. Smith — Relies that people are conspiring to annoy him. Is suicidal without cause. Will not settle in any situation.

(B)

NAME, Adam Wightman.

STATE ON

Mental.

Exaltation

Depression

Excitement Yesterday

Enfeeblement

Memory Good

Coherence Yes - Can answer questions? Yes.

Delusions Suspicions of those living near him

Other Abnormalities

Bodily

Appearance Nervous appearance.

Skin healthy Hair fair (auburn)

Eyes steel grey Pupils dilated - react to light.

Muscularity fair Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses normal

Retina

Lungs Breath sounds faint over part of right lung - accompanied by wheezing

Heart 1st & 2nd sounds run into each other - extra sound & irregular.

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

NO

Appetite

Urine 1030 clear No sugar No albumin

Menstruation

Pulse 78 Temp. 98

Height 5ft 5½ Weight 8

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. Adam Wightman.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
26 Oct.						Delusive. Says he is here quite illegally & that his father has conspired to injure him. Believes one of the most dreadful imaginable has been committed when he was sent to C.R.I. Talks in a quite argumentative tone, & his reasons are easily knocked on the head.
30th.						Has written to Procurator Fiscal complaining of gross injustice. Seems quite engrossed & se
6th Nov.						Still fully explains. Writing letters to minister. Heckgrading his mother. Complains of food. & is quite convinced that he is quite sane.
29th.						Persists in writing to all big-wigs round about & tries to air his supposed grievances in all possible ways. Helps himself & shows the violent reading.
25 - XII						Is taken ill to-day. Refuses to work. Sturdy, invincible manner, & seems to have gain quantity of grits.
10 - XI						Is very much worse. Very much excited & talking. Seems doubtful if he will ever be better than he is
2-9-93						Discharged.

NAME,

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

49

NAME, William Wightman No.

Admitted, 23-1-93 Pr. Ad.

Sex, M Age, 28 Marriage, S Occupation, clerk

Education, Religion, ?

Private or Pauper, Private Where from? Hunter Square, Dumfries

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 2 years

Other Facts or Remarks Gives cause of a.w. p. 45

Facts of Medical Certificates

(A.) Dr. Smith. Confirmed. Does not see cause of working for weeks after

Dr Imbrie. most wild & no meaning sometimes

(B)

NAME, Willian Wightman

STATE ON

Mental

Exaltation –

Depression very quiet.

Excitement –

Enfeeblement slight

Memory fair

Coherence No Can answer questions? simple ones

Delusions ·

Other Abnormalities ·

Bodily

Appearance Respectable - solid

Skin healthy Hair fair

Eyes Steel grey Pupils dilated - react to light & accomdn

Muscularity fair Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses Hard

Retina

Lungs Healthy

Heart Is actn good - no murmurs

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine 1020 acid does not chlor No deposit

Menstruation

Pulse 80 Temp. 98

Height 5ft 5 Weight 7 st 10

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, William Wightman.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24th.						Talks in a jerky disconnected way. Sees of his natural calibre.
26th.						Very little change. is dreamy. Does not complain so much as Miss Mitchell always takes him out from Adam, & when she (Adam) says anything, William always jerks in a sentence now & has disconnected from rest of conversation.
30th.						No change does not grumble unless Miss Mitchell is beside him.
6th. Feb.						Quiet, sees entertained & mildly amused.
29th.						Talks in a jerky way - in short sentences & is entertained. Very Rapid
25-3						No change - cannot converse - comes in any room & sits (in fact it is about any) with "just so" "is it true" "is there anything you wish to communicate". Seeking responses - busy.
4-VI						still the same restless, stupid, fellow. Sees & is dreaming all day long
5-9						Is making no progress. Seems now to have missed Miss Mitchell. Quiet & orderly
25/X.						Has the third stroke & is making quite fair progress. He talks more readily & clearer now & not - sensible, but himself & from the new point - is it a different day.
3/3/911						Is peculiar in manner rarely speaks to anyone. When ill he is able to tell intelligently what ails him, but never expresses any desire for home or any other thing. He is able to work outside a little
February 10th 1900:-						In fair healthy at present. He works in the Slaughter house Squad. He is stolid and apathetic never speaks. He takes no interest in his surroundings and is generally quiet & easily managed He sleeps well & eats well
July 28th 1900:-						No change Mentally. He occasionally writes a very incoherent & disconnected letter demanding away

NAME, William Lightman

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He walks with a gait somewhat suggestive of commencing locomotor ataxia but the knee jerks be present: he is somewhat pale & anaemic – and the breathing is slightly rapid at times but no active mischief can be made out
January 25th 1901:						Sent to Farm Annexe after notes as to (page 166)
						Discharged from Farm Annexe.

53

NAME, James Carlon No.

Admitted, 25-1-93. Pr. Ad.

Sex, M Age, 25 Marriage, Occupation, Labourer

Education, Religion, R.C.

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first Kind

Duration Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting Intemperance.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous yes

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

(M) S. Robertson — Hears imaginary voices sees imaginary forms. Restless, excited & dangerous.

(B) S. Johnston — Deliberate & slight hearing. Dangerous. Subject to recent lapse.

NAME. James Carlan.

STATE ON

Mental.

Exaltation -

Depression -

Excitement Yes

Enfeeblement No

Memory impaired

Coherence No

Can answer questions? No

Delusions Very excited. sees his mate in the rock. bed (D.T's).

Other Abnormalities

Bodily.

Appearance Stout well. built man.

Skin healthy

Hair black

Eyes Grey.

Pupils equal. dilated

Muscularity Good

Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action equal

Special Senses Normal

Retina

Lungs Healthy

Heart Healthy

Tongue Furred

Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine 1030. Large deposit of urates

Menstruation

Pulse 78

Temp. 98

Height 5ft 8

Weight 125.

Disease Alcoholic Insanity *Skae's Classification*

General Bodily Health and Condition V. Good.

PREDOMINANT FEATURES.

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

55

NAME, James Carlin

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
26th Jan.						Very excited all last night. Got 3½ Chloral. Confused to-day. Thinks he is made in sleeping in next bed.
29th Jan.						Now much better. Complains of hearing voices. Continuing to improve. Has been drinking heavily since he left the army a short time ago.
30th Jan.						
6th Feb.						Very much improved - out working to-day - quite against his will - Says no truth
19th Feb						Discharged well. Fine strong healthy man, states quite unable to settle Prison- to work. Mental condition good.
20th						Is going away. Says will try & get work at excel - tells was a soldier 6 years ago was discharged

Discharged

NAME,

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

57

NAME, William Morrison No.

Admitted, 26th Jan. 1893 Pr. Ad.

Sex, M. Age, 32 Marriage, S Occupation, Lithographer

Education, Religion, P.

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 1 Kind

Duration about 12 years Where treated Glasgow & Edinburgh Asylums

Hereditary 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 12 years

Other Facts or Remarks

Facts of Medical Certificates

(A) Dr. Johnston a silly, weak & timid. answers questions with difficulty; Quite indifferent to his surroundings

(2) subject to fits of uncontrollable violence

(B) Dr. Yokum as in A.

NAME, Wm. Harrison

STATE ON

Mental.

Exaltation -

Depression yes

Excitement -

Enfeeblement ~~slight~~ marked

Memory poor.

Coherence speaks very little Can answer questions? Simple ones

Delusions

Other Abnormalities

Bodily.

Appearance Vacant expression

Skin sallow Hair black

Eyes poor Pupils equal

Muscularity poor Fatness poor

Nervous System—*Motor* -

Sensory -

Reflex Action equal Special Senses dull

Retina

Lungs Dr with lungs moist rhonchi sibili all round

Heart ? action weak & irregular. 1st replaced by murmur. 2nd distinct.

Tongue dry & furred Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine 1022 acid does not clear on addition of nitric.

Menstruation

Pulse 78 Temp. 98

Height 5ft 8½in. Weight 7st 4

Disease Dementia *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.

59

NAME, Wm Harrison

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28th Jan.						a helpless demented creature - Quiet & still & answering simple questions.
30th "						Sits with head hanging - Says he has one leg for a change & that he likes it
6th						No change.
19th						Sees quite at home. Walks up & down & smiles & is very pleased with himself.
29th						Not seen.
20 Feb						Willie is quite at home. Smokes his pipe walks out. Dressed & walks.
9-9-93						No change.
18 June 1897:-						Transferred today to Gartloch.

NAME,

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

61

NAME, Alexander Ford No.

Admitted, 26th Jan. 1893 Pr. Ad.

Sex, M. Age, 64 Marriage, Widower Occupation, Innkeeper

Education, Religion, P.

Private or Pauper, Private Where from? Edinburgh.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hereal 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 some weeks.

Other Facts or Remarks

Facts of Medical Certificates

(A) Dr. Russell Asylum - needs constant watching.

(B) Dr. Hendry (1) Wanders but coherently. Conscious of surroundings

(2) Restless.

NAME, Alexander Ford

STATE ON

Mental

Exaltation

Depression

Excitement very restless

Enfeeblement

Memory Cannot be tested

Coherence No Can answer questions? No

Delusions thinks his horse is waiting at the door etc etc

Other Abnormalities

Bodily

Appearance very haircut — pathetical appearance

Skin badly - (dirty) Hair grey

Eyes grey Pupils equal

Muscularity good Fatness fair

Nervous System—*Motor* restless

Sensory

Reflex Action equal Special Senses Normal(?) ophthalmoscope refused (eyes very painful)

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

seemingly healthy but very restless

Left inguinal Hernia - reducible.

Appetite

Urine 1015 faintly acid clear No albumin No deposit.

Menstruation

Pulse 62 weak & small irregular Temp. 98

Height 5ft 10½ Weight 105st 6

Disease Senile Hernia *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.

63

NAME, Alex. Ford.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27/12/93 Jan						Very resistive. Kept in bed & his mind in the clothes resisting all interference. Seems weak in brain
30/12/93						Is falling up from drafts. Constipated & given calomel & jalap ℥ gr v - which had due effect. Resistive as ever.
4/1/94 Feb. 6/1/94						Still in bed - his mind in clothes up to day & resisted putting on of clothes etc. Very troublesome all day.
9/1/94						Has been getting up for last few days - but is very miserable. Is so terribly "contrary".
13/1/94						In bed - quiet - dreamy - Takes his food well. Seems half dazed.
17/1/94						No change
24/1/94						Still in bed. Lies under clothes & scarcely sleeps - Takes his food himself. Mind has been wandering
20/2/94 Hendon						Address.
15 - VI - 93						Has been tried up but is confused restless & cannot sit still. Lies in bed & is no trouble to anyone. Eats & drinks his meals & then takes & seems quite in dazy.
9-9-93						No change.
23/12/93						Is confined to bed on account of physical weakness. He is very stupid always dazed and sleepy, he is with difficulty roused and then does not seem to comprehend any question addressed to him. On the left breast is a swelling, elastic in consistence with no definite outline and irregular on the surface when pierced with a grooved needle found to contain serum (clear only) Growth evidently fatty in nature.
5/1/94						Is very weakly, he only exists cannot do anything for himself. Seems not to comprehend anything, and requires careful attention.
						Died

NAME,

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

65

NAME, Henry Yoker or Heyham No.

Admitted, 1st Feb. 1893 Pr. Ad.

Sex, M. Age, 20 Marriage, S Occupation, Asst. Coach-painter

Education, Religion, P

Private or Pauper, Pauper Where from? Bumpkin Island (Industrial school)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting Bodily disease?

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack

Other Facts or Remarks Said to be Epileptic.

Has been in Hospital Ward for some time, & has got unmanageable in Industrial school sick room.

Facts of Medical Certificates

(1) Sir Herbert Oswald (1) Imbecile, relieves that his case has been dealt with & confirmed.

(2) wants Asylum in Ireland

(3) Sir Rendell as in 1.

NAME. Henry Yates [illegible] Vaughan.

STATE ON

Mental.

Exaltation -

Depression -

Excitement more delirious than first excitement.

Enfeeblement -

Memory -

Coherence - Can answer questions? Simple nos.

Delusions

Other Abnormalities

Bodily.

Appearance Pale flabby exhausted otherwise.

Skin clammy Hair dark

Eyes blue Pupils equal

Muscularity flabby Fatness fair

Nervous System—*Motor* reflexes

Sensory

Reflex Action equal Special Senses Normal.

Retina ?

Lungs Left lung fronting dull (tubular like). Both small & sonorous etc Right lung dull up & Scapula - no rales sonorous V.R. audible

Heart Precordial dulness & sounds as here. Action of Heart quick rapid.

Tongue furred Bowels -

Other Organs, Abnormalities, Bruises, &c. Blisters over epigastric region, over heart, over back of left lung. / cicatrix on 6th. Sternum on right side (as if for empyema)

Appetite -

Urine has incontinence of urine

Menstruation

Pulse 135. Temp. 100·2

Height - - Weight - -

Disease Acute! Mania *Skae's Classification*

General Bodily Health and Condition Very 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.

NAME. Henry Yorke of Heughan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2nd Feb.						Very weak. Pt seems to have one life — pin still. Extremities of right arterial blood. Seems delirious. Hypodermic needle inserted into each side without finding any fluid.
4th Feb.						More restless. Relatives were to spoken. & feeling the pulse of Rt. Cushley. "What a beautiful foot-ward" — the one keeps calling this to the other. Rt to Dr. Dig. Phlegm. on Rt side.
6th Feb.						Bodily health about same. Urine shows if anything marked more flickering. Extremities still cold. Urine still dribbles. Flutter is before
7th Feb.						Same breathing — pulse Dig. pill in XV & Ether 4 min ago.
8th Feb.						Very restless much weaker — Lungs very acute.
9th Feb.						Died this morning

P.M. extending adhesions of pericardium. Heart could be removed with great difficulty. Pericardium over this normal thickness. Lungs clear like deposit at base. Lungs:- Upper right lobe — Upper left lobe — Lower like very congested.

NAME,

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

69

NAME, Francis Thomas *No.*

Admitted, 4th Feb. 1893 *Pr. Ad.*

Sex, M. *Age,* 68 *Marriage,* Widower *Occupation,* Carpenter

Education, *Religion,* P.

Private or Pauper, Pauper *Where from?* Swan Combination.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ? *Kind*

Duration *Where treated* Surprise 1889

Hereal 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 four weeks

Other Facts or Remarks

Facts of Medical Certificates

(1) S. Barnes (1) Delusive - Incoherent & unusual questions - Relieves something is going to happen

(2) Relieves stones are falling from the sky

(2) S. Taylor (1) Delusive in chest - Spirits forces are taking at him?

(2) Refuses medicine

NAME, Francis Thomas.

STATE ON

Mental.

Exaltation -

Depression Quiet + stiff

Excitement -

Enfeeblement slight

Memory Speaks seldom + vague

Coherence ! Can answer questions? With diffidence.

Delusions None expressed - He is very timid in manner.

Other Abnormalities

Bodily

Appearance An old man + timid expression

Skin healthy Hair grey

Eyes blue Pupils -

Muscularity fair Fatness poor.

Nervous System—*Motor* ?

Sensory

Réflex Action equal Special Senses seems a little deaf.

Retina

Lungs Emphysematous.

Heart Peculiar creaking murmur above chest. Action feeble + quick.

Tongue furred. Bowels -

Other Organs, Abnormalities, Bruises, &c.

None

Appetite -

Urine

Menstruation

Pulse 68 Temp. 98

Height 5ft 4 Weight 9st

Disease Re *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.

71

NAME, Francis Thomas

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
6th Feb.						Still very quiet. Goes about with shoulders thrown back in a soldierly way. Has hardly spoken a word during last two days.
8th						very stiff. sits with head bent. takes no notice of anything or asked.
17th						Brightens a bit & is not nearly so dull as he was. Speaks a little.
22nd						Cannot understand what he is - a Kaffir Policeman. Walks about like a soldier.
29th						Improving.
10th March						Has not been so well for some time back. Head has been failing & lumps are getting clogged up
20th March						a little better. Is far from strong. Fistulas & neck.
						Died (Very marked Gastric Stasis Valves unique).

NAME,

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

73

NAME, John Rodgers. *No.*

Admitted, 11th Feb. 1893 *Pr. Ad.*

Sex, M *Age,* 48 *Marriage,* M. *Occupation,* Farmer.

Education, *Religion,* R.C.

Private or Pauper, Pauper *Where from?* Strathroy

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first *Kind*

Duration *Where treated*

Hereditary History—*Insanity.* Father committed suicide by drowning

Other Diseases

Predisposing.

Exciting Intemperance.

Symptoms.

First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous ?

Duration of Existing Attack about a week.

Other Facts or Remarks

Facts of Medical Certificates

1. S. Selby. (1) Yielded that charges etc. still in cell & dull (2) as 1
2. E. Swift (1) charges — trouble keeping out of his neck shaves instruments in his bag.

NAME, John Ridges

STATE ON

Mental.

Exaltation –

Depression Yes.

Excitement No – a little restless

Enfeeblement Slight

Memory Apparently good

Coherence as usual

Can answer questions? Yes.

Delusions Speaks of "changes" which he has seen around him.

Other Abnormalities

Bodily.

Appearance Much older than his wife.

Skin Pallid. Dry Hair grey

Eyes blue Pupils contracted

Muscularity poor Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses normal

Retina

Lungs Emphysematous

Heart is not fatty good. 2nd sound + abnormal position

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine 1028 neutral clear Normal Slight trace deposit

Menstruation

Pulse 76 Temp. 98

Height 5 · 11½ Weight 8 St.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, John Rodgers

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12th Feb.						Delicate. Relieves that he has been ailed for 18 yrs. & now left his brothers.
20th Feb.						Much more quiet & reserved. & does not talk so freely of his delusions.
25th Feb.						Dining room. Brings no trouble. & will not speak of his former delusions.
15-3						Is very much as before. quiet industrious. but very suspicious & has no desire to go home. says he will not go home. & thinks his mind ill. Hallucinations - felt against him. No change.
20-VI						
12-IX						
5/1/94						Was in bed for some time with acute Bronchitis is now up and walking about the ward. His mental condition is unchanged. He is dull and stupid and content to live a mechanical existence.
February 16th 1897:-						Coal Johnnie - He is now one of the slightly enfeebled cases who act as handy men about the asylum. He is now neither subject to excitement or depression and his only symptom is that enfeebled mind which enables a man to work on here week in week out without fear or reward without expressing a wish either for change or freedom. Physically in good health

Dr Hale,

NAME,

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

77

NAME, Robt Thomson No.

Admitted, 28th Feb. 1893 Pr. Ad.

Sex, M Age, 68 Marriage, M. Occupation, Weaver

Education, Religion, P.

Private or Pauper, Pauper Where from? Stonehouse.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration first Where treated

Hereditary History—*Insanity.* Brother insane.

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack Yesterday.!

Other Facts or Remarks

Facts of Medical Certificates

S. Wilson. Excited. Has destroyed some furniture. Violent at times. Wanted to kill wife

S. Clark. Depressed - weary of life, feelings commencing to destruction

Hears voices telling him to take his life.

NAME. Robt Thomson.

STATE ON

Mental.

Exaltation None

Depression Marked.

Excitement None

Enfeeblement ?

Memory Good

Coherence Yes. Can answer questions? Yes.

Delusions Is troubled with thoughts that drive him self harm etc. Says he tried to kill himself & laudanum.

Other Abnormalities

Bodily

Appearance Craving - wasted weak.

Skin Pallid Hair grey & black.

Eyes Blue Pupils normal

Muscularity fairly good Fatness fair

Nervous System—*Motor* .

Sensory .

Reflex Action equal Special Senses Normal.

Retina

Lungs Pt's complains of pain — projects. Breasts etc +, health sounds healthy

Heart Pt's pain depressed - sounds feeble - no murmur detected

Tongue furred Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine 1020 acid clear No albumen No deposit

Menstruation

Pulse 69 Temp. 98

Height 5 · 7½ Weight 8 St 9.

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.
		✓							

779

NAME, R.V. Thomson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
1-3-93.						Slept well last night. Says he has taken to smoking. Is troubled with terrible "thoughts" but seems to be able to control himself.
3-3-93						Very feeble - pulse is dull. Listless & says he has no interest in life.
12-3-93						Is getting restless. Says he can't sit still for his mind's thoughts of terrible things he has done still present.
20-3-93						Dull. listless. Thinks his heart is ossified, & that he will never be better.
10-VI-93						Mildly depressed, sinister look & tone. Says voices ever with him.
12-IX-93						Pulse deep & regular & reports that in mild depressed state. As it should for medicine. Heart still "ossified" otherwise sane.
5/1/94						Is talkative - incoherent in his talk cheerful and contented in extravagant delusions about himself and his present circumstances.
3/3/94						Was troubled recently with bloody vomiting - is now able to be up very incoherent he has delusions about Christ he says these play great havoc on him.

22. 9. 94

NAME,

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

81

NAME, John Mc Cafferty No.

Admitted, 1-3-93 Pr. Ad.

Sex, M. Age, 33 Marriage, S Occupation, None

Education, Religion, R.C.

Private or Pauper, Private Where from? Auckland.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration First Where treated Auckland

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Expressed Suicide

Suicidal No

Dangerous No

Duration of Existing Attack - - -

Other Facts or Remarks

Facts of Medical Certificates

(A) 1st Incoherent & Suicidal. wants to commit suicide. Wonders [illegible]

2d wants to do something [illegible]

(B) 1st Imbecile Ans A

NAME. John Mc Cafferty

STATE ON

Mental

Exaltation No

Depression No

Excitement walks

Enfeeblement Yes

Memory —

Coherence — Can answer questions? Seems unable to speak.

Delusions

Other Abnormalities Cannot articulate - tries to make himself understood by gesticulations.

Bodily

Appearance Sallow complexioned - weak expression

Skin cold Hair black

Eyes blue Pupils equal

Muscularity poor Fatness poor.

Nervous System—*Motor* weak.

Sensory

Reflex Action normal Special Senses Cannot speak.

Retina

Lungs Right lung - dullness into infra-mid - moist rales.
R S on left lung feeble

Heart Is action weak - no murmur.

Tongue clean Bowels

Other Organs, Abnormalities, Bruises, &c.
Right radius & ulna is swollen & there is remains of adhesions.

Appetite

Urine 1015 acid straw large deposit of albumin. Deposit of Mucus

Menstruation

Pulse 68 Temp. 99

Height 4 - 10½ Weight 7 St

Disease Epileptic Insanity *Skae's Classification*

General Bodily Health and Condition poor.

PREDOMINANT FEATURES.

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

NAME, John McCafferty.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2-3-93						a respectable citizen walks & talks w/ do anything for himself. with difficulty will make himself understood. Is own (right) arm & leg have been injured w/ blow had for months past relieved elbow joint. arm is thickened.
7-3-93						In bed - his quiet & takes his food well. Under care of consultin.
12-3-93						No change.
18-3-93						Has gone off food & is quite & exhausted & gradually getting weaker very thirsty. will drink any amt of milk. Says has pain in right side of head. had always kept in it.
21-3-93						Weaker.
25-3-93						Feeble, restless. diarrhoea, etc etc
27-3-93						Died this morning.

NAME,

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

85

NAME, John Lowe *No.*

Admitted, 4 - 3 - 93 *Pr. Ad.*

Sex, M. *Age,* 51 *Marriage,* M P. *Occupation,* Horse

Education, *Religion,*

Private or Pauper, Pauper *Where from?* City - Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First *Kind*

Duration *Where treated*

Herod History—*Insanity.*

Other Diseases

Predisposing.

Exciting Drink

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

S. Gow "Excited. Has addressed himself to the devil would destroy himself if permitted. Requires Restraint"

" Attacked first his present symptoms

S. Johnston adds expressed Criminal suicidal & murderous & that the devil urged him at large

NAME. John Cross

STATE ON

Mental.

Exaltation No

Depression Yes - is troubled with devils

Excitement restless & talkative

Enfeeblement No

Memory Bad

Coherence Not clear Can answer questions? & this

Delusions sees devils & is persecuted by them

Other Abnormalities

Bodily

Appearance Debauched

Skin clammy. Hair black

Eyes blue Pupils equal - contracted

Muscularity good Fatness good

Nervous System—*Motor* restless

Sensory

Reflex Action equal Special Senses Normal

Retina

Lungs Healthy

Heart Healthy

Tongue furred & trembles. Bowels

Other Organs, Abnormalities, Bruises, &c.

No injuries

Appetite

Urine 1020 acid straw colr. No albumen No deposit

Menstruation

Pulse 72 Temp. 98

Height 5 ft 7¼ Weight 10 st 4.

Disease Alcoholic Insanity *Skae's Classification*

General Bodily Health and Condition bad.

PREDOMINANT FEATURES.

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

87

NAME, John Kyan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5-3-93						Elderly Irish man - has been drinking heavily. Is afraid of drink. Feels worried has to go for him. Is greatly blamed there slight cough chest his delusions.
7-3-93						Still restless. sleeps at night, but has no confidence in himself.
12-3-93						Dazed still possesses him.
20-3-93						very much better.
14-4-93						Discharged

NAME,

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

89

NAME, James Hardie No.

Admitted, 8-3-93 Pr. Ad.

Sex, M Age, 18 Marriage, S Occupation, Labourer

Education, Religion, R.C.

Private or Pauper, Pauper Where from? Delgil

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first Kind

Duration Where treated

Hereal History—Insanity.

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack few days

Other Facts or Remarks

Facts of Medical Certificates

Dr. Hilliet Peculiar expression; voices about him. He heard himself referred to in signs
& voices told him to commit suicide.

Dr. Jack Peculiar people coming to see him. Voices told him
his friends to kill
& Getting depressed for five months

NAME. James Hendrie

STATE ON

Mental.

Exaltation No

Depression Marked

Excitement No

Enfeeblement No

Memory Fairly good

Coherence Yes Can answer questions? Yes.

Delusions Voices telling him himself how he

Other Abnormalities

Bodily

Appearance Flabby "soft". Sinking.

Skin Clammy. Hair Black

Eyes Blue Pupils equal react-

Muscularity good Fatness good.

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses Normal

Retina

Lungs Healthy

Heart Is action very slow - but regular. No murmur

Tongue Clean Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine

Menstruation

Pulse ~~42~~ 42 Temp. 97

Height 5. 9½ Weight 11 St.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

91

NAME, James Hendrie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9-3-93						Great flabby young man with great lack of mental energy. Sits & dreams but all his little difficulties, & allows his mind to convert into realities, the fundamental of a morbid imagination.
13-3-93						Getting accustomed to his surroundings but is quite unable to control his thoughts.
20-3-93						Still vulgar in manner. indicates homicidal & suicidal. & complaint of stomach. Is seeing little progress. & seem always to have been "soft"
10-4-93						Very much same terms. His appetite is most rather reduced. Is not improving much. At still smokes heavily & - dislikes
15-7-93						Discharged

NAME,

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

93

NAME, Peter Thomson *No.*

Admitted, 8-3-93 *Pr. Ad.*

Sex, M *Age,* 62 *Marriage,* widower *Occupation,* crofter

Education, *Religion,* P.

Private or Pauper, Casper *Where from?* Cambuslang.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 2 to 3 weeks.

Other Facts or Remarks

Facts of Medical Certificates

(a) Dr. McPherson. (1) Has heard people speak to him. He can't take food
(2) They told him to go to his own room.

(b) Dr. Arnold (1) Is certified from that nothing will satisfy him.
(2) Relieves R.C.'s certificate.

NAME, John Thomson

STATE ON

Mental.

Exaltation None

Depression Yes.

Excitement None

Enfeeblement Yes.

Memory Fair

Coherence Fairly Can answer questions? Yes. simple ones.

Delusions Very suspicious.

Other Abnormalities

Bodily.

Appearance Emaciated - lacks confidence

Skin muddy Hair grey black

Eyes grey Pupils equal

Muscularity good Fatness fair

Nervous System—*Motor* Difficult in walking drags left foot. left hand shows tremor (+ clonus) tongue protruded straight. Heads eight ones in correct position.

Sensory Normal.

Reflex Action Patellar absent in left side Special Senses Normal

Retina

Lungs Dullness over the whole of left lung. Breath sounds heard with many rhonchi & sibili. (Has chronic bronchitis with slight emphysema).

Heart Is extra beat stronger. Sounds muffled by emphysematous lung.

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine 1020 clear normal Deposit of phosphates.

Menstruation

Pulse 67 Temp. 98

Height 5 ft 9 Weight 10 st 4

Disease *Skae's Classification*

General Bodily Health and Condition

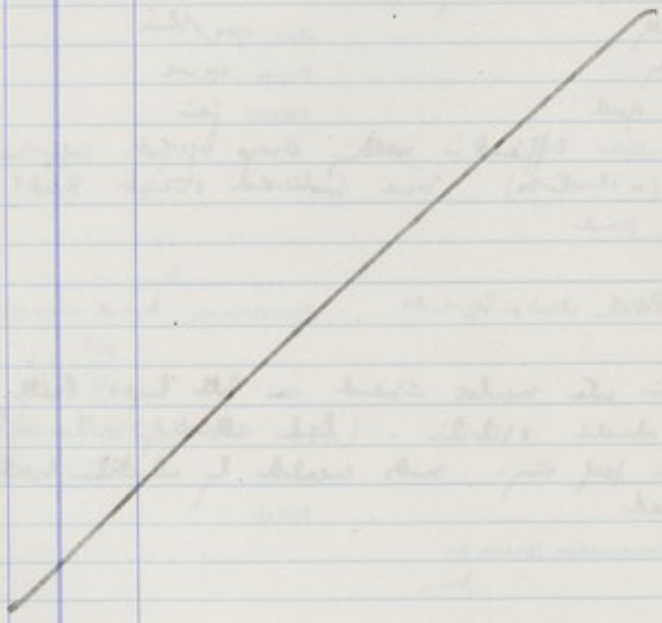
PREDOMINANT FEATURES.

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

95

NAME, John Hewson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9.3.92						A weak mild man - with evidence of severe organic brain disease. Has muscular tremor of tongue is flabby & is gait is unsteady. Has (external left) eyeball & so adducts perfectly. Otherwise is fairly the same.
12.3.93						Quiet, contented, easily managed. Seems to be breaking down; some time must have been a very well built man.
15-4-93						Discharged



NAME,

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

97

NAME, William Davidson No.

Admitted, 9. 3. 93 Pr. Ad.

Sex, M Age, 19 Marriage, S Occupation, F. Servt

Education, Religion, P

Private or Pauper, Pauper Where from? Govan Combination

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first Kind

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack two weeks.

Other Facts or Remarks

Facts of Medical Certificates

(1) Dr Wallace (1) Stupid & indecent. Suicidal in manner. Fears [illegible] the devil

(2) Dangerous maniacal

(2) Dr Bowie (1) Stupid - suicidal - tried [illegible]

(2) Dull dull in intellect - tried to drown himself

NAME, William Davidson

STATE ON

Mental.

Exaltation No

Depression Slight

Excitement nil

Enfeeblement ½

Memory Retained

Coherence no Can answer questions? Very indistinctly

Delusions of depressed nature.

Other Abnormalities

Bodily

Appearance Well-nourished - decent

Skin Healthy Hair Black

Eyes Blue Pupils equal

Muscularity Thin Fatness Thin

Nervous System—*Motor*

Sensory

Reflex Action Equal Special Senses normal

Retina

Lungs Healthy

Heart Normal

Tongue Furred Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine

Menstruation

Pulse 72 Temp. 98

Height 5 " 6 Weight 9 st 6

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, William Davidson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15-3-93						Quiet - weak minded. short demented. Artificial eyes seem clean.
12-5-93						Speaks with Yorkshire accent. Out in walks & converse with employees. Bodily health does not seem at all good.
20-5-93						Is improving. Mentally alittle. Is still dull & dense. Is seen in Canada - going out with some industrial - Bordeaux - style of wigwams. He got work to this country & "struck-a-log" He never seen my sight.
13-11-93						He walked out [illegible] made his way towards Glasgow but was met by a tramp who brought him to Govan.
12-12-93						Is rather excited. Keeps striking his hands with legs. He never seems to know seen with these persons.
3/3/94						Is quiet and well behaved. - is still confused in mind and easily kept off his work if he has the least thing troubling - he is one of the great army of those "not willing to work"

23.8.94

NAME,

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

101

NAME, Thomas Lawson *No.*

Admitted, 10-3-93 *Pr. Ad.*

Sex, M. *Age,* 68 *Marriage,* M. *Occupation,* Labourer

Education, *Religion,* P.

Private or Pauper, Parish *Where from?* Carmarthen.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First *Kind*

Duration *Where treated*

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous NO

Duration of Existing Attack few months.

Other Facts or Remarks

Facts of Medical Certificates

1. Insanity. 2. Imagines his wife is unfaithful. etc

3. His friends visited

1. Thomas 2.

NAME. Thomas Lawson

STATE ON

Mental.

Exaltation ?

Depression –

Excitement restless & talkative.

Enfeeblement

Memory Poor

Coherence Good (except delusions) Can answer questions? Yes

Delusions Of persecution – Incredible rot – is beaten in eyes ears.

Other Abnormalities

Bodily

Appearance Gaunt light haired cadaverous man.

Skin Coarse & scaly (& nails). Hair Grey.

Eyes Glassy Pupils equal & react

Muscularity Poor Fatness Poor

Nervous System—*Motor* Weak

Sensory

Reflex Action Quick Special Senses Very dull

Retina

Lungs Dulness on R. base. Crepitation over whole chest. Sounds Rough

Heart Sounds feeble & quick. No murmurs

Tongue Furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

None Hernia

Appetite

Urine 10 18 Natal No albumen No deposit of urates

Menstruation

Pulse 68 Temp. 98

Height 5-5 Weight 10-12.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, Thos Larsen

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
11-3-93						Quiet rational. Does a little work. Very deaf. Speaks apart but thinks his ears very filled & like a thick cord & does
14-3-93						Keeps explaining that his etc very covered with lice. Seems himself very miserable over it
20-3-93						Is quite calm & does well - Has fixed delusions as ever. Is rather cunning.
15-11-93						Making no progress. Lice - cans, &c. more etc etc.
20th IX-93						Very much the same.
4th Oct. 93						A very amusing man. If not so deadfully deaf would be very entertaining. His delusions are of a very retrograding character & are very fixed. - "Lice" "Lice" being his sworn enemy, & they are the getting the better of him, & for all his mental trouble he is wonderfully great.
15/1/94						Is still full of delusions about vermin crawling over him.
3/3/94						Is troubled with an acne eruption - but he says the vermin crawl out at every pore they cannot be seen but he feels them terribly See he says pointing to his glans penis they have made them quite black. He has double inguinal hernia

24. 6. 95

NAME,

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

105

NAME, James Belford No.

Admitted, 10 - 3 - 93 Pr. Ad.

Sex, M Age, 36 Marriage, M. Occupation, Horse

Education, Religion, ?

Private or Pauper, Pauper Where from? Belmaghie

HISTORY.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated C.R.I. Oct. 92

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Concomitant. — Mental, Bodily

First Symptoms. — Mental, Bodily

Recent Symptoms. — Mental, Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous ?

Duration of Existing Attack 6 months

Other Facts or Remarks

Facts of Medical Certificates

(1) S. Rev. C. Stafford - Can answer questions. Thinks. Sits huddled up

(2) S. Medwell C. Insane appearance. Answers huddled

(3) Armed in order.

NAME. James Belford

STATE ON

Mental.

Exaltation -

Depression -

Excitement noisy at times

Enfeeblement marked.

Memory ~~dead~~ can't be tested

Coherence ~~speaks~~ little - none Can answer questions? No

Delusions -

Other Abnormalities

Bodily.

Appearance vacant - demented

Skin healthy Hair brown

Eyes brown. Pupils left dilated - ~~the~~ act normally

Muscularity good Fatness fair

Nervous System—*Motor* Tongue very tremulous - fibrillar contractions of lips. Speech thick & slow.

Gait very unsteady.

Sensory normal.

Reflex Action ~~the~~ Patellar Reflex ~~often~~ exaggerated Special Senses Nil

Retina

Lungs Healthy.

Heart ~~Mitral~~ valve incompetent ~~the~~ Aortic. No murmur.

Tongue furred & tremulous. Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine 1025 acid slight No albumen No sugar.

Menstruation

Pulse 70 Temp. 97.8.

Height 5 - 8½ Weight 10 St

Disease General Paralysis *Skae's Classification*

General Bodily Health and Condition Poor.

PREDOMINANT FEATURES.

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

107

NAME, James Belfast

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14.3.93						Has been very noisy during day & night. Sits quiet & will difficult speech. Knows about G.P. Few words Lessop we attend to. Has Irish Limerick accent. Says she wakes feeling cold. Pulse irregul.
14.3.93						Very restless - sits with head down. forwards. Holds dirty. cannot speak.
19.3.93						Same hallucinations - very restless at night. will not stay in bed, when up will sometimes shout.
22.3.93						Died this evening very noisy - restless all day. Has had Thick - given up it. It was retained. Died in early morning. Evidently case of epileptic G.P. (Body removed Refuse P.M. unable to)

NAME,

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

109

NAME, John Barclay No.

Admitted, 10-3-93 Pr. Ad.

Sex, M Age, 42 Marriage, S Occupation, Gatherer

Education, Religion, R

Private or Pauper, Parker Where from? Govan Combination.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first Kind

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal yes

Dangerous yes

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

(A) Dr. Bonnie "Wanders about at night. Believes he is followed. Hears talk about him. Cannot sleep or eat.

"Does not sleep believes people are plotting against him

(B) Dr. Wallace "Believes he is watched & followed about.

"Dangerous & suicidal.

NAME, John Barclay

STATE ON

Mental.

Exaltation none

Depression yes.

Excitement -

Enfeeblement -

Memory good

Coherence good

Can answer questions? yes.

Delusions Says people are taking it him trying to kill him &c

Other Abnormalities

Bodily

Appearance great cachexia

Skin pale

Hair fair

Eyes blind

Pupils react

Muscularity good

Fatness good

Nervous System—*Motor* Nil

Sensory nil

Reflex Action good

Special Senses [illegible]

Retina

Lungs [illegible]

Heart [illegible]

Tongue clean

Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine 1010 clear acid no albumen no sugar

Menstruation

Pulse 68

Temp. 98

Height 5 ft 4

Weight 11 st 6

Disease acute 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.

111

NAME, John Barclay

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11.3.93						Was afraid last night that he was developing pneumonia. Has to-day more color, but is still unable to lie in bed.
15.3.93						Improving - expectorates quite freely
24.3.93						Out walking to-day for first time. Continues to improve - but is evidently of debilitated nature.
27.4.93						Discharged

NAME,

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

113

NAME, David Small No.

Admitted, 11-3-93 Pr. Ad.

Sex, M. Age, 27 Marriage, S Occupation, Print. Cutter

Education, Religion, P.

Private or Pauper, Ocha Where from? Erie Cubicle

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first Kind

Duration Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting Drink miscellaneous.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

(1) Dr. Bowie is living outdoors. Will not answer questions.

(2) outdoors unmanageable

(3) Dr. Wilbee is outdoors. Came again on addenda thereof

(3) as in A.

NAME. David Smith

STATE ON

Mental.

Exaltation -

Depression -

Excitement Talkative & restless

Enfeeblement ?

Memory impaired

Coherence incoherent Can answer questions? No

Delusions Many floating delusions

Other Abnormalities

Appearance Debauched - "street corner"

Skin dusky. Hair black

Eyes grey Pupils contracted. equal - to reach

Muscularity poor Fatness poor.

Nervous System—*Motor* Paralysis - slight shaking of tongue fingers.

Sensory

Bodily

Reflex Action normal. Special Senses normal

Retina

Lungs Right Crackle - right base impaired percussion dullness with crackle sounds

Heart is still reduplicated & sounds at apex & accentuated 2nd P. sounds

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

Cut over left eye & bruise on right elbow. Synovitis of knees has now subsided.
Liver dulness diminished.

Appetite

Urine 1015 acid large quantity of albumin (½) No deposit

Menstruation

Pulse 75 Temp. 98

Height 5 ft. 2 Weight 8 st 6

Disease Mania à Potu *Skae's Classification*

General Bodily Health and Condition poor.

PREDOMINANT FEATURES.

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

115

NAME, David Smith

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12-3-93						Rekeka - Scabbie - appears of chronic alcoholic epileptic Lives Yards. Very restless.
14-3-93						Very restless all day & night - Rabbs very incoherent. Making slow progress.
19-3-93						Is doing better still restless. Eyes act - nothing & seems to be more settled.
30-3-93						Restless. & confused this. Is very much better than he was quite sane.
5-5-93						Still improving
31-5-93						Discharged

NAME,

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

117 Knox 1

NAME, John Wilson — No.

Admitted, 13- 3- 93

Sex, M. Age, 36 Marriage, S Pr. Ad. Occupation, Grain Merchant

Education, Religion, P.

Private or Pauper, Boarder Where from? Ewan Cottage

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Yes St. Kind

Duration Where treated

Hered. History—*Insanity.*

Other Diseases

Predisposing.

Exciting Religion & overstudy

Symptoms. First.

Mental

Bodily

Record.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

(1) Dr. Campbell. (1) Suffers suspicions recalls in his talk. Some people in Cambuslang against him

(2) Suspicions of his relatives

(2) Dr. Kirk (1) excitable - thinks people are trying to poison him.

(2) Relig. Melancholy. Over studying on temperate to his harm.

NAME, John Wilson

STATE ON

Mental.

Exaltation None

Depression Slight

Excitement Pathetic emotions

Enfeeblement .

Memory Good

Coherence Occasional delusions Can answer questions? Yes.

Delusions That father was Richard I & that people have tried to poison him

Other Abnormalities .

Bodily

Appearance Sunburnt. Typical - appearance (slightly tanned).

Skin Pallid Hair dark

Eyes Normal Pupils equal

Muscularity fair Fatness fair

Nervous System—*Motor* normal

Sensory

Reflex Action equal Special Senses Normal

Retina

Lungs Bronchitis with slightly impaired health small patch of right apex. No signs H.B

Heart Is extremely rapid. Sounds indistinct. No murmurs detected

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

No marks of injury

Appetite Poor

Urine 1018 acid clear No albumen No deposit.

Menstruation

Pulse 72 Temp. 98

Height 5. 9¼ Weight 9st 6

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, John Wilson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14-3-93						Very much annoyed that a man like J.W. should be in this position. As little writing as possible is no use.
16-3-93						Still the same ticketed man. Wishes all his dynamite & fuse his saint - & so for to good purpose. Is suspicious. Not so delusions elevated.
20-3-93						Got his clothing &c. Says seems to have taken very great exhilaration. Was an artisan & Clerk for last 12 years (Local Preacher in his early manhood). Went to America, then Canada - was successful in both - began to take up religion as serious study & left Canadian Presbyterian church - a love affair with organist of church who owes in love. Many trials & set backs - influenza fanned his smouldering illness. Attacks added pain in instrument (Poison of effluvia within) Came home to this country - was filled with great suspicion & spirits - thinks were always making suggestions that he is putting poison in his tea.
						Transferred to first house.
15-6-93						Very satisfied in first house. Looks in great health. Face is still cyanotic & veins & lips if he should unduly excited in America, he is not very fit. Seems to appreciate that he is insane on some points.
18-8-93						Discharged

NAME,

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

121

NAME, James Sinclair *No.*

Admitted, 13-3-93 *Pr. Ad.*

Sex, M. *Age,* 64 *Marriage,* S *Occupation,* Carter

Education, *Religion,* P.

Private or Pauper, Private *Where from?* Cy. Dunfermline.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting religion

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes.

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

1. Insanity (1) Excited. exalted. incoh. chronic suicidal
(2) Acting violent last night threatened to kill
2. Statutes (1) Symptoms of a delusional kind found against him

NAME. James Sinclair

STATE ON

Mental.

Exaltation Tramp in an excited state

Depression —

Excitement Rather noisy

Enfeeblement —

Memory

Coherence incoherent Can answer questions? No

Delusions —

Other Abnormalities —

Bodily

Appearance An old ragged excited man.

Skin Dry Hair grey

Eyes brown. Pupils left med. right (cataract)

Muscularity poor Fatness poor.

Nervous System—*Motor* very restless.

Sensory —

Reflex Action equal Special Senses Right eye has cataract.

Retina

Lungs Healthy.

Heart Is and murmur at apex - rate fairly good.

Tongue very dry & furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

No injury

Appetite poor - very thirsty

Urine 1028 acid turbid No albs large deposit of urates

Menstruation

Pulse 68 Temp. 99·2

Height 5 ft 4 Weight 8 st.

Disease Senile Mania *Skae's Classification*

General Bodily Health and Condition very poor.

PREDOMINANT FEATURES.

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

123

NAME, James Sinclair

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14-3-93						A gambler - religious excited old man. Bodily health weak.
16-3-93						Very restless raving. seems fearing death. Death almost certainly.
20-3-93						Bodily health improving, chest taking his food better but he is still raving.
30-3-93						Very much quieter & seems able to control his self now. His face cupid bled but is now getting up. Features very "insipid".
5-5-93						Sinclair is quiet, works steadily & is very much better bodily health & seems quite able to look after himself.
15-VI-93						Still keeps well - works very steadily. He seems lonely. Shelpley let him with no friends.
10-IX-93						Very much as he was & might do well for Dundee Asylum Lunatic Work.

23. 10. 94

NAME,

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

125

NAME, Thomas Laurie McMurray No.

Admitted, 14-3-93 Pr. Ad.

Sex, M. Age, 29 Marriage, S Occupation, Labourer

Education, Religion, P.

Private or Pauper, Pauper Where from? Dunfin.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ~~First~~ Third Kind

Duration Where treated Cld. 1890

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 Few Days.

Other Facts or Remarks

Facts of Medical Certificates

1) Dr. Hendrick Dr. Hendrick

2) Dr. Rutherford & Mayne

3) Dr. Smith Co Inr. R.

NAME, Thomas Laurie McElhenney.

STATE ON

Mental.

Exaltation No

Depression No

Excitement No

Enfeeblement ?

Memory Cannot be tested

Coherence incoherent Can answer questions? No - except by signs.

Delusions Delusions of having no control over himself

Other Abnormalities

Bodily

Appearance Pallid well-developed man.

Skin moist Hair fair

Eyes blind Pupils equal

Muscularity good Fatness good

Nervous System—*Motor* -

Sensory -

Reflex Action equal Special Senses blind

Retina

Lungs Healthy

Heart Sound -

Tongue clean Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine 10 18 acid clear No albumen No deposit

Menstruation

Pulse 78 Temp. 98

Height 5ft 10½ Weight 11 St.

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition Good

PREDOMINANT FEATURES.

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

127

NAME, James Laurie McElhenney

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15-3-93						Taking on kidd[illegible] 1st quarter. Child developed & seems there no objection in himself
24-3-93						Has not taking & thrive & quiet & reserved character. seems the lightning
30-3-93						Improving
25-4-93						Discharged

NAME,

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

129

NAME, John Wyllie No.

Admitted, 15. 3. 93 Pr. Ad.

Sex, M. Age, 49 Marriage, M Occupation, Sailor.

Education, Religion, P.

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Scant. Kind

Duration Where treated American Asylum Quarantine.

Hereditary History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous Yes

Duration of Existing Attack Few days.

Other Facts or Remarks

Facts of Medical Certificates

(1) Dr. Dickson (1) Asylum of the Queen - Shipwreck of Lord Clive's ste
(2) Sarnia to Queen ste

(2) Dr. Johnston (1) Lunatic - exhibits Tremors Officer ste Has fortune of £50.000. Has been defrauded
(2) Acute family hatred to him. His fortune is effected Epileptiform seizures, Asthma etc

NAME, John Wyllie

STATE ON

Mental.

Exaltation Yes.

Depression No

Excitement slight.

Enfeeblement No?

Memory slightly impaired

Coherence very defective Can answer questions? Yes.

Delusions Of guardian nature -

Other Abnormalities

Bodily.

Appearance Vacant delusional expression

Skin healthy Hair grey black.

Eyes grey. Pupils contracted. Left slightly more than right -

Muscularity Good Fatness fair (rather thinly).

Nervous System—*Motor* Slight twitching of facial & labial muscles - especially on right side.
Speech a little hesitating. Walking & type slight. Gait ----

Sensory Normal.

Reflex Action P.K. slightly exaggerated Special Senses Normal.

Retina

Lungs Healthy

Heart Is rather slow & irritable. No murmur.

Tongue slightly furred (white & moist) Bowels

Other Organs, Abnormalities, Bruises, &c.
On left groin in vicinity of hernia.

Appetite

Urine 1015 Clear No deposit of Albumen.

Menstruation

Pulse 68 Temp. 98

Height Weight

Disease Primary Dementia (? G.P.). *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.

131

NAME, John Wyllie.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16·3·93						Sophia's mother of the Queen's Hotel is troubled with [illegible] pain [illegible] & stomach. Speaks slowly & thickly & there marked tremor of right orbicularis muscles.
18·3·93						Complexion darkening. No change since admission. Takes no notice of surroundings.
25·3·93						Is not walking & seems [illegible] though occasionally & then says there is no use trying to see him.
30·3·93						Just the same.
	5·5·93					Is gradually sinking.

NAME,

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

NAME, Charles Cooke Brunton *No.*

Admitted, 25-3-93 *Pr. Ad.*

Sex, M *Age,* 21½ *Marriage,* S *Occupation,* A. Engineer

Education, *Religion,* P.

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. from Steamer Gibraltar *Kind*

Duration *Where treated* C.R.D.

Hered. History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Ys.

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

Dr. Scott. Is Insane Mania - excited - is afraid of the attacked attendant

Dr. Cobbe Is Religious Insane. Talks slowly & incoherently. Is attacked attendant

NAME. Charles Cake Boundon

STATE ON

Mental.

Exaltation Nil

Depression Slight

Excitement Nil

Enfeeblement Marked

Memory

Coherence No Can answer questions? Simple no.

Delusions

Other Abnormalities Looks unwell to himself.

Bodily

Appearance silly giggling young man.

Skin Healthy Hair Dark Brown

Eyes Normal Pupils dilated

Muscularity Fair Fatness Fair

Nervous System—*Motor*

Sensory

Reflex Action Equal Special Senses Normal

Retina

Lungs Healthy

Heart Is active small impulse - rises on finger slightly accentuated.

Tongue slightly furred Bowels

Other Organs, Abnormalities, Bruises, &c.

No pain

Appetite Fair

Urine Is acid No albumen No deposit

Menstruation

Pulse 68 Temp. 98

Height 5'. 4 Weight 7 - 12

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, Charles Cuthbert Bowater

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
26·3·93						Looks & tidy constantly & seems quite content with himself. Has not spoken since leaves last June.
30·3·93						Out working every day. Dewsbury
5·5·93						Charlie is going on Excellent. Out every day & sees quite strong.
10·7·93						Unchanged. Looks & looks to himself. Gives no one any trouble
15·9·93						His behaviour will not. It is now better & his in same quiet state
25·X·93						Charlie is very much better than ever. Bright cheerful & looks quite pleasantly than patients. Is exactly as others will be
February 10th 1900:-						In fair health. Mentally a dement easily managed and working in garden road: He rarely speaks but answers correctly when spoken to. Rarely initiates a remark. Cleanly: Sleeps well. Never amuses himself in any way does not read or mend clothes if not supervised.
July 28th 1900:-						In fair health: No change mentally. He is a dull dement and is listless & apathetic: Frequently wet & dirty. He has had one or two slight rises of temp: recently but no lung condition can be detected.
January 25th 1901:-						In fair health: able to work out each day: no change mentally.
June 30th 1902						In fair health: No Change
1902 July 10th						No Change & Kept in fair health.
1903. July 10th						Kept in fair health. Shows no Change - works with garden squad.
1904 March 1st						No Change. In 3rd Div works in Garden - Imbecile & in fair health.

SEE CHRONIC CASE BOOK

NAME,

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

137

NAME, Robt. McRae — No.

Admitted, 29-3-93 — Pr. Ad.

Sex, M — Age, 49 — Marriage, M — Occupation, B- smith

Education, — Religion, P

Private or Pauper, P. — Where from? Saskatchewan

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 1 — Kind

Duration — Where treated Athens. (6 yrs ago)

Hered History—*Insanity.* Brother insane 30 years ago

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 2 weeks.

Other Facts or Remarks

Facts of Medical Certificates

A Dr. Lindsay. (1) Excited restless for some weeks. Violent. Says in bad health

(2) Restless for week — threatens life

B Dr. Harrison (1) Shouts, swears, agitated. Needs restraint

(2) Refuses food, thinks & insect there near.

NAME. Rb[t] McRae.

STATE ON

Mental.

Exaltation slight

Depression

Excitement very much

Enfeeblement

Memory

Coherence Defect Can answer questions? No

Delusions

Other Abnormalities

Bodily

Appearance Acute Mania. (Shouting. Tossing about etc)

Skin clammy Hair grey

Eyes worn Pupils equal

Muscularity poor Fatness poor.

Nervous System—*Motor* very much so.

Sensory

Reflex Action nil Special Senses normal.

Retina

Lungs Seem healthy - right chest dull (resistance difficult to examine

Heart not fairly good. No murmurs)

Tongue furred. dry. Bowels

Stomach distended. pain on pressure. No tumour

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

Appetite

Urine incontinence.

Menstruation

Pulse 70 Temp. 98

Height Weight

Disease Acute Mania. *Skae's Classification*

General Bodily Health and Condition Weak.

PREDOMINANT FEATURES.

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

139

NAME, Robt. McRae.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30 Apr 93						Very excited evening. Had to be fed with tube & restrained. Is kept constantly in bed. Given an injection last night.
31 Apr 93						Seems to be more tolerant to-day. Recognises everyone about him & seems in very good spirits. "Has it rained this wife-weather" "Is he Robt Burns?" etc
2 May 93						Fine spasm & fair little appetite. Reported in afternoon & much satisfied. Still restless, yet has more control over himself out working to-day. Still a little noisy, but very much improved during last month.
7 May 93						
10 June 93						Handwriting is improved & is most useful in the house, doing a great deal useful work. Is getting a little dandified dressing himself up. At present seems quite able to look after himself.
2 Sept 93						Discharged

NAME,

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

141

NAME, Thomas Prentice. No.

Admitted, 31-3-93 Pr. Ad.

Sex, M Age, 38 Marriage, M Occupation, Blacksmith

Education, Religion, P.

Private or Pauper, Pauper Where from? Sheffield.

Wife 104 Matthew St Sheff (in Sept 1895)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first Kind

Duration Where treated

Hereditary 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 about 2 years

Other Facts or Remarks

Facts of Medical Certificates

(1) St. melancholia & suicidal tendencies. Has threatened to kill himself & wife. Has attempted suicide twice

(2) St. [illegible]

NAME, Thomas Prentice

STATE ON

Mental.

Exaltation ·

Depression slight

Excitement ·

Enfeeblement very feeble

Memory good.

Coherence yes. Can answer questions? Yes.

Delusions ?

Other Abnormalities ·

Bodily

Appearance Natural.

Skin Healthy Hair fair

Eyes blue Pupils equal

Muscularity good Fatness good.

Nervous System—*Motor* ·

Sensory ·

Reflex Action good Special Senses Normal

Retina

Lungs Healthy.

Heart Is rather regular. and obstruct- No murmurs.

Tongue · Bowels

Other Organs, Abnormalities, Bruises, &c.

Bruise on right side Upper right elbow & right knee (from fall)

Appetite

Urine 1038 acid pale No albumen No deposit

Menstruation

Pulse 78 Temp. 98

Height 5ft 9½ Weight 115 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.

143

NAME, Thomas Prentice

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1-6-93						Seems quite at home. Works away well & talks himself when spoken to. Has had two attempts at self-destruction. But they seem difficult to make out
4-4-93						Good treatment
5-5-93						Quiet, talks when spoken to but quite sensible. Is very much when known in. Works away steadily.
20-5-93						Seems almost cheerful can be still be. mildly depressed reasoned but rational mind.
15-7-93						Very much as above.
12-9-93						Same is still in his old way. Works away & at times speaks of home. He does not seem to feel anxious about it.

February 10th 1897:- Thomas is generally to be found working in the small pantry off the cross. He is a quiet unobtrusive man. Eccentric in manner and bearing with a curious reticence of manner & method as he replies to your questions. He expresses himself as an exception to get away but never attempts to escape though his opportunities is great. He is still subject every 6 or 8 weeks to periods of from a few hours to a few days of depression more or less marked. He argues by his conduct that he is delusional but never by word - Physical health good.

23rd July 1898:- Transferred to Hawkhead

NAME,

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

145

NAME, William McNeil No.

Admitted, 5 - 6 93 Pr. Ad.

Sex, M Age, 30 Marriage, S Occupation, Seaman

Education, Religion, R.C.

Private or Pauper, Pauper Where from? City Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered History—Insanity.

Other Diseases

Predisposing.

Exciting Intemperance.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No.

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

(1) Dr. Robertson. Melancholy. Relin there is epileptic tendency & attempt suicide

(2) Dr. Johnston Acute melancholia. Inclined to suicide.

NAME. William McNeil

STATE ON

Mental.

Exaltation -

Depression slight

Excitement very restless

Enfeeblement -

Memory with difficulty

Coherence -

Can answer questions? —

Delusions

Other Abnormalities Reads & knows & works any sum with head & if. drawing something.

Bodily

Appearance Fixed expression - very confused.

Skin healthy

Hair dark

Eyes bluish

Pupils equal - small.

Muscularity fair

Fatness fair

Nervous System—*Motor* Very restless. Impaired fingers tremble.

Sensory -

Reflex Action active

Special Senses Normal(?)

Retina

Lungs Healthy.

Heart Sounds clear & regular. No murmur.

Tongue Red & trembles.

Bowels

Other Organs, Abnormalities, Bruises, &c. No bruises. Scratches on right side neck?)

Appetite

Urine 10 30 Slight odour. Acid. No albumen

Menstruation

Pulse 64

Temp. 98

Height 5' 4½"

Weight 8 St.

Disease Mental 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.

147

NAME, William McNeil

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6-4-93						Very noisy & troublesome & at times very much afraid of some danger;
5-5-93						He made little or no progress during last month & now seems to be getting more into "stage of dependency". Dislikes baths - no interest in anything about him
20-5-93						He does very nicely & quite well to look after. Himself. Dressed.
15-VI-93						Right lung on auscultation shows signs of chronic flaring. Both superficial cephalics all right & chest &c. He can pronounce very few words at present & these only at with great difficulty expressions - "he's left" "He stole the watch" &c
10-VIII-93						Still in bed - in better bodily health. Lungs appear as ever. Very restless & excited at times, & when so talks quite noisy
22-IX-93						Very much as before.
3/3/94						He does not keep well with his old lung trouble. There is quite a cavity in the right lung. He is very deaf and Stupid

9. 5. 94

NAME,

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

149

NAME, Alexander Anstee — No.

Admitted, 5-4-94 — Pr. Ad.

Sex, M. — Age, 73 — Marriage, W. — Occupation, Labourer.

Education, — Religion, P

Private or Pauper, Pauper — Where from? Cannerth

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First — *Kind*

Duration — *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting Bronchial Affection

Symptoms. First.

Mental

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous At times

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

1) Mr. Sinclair 1) Wandering in statements
2) Rattles at night. Tears clothes &c

2) Mr. Wilson 1) Senile in 2nd years adm &c
2) Gen K.

NAME. alexander ayton.

STATE ON

Mental.

Exaltation -

Depression slight

Excitement -

Enfeeblement marked.

Memory ?

Coherence ? Can answer questions? Simple ones

Delusions says he is 200 years old etc

Other Abnormalities -

Bodily.

Appearance old grey man

Skin healthy. Hair grey

Eyes grey Pupils equal

Muscularity fair Fatness fair

Nervous System—*Motor* -

Sensory -

Reflex Action equal Special Senses dulled.

Retina

Lungs Tremor intermittent breath sounds rough, wheezy in right side

Heart's action rhythmical. Prompt initial murmur & 1st sound clapping seems reduplicated every now & again

Tongue clean. Bowels

Other Organs, Abnormalities, Bruises, &c.

Abdomen - right iliac Inguinal Hernia (left)
left hand contracted.

Appetite

Urine 1015 acid cloudy no albumin Deposit of phosphates (+ traces)

Menstruation

Pulse 76 Temp. 98

Height 5'.10 Weight 11 st 8

Disease senile 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.

151

NAME, Alexander Ayton

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
17·4·93						Quiet well man excessively deaf Restless Incontinent at times.
24·4·93						Has settled down very well. Can make very little of him on account of deafness combined with stupidity
5-5-93						Seems quite at home & is brightening up a little & taking more interest in his surroundings.
10-VI-93						Smoked resumed. Is busied with his hernia which gives him something to think about. Given a truss, but he was sharp working with it, & hernia was better than when Overalls taken from him this evident disgust
10 VIII-93						Quiet, reserved, still occupied about belt. & hernia is very much larger than it was, & was in need central truss. seems suitable for domestic work.
22-IX-93						Sadie is respectable as ever, & talks very little notice of anything.
5/1/94						Is very feeble in gait and so stupid that he has to take to bed. His mental condition is one of great stupidity his feelings are blunted his will power gone. The inguinal hernia from which he suffers is reducible

29. 5. 95

NAME,

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

153

NAME, John Chalmers — No.

Admitted, 7th April 1893 — Pr. Ad. 0

Sex, M — Age, 37 — Marriage, Single — Occupation, Coal porter

Education, — Religion, Protestant

Private or Pauper, Sovan (married) — Where from? Gaffie- 194 Main Street-

HISTORY.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Causation. — Hered History—Insanity. None

Other Diseases

Predisposing.

Exciting Drink

Symptoms. First. — Mental

Bodily

Recent. — Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack A few days

Other Facts or Remarks

Facts of Medical Certificates D. Barrie. Has delusions. Mutters to himself in a very incoherent manner will not answer questions His mother says that he has been drinking excessively has been very restless for some time tried to jump over the window last night is quite unmanageable

D. Wallace: Is going about the bedroom in undress muttering & talking to himself "looking for a man in the bed. When spoken to he talks incoherently Has delusions of sight & hearing Is unmanageable

NAME. John Chalmers

STATE ON

Mental.

Exaltation None

Depression

Excitement

Enfeeblement

Memory

Coherence

Delusions

So ill physically that it is impossible to find out anything about mental condition

Can answer questions?

Other Abnormalities

Bodily.

Appearance anxious expression Flushed face

Skin Very hot Hair Dark

Eyes Dry Pupils

Muscularity Fair Fatness Fair

Nervous System—*Motor*

Sensory

Too ill to be tested

Reflex Action

Special Senses

Lungs ~~Retain~~ Left lung :- Lower lobe dull on percussion, harsh breathing, no crepts
Right lung : Over lower lobe in mid axillary line increased vocal resonance & fremitus harsh breathsounds dull percussion note + friction

Heart at times irregular

Tongue Furred Bowels Diarrhoea

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine not obtained as diarrhoea made it difficult to collect

Menstruation

Pulse 120 Temp. 104·8

Height not ascertained Weight not ascertained

Disease *Skae's Classification*

General Bodily Health and Condition Very weak Acute double pneumonia

PREDOMINANT FEATURES.

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

155

NAME, John Chalmers

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7th April 93		104·8	1	120	?	Suffers from double pneumonia with pleurisy on right side Quiet & gives no evidence as yet of insanity
8th 4/93	104·5	105	130	124		Difficulty in breathing has increased Takes food ravenously. Quiet & tractable
9·4·93						Died this morning at 6·30

NAME,

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

157

NAME, Alexander Malcolm — No.

Admitted, 10th April 1893 — Pr. Ad. Home

Sex, M — Age, 38 — Marriage, Married — Occupation, Iron fitter

Education, — Religion, Presbyterian

Private or Pauper, City — Where from? Wife 42 Lowndy Park Street Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None — Kind

Duration — Where treated

Hereditary History—Insanity. Two sisters have been in asylums

Other Diseases

Predisposing. Drink

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Dangerous

Duration of Existing Attack A few days

Other Facts or Remarks

Wife says been in this state for some time past

Facts of Medical Certificates P. Insane Excited suffers from delusions says he was to be hanged at Rutherglen today has been drinking & is a danger to those in the house

D. McLaughlan Delusions says people watch him conspire against him call names after him & disturb his rest during the night Watch him with candles through the floor & walls Has also hallucinations of sight defective memory & mental faculty

NAME. Alexander Malcolm

STATE ON

Mental

Exaltation None

Depression Slight

Excitement None

Enfeeblement None

Memory Does not remember accurately recent events

Coherence Fair Can answer questions? Yes

Delusions of suspicion

Other Abnormalities

Bodily

Appearance Suspicious looking Pale face

Skin Normal Hair Fair

Eyes grey Pupils Normal Act + react

Muscularity Poor Fatness Poor

Nervous System—*Motor* Marked tremulousness of outstretched hands + of lips + tongue

Sensory Sensation of extremities dulled

Reflex Action Superficial reflexes absent Special Senses Impaired taste

Retina

Lungs Over left apex expiration prolonged + slight dulness on percussion

Heart Normal

Tongue Furred small ulcer Bowels

Other Organs, Abnormalities, Bruises, &c.

Few marks of injury

Appetite

Urine

Menstruation

Pulse 95 Temp.

Height 5' 5 1/2" Weight 9 stone

Disease *Skae's Classification*

General Bodily Health and Condition Poor.

PREDOMINANT FEATURES.

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

159

NAME, Alexander Malcolm

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11.4.93						Last night he saw all manner of strange + fantastic forms flitting around the room two more blue devils
18.4.93						
24.4.93						Been working well for some time. Is now steadier of his legs + practically recovered.
5.5.93						Quiet, useful. He had no fits for some time. Is now two letters to Hand out.
10.8.93					Rec. 195	Very much as he was - quiet, industrious, thanks that getting out but seems quite at home. Is unlikely ever to be ill he.
22.IX.93						Spectacled, evidently an old worker down (Scythe) man. Unable to do anything for himself. & not suitable for employment for him.
11.5.93						Discharged.

NAME,

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

161

NAME, Thomas Smith No.

Admitted, 13th April 1893 Pr. Ad. Home

Sex, M Age, 31 Marriage, Single Occupation, Moulder

Education, Religion,

~~Criminal~~ Pauper, New Monkland Where from? Father: Andrew Smith
28 Glen Street - Paisley

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Unknown Kind

Duration Where treated

Hered History—Insanity. Unknown

Other Diseases

Predisposing. "

Exciting "

Symptoms. First.

Mental "

"

Bodily

Recent.

Mental "

Bodily "

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack

Other Facts or Remarks

Cut his throat yesterday.

Facts of Medical Certificates D. Huntingdon Allen Has a vacant expression Has delusions about boys & men running after him night & day & throw stones at him & he wanted to make away with himself because people were pointing at him & making remarks about him

D. Hugh Arthur Delusions Believes people run after him throwing stones & ill treating him

NAME. Thomas Smith

STATE ON

Mental.

Exaltation Not marked

Depression None

Excitement None

Enfeeblement

Memory apparently good

Coherence Good Can answer questions? Yes

Delusions

Other Abnormalities

Bodily

Appearance Healthy looking

Skin Hairy Hair Red

Eyes Grey Pupils Equal

Muscularity Good Fatness Fair

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal

Retina

Lungs Healthy

Heart Sounds normal

Tongue Clean Bowels

Other Organs, Abnormalities, Bruises, &c.

Cut across front of throat 2 ½in in length
stitched with three coarse silver wires

Appetite Good

Urine Normal

Menstruation

Pulse 88 Temp.

Height 5 ft. 5 in. Weight 9 stone

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

163

NAME, Thomas Smith

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14.4.93						Does not appear acutely depressed but does not seem to regret his attempt at suicide. Wound not healing rapidly. Base of tongue is no suppuration. Healing from the bottom in an indolent manner.
24.4.93						
5-5-93						Wound in neck about the size of a 6d piece actively granulating but at same time there is an evident lack of vitality.
10-5-93						Quiet, industrious, slightly hang-dog appearance about him. Does well so far he is with us.
12-9-93						Discharged

NAME,

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

165

NAME, James Smith — No.

Admitted, 13th April 1893 — Pr. Ad.

Sex, M — Age, 23 — Marriage, Married — Occupation, Planer in wood mills

Education, — Religion, Protestant

~~Private or~~ Pauper, Forgneer — Where from? Father in law W. A. Anderson 11 Church Street Marrellton

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. None — Kind

Duration — Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal — Yes

Dangerous — Yes

Duration of Existing Attack — Two or three weeks

Other Facts or Remarks

Threatened to smash his wifes brains
Threatened to kill himself.

Facts of Medical Certificates — Dr. Murray Is rambling in his conversation does not know the day of the week & is at times & when I was present outrageous striking all near him
Dr. Marshall Has insane appearance talks incoherently & is at times very outrageous

NAME. James Smith

STATE ON

Mental.

Exaltation None

Depression Considerable

Excitement None

Enfeeblement

Memory Appears affected

Coherence Fair Can answer questions? Yes

Delusions That he is going to be murdered

Other Abnormalities

Bodily

Appearance Pale faced delicate looking young man

Skin Clammy Hair Fair

Eyes Grey Pupils Dilated

Muscularity poor Fatness poor

Nervous System—*Motor* normal

Sensory Normal

Reflex Action Normal Special Senses Normal

Retina

Lungs Dullness on base of both lungs posteriorly

Heart Sounds are normal

Tongue Furred & indentated Bowels

Other Organs, Abnormalities, Bruises, &c. Bedsore marks on back of neck

Appetite Good

Urine

Menstruation

Pulse 88 Temp.

Height 5. ft. 6 ins Weight 8. Stone 3 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.

167

NAME, James Smith.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14·4·93						No appetite, weakly, coughs + complains of difficulty in breathing
16·4·93	103	103·5	120	124		Profuse perspiration not so much cough lies in stiff attitude. Weeps at times.
15·4·93	101	102·4	100	112		Pulse very weak
16·4·93	101·2	101·2	98	102		Taking food better
17·4·93	102	102·4	102	104		Sleeps + takes food better
18·4·93	98	99·8	90	98		Pulse still very feeble
24·4·93	normal					Takes food well Deep slough caused by blister on nape of neck removed to-day Heart beat is now as well as can be will be. Physically he is sick & naked Sister is going on very slowly. (Nelson)
7·5·93						Discharged

NAME,

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

169

NAME, John Lamont — No.

Admitted, 14th April 1893 — Pr. Ad. Insane

Sex, M — Age, 29 — Marriage, Single — Occupation, Clerk

Education, — Religion,

~~Pauper~~ Pauper, City — Where from? Birthn: father in Campbell Lamont — 241 Hope Street Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting — Intemperance

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal — ?

Dangerous — Yes

Duration of Existing Attack — a few days

Other Facts or Remarks

Facts of Medical Certificates — Dr. Wm. Johnstone He has been drinking He is incoherent in speech at times very much the influence of many changing hallucinations of sight & hearing Has delusions eg that he has embezzled £100 & must be handed over to the police

Dr. Fortune In speech hesitating rather incoherent rambling in his conversation From manner evidently that he has been drinking to excess States that he has embezzled £100 belonging to a club of which he was at one time master that he has been arrested on the charge & is now out on bail of £100 given him by a friend.

NAME. John Lamont

STATE ON

Mental.

Exaltation Slight

Depression None

Excitement Considerable

Enfeeblement

Memory Fair

Coherence Good Can answer questions? Yes

Delusions That he has to appear in police office tomorrow on charge of stealing £100

Other Abnormalities Easily persuaded that is not till next Monday that he has to appear

Bodily.

Appearance Stumpy made man with a flushed face

Skin Hot & dry Hair dark

Eyes Grey Pupils dilated

Muscularity Fair Fatness Fair

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal

Retina

Lungs No abnormality can be detected on percussion & auscultation No pain cough or Expectoration

Heart sounds are normal

Tongue Much furred Bowels Black stool

Other Organs, Abnormalities, Bruises, &c. One right side just under nipple skin excoriated parts reddened & scraped part in one site apparently only bruised.

Appetite

Urine

Menstruation

Pulse 108 Temp. 103.8.

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.

171

NAME, John Lamont

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15th 4.93						Farm in belief that he is out on bail of £100 & must turn up in court in morning
16.4.93						Complains of pain at lower part of side
17.4.93	103		102			Complains of pain in side No ribs broken
18.4.93	103		112			Pleuring at base of lung No effusion
20.4.93	101		100			Not so painful to cough to-day
24.4.93	normal					
7-5-93						Pain complained of. He is much better mentally. Looks & feels confidence in himself.
31-5-93						Discharged.

NAME,

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

173

NAME, Thomas Copland No.

Admitted, 15th April 1893 Pr. Ad.

Sex, M Age, 30 Marriage, Single Occupation, Telegraph worker

Education, Religion,

~~Private or~~ Pauper, Dyfesdale Where from? Visit Rev. Matthews
12 Dover Street Edgware

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 One day ?!?

Other Facts or Remarks

Facts of Medical Certificates Dr Irving Much excited talks incoherently & has delusions about his own powers able to do anything better than any other man When asked questions is very irritable & whole behaviour irritated

Dr Bell Says he could ride & win an horse race in Britain & could make any horse obey any of his commands He is very excitable & mistaken on the slightest contradiction He is very incoherent in his speech & keeps constantly talking in an excited manner

NAME. Thomas Longland

STATE ON

Mental.

Exaltation: Very marked

Depression: None

Excitement: Great

Enfeeblement: None

Memory: Good

Coherence: Fair — Can answer questions? Yes

Delusions: That he knows the English language better than anyone else.

Other Abnormalities:

Bodily

Appearance: Thin active & restless

Skin: Normal — Hair: Brown

Eyes: Grey — Pupils: Normal

Muscularity: Fair — Fatness: Very poor

Nervous System—*Motor*: Normal

Sensory: Normal

Reflex Action: Normal — Special Senses:

Retina:

Lungs: Healthy

Heart: Healthy

Tongue: Clean — Bowels:

Other Organs, Abnormalities, Bruises, &c.:

Appetite: Good

Urine: Normal

Menstruation:

Pulse: Regular ~~slow~~ — Temp.:

Height: 5ft. 6 in. — Weight: 9 st.

Disease: — *Skae's Classification*:

General Bodily Health and Condition:

PREDOMINANT FEATURES.

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

175

NAME, Thomas Copeland

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16.4.93						A noisy restless talkative troublesome fo.
22.4.93						Went to Sheriff in transfer
24.4.93						Large carbuncle has developed on back of neck. Not quite so noisy.
25.4.93						I.O.P removed him to Lancaster.

NAME,

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

177

NAME, Michael ~~Reardon~~ Reardon. No.

Admitted, 25 April 1893 Pr. Ad.

Sex, M Age, 63 Marriage, Married Occupation, Riveter & spinner

Education, Religion, R.C.

Private or Pauper, Town Where from? Conn. St Asylum via McEwan's Reardon 10 Mansfield Street Town

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack a few weeks

Other Facts or Remarks

Facts of Medical Certificates Dr Barnes He is delusive & despondent but his illness recently would not lead to fancies some one wants to take his life & is very weak appy.

Dr Taylor Despondent & delusive fancies he is overwhelmed & looks very weak appy.

NAME, Michael Reardon

STATE ON

Mental.

Exaltation None

Depression Yes

Excitement No

Enfeeblement No

Memory Good

Coherence Good Can answer questions? Yes

Delusions None expressed.

Other Abnormalities

Bodily

Appearance Fair. Florid complexion

Skin Normal Hair Grey

Eyes Grey Pupils Normal

Muscularity Fair Fatness Fair

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Brisk Special Senses Normal

Retina

Lungs Dull note at both apices resp. crepitation dulness at bases

Heart Nil

Tongue Fissured Bowels

Other Organs, Abnormalities, Bruises, &c.

Tumour at left side Wound old & superficial

Appetite Good

Urine Normal

Menstruation

Pulse 60 Temp.

Height 5 ft 10 3/4 Weight 10 st.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

179

NAME, Michael Reardon.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5-5-93						In bed. Throat is very healing & gradually, but he refuses to allow anything to remain on it. Is restless at night.
7-5-93						Not so restless last night, but is miserable & evidently sick of life.
14-5-93						Throat is now quite healed. Still very spiritless & depressed & refuses to take food when offered. Does not care whether he live or die at all.
25-V-93						Very much same as - if anything a little brighter - but still stiff & sullen.
14-VII-93						Thinks he is a chance nice but not in certain condition. At present he is stiff & confused & refuses food. At times he is violent & talks to self. About a week ago he swelling ~~commenced~~ in scrotum (or ? hydrocele) suspended & getting larger was tapped - large quantity of fluid being removed.
18. VIII 93						Very confused - refuses food & tries. His wife brought tea & gruel & great threats & struggle. Wishes to get him home. Quite unfit for removal.
27th VIII						Discharged by friends Dead.

NAME,

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

181

NAME, Thomas Finnigan — No.

Admitted, 26th April 1893 — Pr. Ad.

Sex, M — Age, 37 — Marriage, Single — Occupation, Labourer

Education, — Religion, R.C.

~~Private~~ or Pauper, City — Where from? Boarded out at Balfron

HISTORY.

Disposition

Habits

Previous Attacks—No. First — Kind

Duration — Where treated Smithston Asylum

Hereal History—Insanity.

Other Diseases

Causation. Predisposing.

Exciting

Symptoms. First. Mental

Bodily

Recent. Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Three years

Other Facts or Remarks

Was in Smithston Asylum from 7th May 1889 till 15th Dec. 1892
Then was boarded out at Balfron

Facts of Medical Certificates Dr. M'Johnston He has a stupid vacant expression Is confused & demented Cannot give a correct account of himself nor any information as to dwelling or time Is quite unfit to look after himself or to earn his own livelihood.

Dr Ruxton Has a confused & stupid look Has no idea of time or place Says he came from Dunoonshire This morning Cannot sustain a simple conversation Beyond a few sentences Is unable to look after himself

NAME, Thomas Finnigan

STATE ON

Mental.

Exaltation None

Depression None

Excitement None

Enfeeblement Great

Memory Fair

Coherence Poor Can answer questions? Some

Delusions

Other Abnormalities Says music with out an apparently sufficient cause

Bodily

Appearance Vacant expression

Skin Normal Hair Fair

Eyes Dry Wide open and staring Pupils Normal

Muscularity Good Fatness Good

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal

Retina

Lungs Healthy

Heart Normal

Tongue Clean & Healthy Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine Normal

Menstruation

Pulse 70 Normal 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.

183

NAME, Thomas Finnigan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5th July						Is not working very day & seems quite at home. Mentally weak & incapable of doing anything for himself.
31 July						No change.
15-VI-93						Quiet. Demented. not working. Eyes no trouble.
20-VIII-93						No change.
18 June 1897.—						Transferred to day to Carlock.

NAME,

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

185

NAME, Andrew Donnelly No.

Admitted, 26th April 1893 Pr. Ad.

Sex, M Age, 28 Marriage, Single Occupation, Labourer

Education, Religion, R.C.

~~Private~~ Pauper, City Where from? "Boarded out" at Balfron

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First. Kind

Duration Where treated Kirklands Asylum Bothwell

Hereditary 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 Since 1888 (Five years)

Other Facts or Remarks

Was at Kirklands Asylum Bothwell from 19th Feb 1891 till 4th June 1892 Since then Boarded out at Balfron

Facts of Medical Certificates D. R.C. Johnston He is stupid & depressed. Sits with eyes down in perfect silence & initiates no speech Is ignorant of his surroundings & of time & is indifferent to them Hears voices at night which utter foul language at him & keep him awake

D. Reg. Fortune. Has a vacant expression on his face & sits motionless in his chair indicating no conversation Answers any further question as it is supposed to him which he is a sailor & in the next sentence that he is a hairdresser says he has just left the sea this morning

NAME. Andrew O'Reilly.

STATE ON

Mental.

Exaltation None

Depression None a slight.

Excitement None

Enfeeblement Marked

Memory Impaired

Coherence Poor Can answer questions? None

Delusions

Other Abnormalities

Bodily

Appearance Rather unhappy looking individual

Skin Pale Hair Black

Eyes Blue Pupils Normal

Muscularity Spare Fatness Fair

Nervous System—*Motor* Normal

Sensory Normal

Reflex Action Normal Special Senses Normal

Retina

Lungs Healthy

Heart Normal

Tongue Furred protruded Bowels Constipated.

Other Organs, Abnormalities, Bruises, &c.

Appetite Poor

Urine Normal

Menstruation

Pulse 60 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.

187

NAME, Andrew Donnelly

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8 May						Hetally sick - He is outside working & seems to have taken kindly to his surroundings
14 May						No change.
15 - 16 May						Quiet, demented, not working. Eyes not trouble.
20 - 21 May						No change - seems quite at home.
8 June 1897:-						Transferred today to Carlisle.

NAME,

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

189

NAME, ~~Booth~~ David Booth No.

Admitted, 27th April 1893 Pr. Ad.

Sex, M Age, 47 Marriage, married Occupation, Engine keeper

Education, Religion, Protestant

~~Private~~ or Pauper, Govan Where from? Wife Isabella Adams or Booth 15 Paxton Street Greenhill

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Second Kind

Duration 4·4·92 – 5·1·93 Where treated Govan Parochial 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 one month.

Other Facts or Remarks

Wife says that he is unsettled & melancholy & wishes to be back in an asylum.

Facts of Medical Certificates D. Wallace He is miserable & unsettled says he is filled with all kinds of bad & nasty thoughts & that he should be dead is not fit to live is tempted to do away with himself is going to be hanged &c.

Dr Barrie He says dull & melancholy cannot control himself wishes he were dead has tried to commit suicide but has not had courage to do it

NAME. David Booth.

STATE ON

Mental.

Exaltation None

Depression Considerable

Excitement None

Enfeeblement —

Memory appears good

Coherence Good Can answer questions? Yes

Delusions

Other Abnormalities

Appearance Thin faced dark complexioned man

Skin Greasy many comedones Hair Black

Eyes Grey Pupils Act. + react

Muscularity Fair Fatness Poor

Nervous System—*Motor* Normal except as regards speech which is slow — hesitating

Sensory Normal

Bodily

Reflex Action Brisk Special Senses Normal

Retina

Lungs Normal

Heart Normal

Tongue Tremulous slightly furred Bowels

Other Organs, Abnormalities, Bruises, &c.

No marks or bruises

Appetite

Urine Normal

Menstruation

Pulse 64 Temp.

Height 5 ft. 8 in Weight 8 st. 11 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.

191

NAME, David Boath.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5-5-93						Insomnia, very restless & very nervous during the night - wakening up suddenly & imagining that something is going to happen him.
7-5-93						Just cut the sores. Seems to have little control on micturition nor the 4 free crises peculiar appearance
21-V-93						David is improving slowly & seems to have more control over himself. He is stronger & is walking outside. sleeping very much better.
10-VI-93						Improving steadily - free not so infirm as it was. Childish in manner. & gets in little details.
20-VIII-93						Is not on farm all day. & is in very much better health, but mental condition is very much better than it was. He is nervous he shifted to some place nearer Glasgow.
30-X-93						Discharged to Govan District Asylum

NAME,

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

193

NAME, Alexander McIntyre — No.

Admitted, 29th April 1893 — Pr. Ad. from April 1891

Sex, M — Age, 60 — Marriage, Widower — Occupation, Labourer

Education, — Religion, Protestant

~~Pauper~~, Pauper, Dalziel — Where from? Buckhaven

Been boarded out

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Third — Kind

Duration — Where treated Labert + R.I.

Hered History—*Insanity.*

Other Diseases

Predisposing. } Epilepsy

Exciting }

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal — No

Dangerous — No

Duration of Existing Attack — At least thirteen years

Other Facts or Remarks

Walks about naked

Facts of Medical Certificates — D. R.W. Lindsay Singing + praying at one time. crying the next. Talks of being in the road to Heaven

D. Thomson Has a stupid + insane appearance comes to consciousness with difficulty when he does speak talks very incoherently.

NAME. Alexander McIntyre.

STATE ON

Mental.

Exaltation None

Depression None

Excitement Wanders still goes + claws around the wall + furniture. + Strikes out freely + fiendishly when interfered with

Enfeeblement Can't tell where he came from + where he is

Memory Nil

Coherence Poor Can answer questions? Some

Delusions

Other Abnormalities

Bodily

Appearance Very insane appearance

Skin normal Hair Grey

Eyes Cataract in both Pupils Almost entirely obliterated

Muscularity Good Fatness Poor

Nervous System—*Motor* Constant purposeless movement, appears to imagine that he is playing with an imaginary thread Feet

Sensory Very much affected

Sensory normal

Reflex Action Brisk Special Senses Almost no sight. Ozoena of worst

Retina

Lungs appears healthy

Heart appears healthy

Tongue Slightly furred Bowels

Other Organs, Abnormalities, Bruises, &c.

Very powerful + objectionable smell from his Ozoena

Appetite

Urine Sp gr 1020 Deposit of urates Acid. No albumen no sugar

Menstruation

Pulse 64 Temp.

Height 5 ft 3 in Weight 78 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.

195

NAME, Alex. McIntyre

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
5.5.93						Marked no fits since admission. Restless, rarely spoken to, & seems quite satisfied with surroundings. Nurse has fund discharge.
15.5.93						Mc Intyre is quiet. happy & satisfied & seems to require others making himself useful & never letting his former behaviour be known. Thin tongue.
10.8.93						Very much same. Quiet & industrious & works when getting it, & seems quite at home. Is as well as ever he will be.
21.IX.93						Good nurse, middle aged broken down (drunk) man. used to do anything for himself. but sent to for any place he applies.

22.9.94

NAME,

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

197

NAME, John Rooney *No.*

Admitted, 5.5.93 *Pr. Ad.*

Sex, M *Age,* 20 *Marriage,* S *Occupation,* Labourer

Education, *Religion,* RC.

~~*Private or*~~ *Pauper.* Pauper *Where from?* Cty. Clare

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous Yes

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

1/ Dr. Hitchcock endorses himself with idiocy. Dedenlein
Jones Christ.
& Wm Foster speedy & three others etc

1/ Dr. Hamilton

NAME. John Rooney

STATE ON

Mental.

Exaltation Nil

Depression -

Excitement with Nicholin

Enfeeblement Nil

Memory Fair

Coherence No Can answer questions? Simple yes

Delusions Of excited nature - Is Jesus etc

Other Abnormalities

Bodily.

Appearance Broad faced - flat nosed.

Skin Healthy Hair fair

Eyes Blue Pupils equal. slightly contracted

Muscularity Good Fatness fair

Nervous System—*Motor* restless

Sensory

Reflex Action equal Special Senses normal.

Retina

Lungs Healthy

Heart Normal

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c. recent vaccination mark on left arm.
Nasal bones sunken & bridge flattened. Cranial and nerves.

Appetite

Urine 1025 acid. no albumin Deficient of lithic Ac.

Menstruation

Pulse 75 Temp. 98.

Height 5 - 7 Weight 9 - 8

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

199

NAME, John Rumney.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
6th. Thy.						Very restless & excitable. At this seem to get confused & very liable to everything a little better when seen at work in the day sees more confused & excitable
10th. Thy.						
12th. Thy						Very much as when admitted. cannot sit still. & talks constantly.
17th. Thy						Is making no progress. Very irritable & cannot seem to be spoken to — "what the hell's your business" style. Refuses many duties.
24th. "						No change - restless & unoccupied as before.
20-VI-93						Is very much as above. keeps chat. will come on questions & then refuses to be drawn.
10-VII-93						Cannot keep to talk about anything. She is very reserved. gets very irritable & seems for from improving. Marked dep slight discharge which result was on not working.
20-9-93						Cachexia in bones. tuck etc. & not improving.
15/1/94						Mental condition unchanged. She is stupid, and silly in manner in conduct. She cannot answer questions properly and does not realize where she is from ill any thing about herself
February 16th 1897						Is about to be transferred to Glasgow Is a demant and a dirty one. Head generally dribbling &c. She has still able to do a little in the ward but shows no initiative. In fair bodily health
"	8th	"				Removed today to Gartloch by Transfer

NAME,

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

201

NAME, William Dempsey No.

Admitted, 6-5-93 Pr. Ad.

Sex, M Age, 31 Marriage, M Occupation, Miner

Education, Religion, ?

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal NO

Dangerous Yes

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

1. Dr. Robertson & Dr King Johnson. Insanity. (21) monomaniacal

2. Dr. Johnston — Insane — exalted ideas, e.g. invited to dine in Buckingham etc

NAME. William Draybrough

STATE ON

Mental.

Exaltation Marked.

Depression -

Excitement -

Enfeeblement slight

Memory impaired

Coherence ? Can answer questions? yes.

Delusions of grandiose nature.

Other Abnormalities

Bodily

Appearance Smiling, facile expression

Skin Pale Hair Dark

Eyes Dull Pupils Left smaller than right. Reaction sluggish

Muscularity good Fatness fair

Nervous System—*Motor* Speech slow & thick. Impairs, lips etc with fibrillar contractions. gait a little unsteady

Sensory Hyperaesthesia absent.

Reflex Action Patellar exist. Clonus + Special Senses Normal.

Retina

Lungs Healthy.

Heart Apex beat slow - sounds indistinct. No murmur detected

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

No marks. Head is covered with

Appetite good.

Urine

Menstruation

Pulse 67 Temp. 98

Height 5ft 5 Weight 10st 3

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, William Drysdale.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7-5-93						Atypical c.p. . Well marked motor symptoms. Standing delusions, irritable . Memory impaired.
11-5-93						Head is healing a little.
13-5-93						At times very irritable & violent & foulmouthed - It is easily aroused.
29-5-93						Delusions exist as much as ever. Is the Principal Medical Officer etc etc. Gait is getting more natural - speech markedly thick & hesitating, very irritable at times wants to go & drill in the Militia Camp.
20-VI-93						Not quite so talkative. At still imagines he is the King of Scotland etc. Drills squad. Speech slow thick & very specific. Very hypochondriacal.
10-VI-93						Cheerful & almost forgetting G.P. . delusions not so prominent. Not physical signs worse. Is very anxious to get home.
24-9-93						Has been complaining of pain in Head. Pains all over him. "King of Scotland" etc. Drills his squad as well as ever. Is not improving.
15/12/93.						Discharged by minute of the Parochial Board

Discharged

NAME,

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

205

NAME, John Buchan No.

Admitted, 11th May 1893. Pr. Ad.

Sex, M Age, 36 Marriage, S Occupation, Miner

Education, Religion, P

Private or Pauper, Pauper Where from? Heathfield.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting Death of Father

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous. No

Duration of Existing Attack Few days.

Other Facts or Remarks (Has evidently been drinking hard)

Facts of Medical Certificates

(A) Dr Wilkins. Mr Atkins certified. Suspicious of his friends. Cupboard. Try to do him. Seen strange things in his food. Sees effigies, hears bells. Tried to choke himself with bedclothes.

(B) Mr Gardiner. Merchant. Thinks he is being hunted by friends. Hears voices.

(C) Thinks he will die or starve.

NAME, John Buchan.

STATE ON

Mental.

Exaltation -

Depression Yes

Excitement

Enfeeblement Yes

Memory Bad

Coherence incoherent Can answer questions? with difficulty

Delusions talks incoherently etc suspicious etc

Other Abnormalities

Bodily

Appearance weak-minded - demented appearance.

Skin clammy Hair Brown

Eyes blue Pupils Left large than right - contract right slightly

Muscularity poor Fatness poor.

Nervous System—*Motor* walks stiffly - speech is thick.

Sensory normal.

Reflex Action impaired (patellar. absent) Special Senses normal

Retina

Lungs Bronchi, pneumonia, crepitant sounds of left apex impaired.

Heart action fair - 2nd sound accentuated over P. area.

Tongue furred Bowels

Other Organs, Abnormalities, Bruises, &c.

Left Rectus fibres cut. Piles

Appetite

Urine

Menstruation

Pulse 78 Temp. 99

Height 5 ft 6½ Weight 8 st-

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

207

NAME, John Buchan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12th May.						astupid - undermined looking man, who is totally rude.
15th May						outwardly he very similar states little interest in anything.
20th "						Quiet, stupid & giving no trouble. Mental faculties impaired & more thoroughly (at all events) very sluggish & no change. Walking outside
31st "						
20- VI-93						Has cut his own very much cut. At it has healed up gradually & is now almost white again. A slight fellow his own. No change mentally.
10- VII-93						Johnny is astupid, simple & undermined as ever. Smiles very unpleasantly, & seems quite at home.
24-9-93						Still asleep as usual. Is putting on flesh & is in good bodily health. He seems almost as well as ever & would be totally undermined simple in manner, & quite suitable for Medicine, or the Metropolitan Police.
3/3/94						Is very stupid cannot answer questions properly - is quiet and industrious and childish in manner & disposition

23.7.95

NAME,

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

209

NAME, William Aspden No.

Admitted, 12-5-93 Pr. Ad.

Sex, M. Age, 38 Marriage, S Occupation, Carrier

Education, Religion, ?

Private or Pauper, Asylum Where from? Salisbury (Salisbury).

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hereditary History—Insanity.

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 10 days.

Other Facts or Remarks

Facts of Medical Certificates

1st C. Certificate (1) Wilfully exposing himself from under the effects of drink.

(2) Frightening. Annoying females.

1st C. Clerk (1) Wandering - state - refused to give information. Not under influence of liquor.

NAME. William Eagan.

STATE ON

Mental.

Exaltation Yes. Owns all the stock

Depression –

Excitement –

Enfeeblement Slight

Memory Fair

Coherence No Can answer questions? Yes.

Delusions Of wealth & business.

Other Abnormalities

Bodily.

Appearance Very muddy faced. Aging unhealthy man.

Skin Clammy. Hair Gain

Eyes Dull Pupils Left larger than right. Reacting sluggish.

Muscularity Fair Fatness Fair

Nervous System—*Motor* Speech thick.

Sensory Smell impaired.

Reflex Action Increased Special Senses normal.

Retina

Lungs Healthy.

Heart Healthy.

Tongue Furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine 1020 acid No albumen No blood

Menstruation

Pulse 72 Temp. 98

Height 5.5½ Weight 87

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.

211

NAME, William Capper.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13th May.						Weak minded but may dwell ideas of his own importance - going to marry etcetera etc.
17th May.						Is at Barking. Seems to be coming gradually round to the idea that the title pleas belongs to him.
24th May						There has been no change since admission but have to see that his estate.
31st "						Is working very day at side. But there is no mental improvement.
20-VI-93						Listless - restless manner. very full of his own importance - "is a large land-owner". Walks beside his cattle with pet.
24-9-93						Willie is very much as before. a silly looking weak minded man who imagines he is owner of land etc. Walks quite well at side.
~~18-9-94~~						
18-9-94						Patient has had a few congestive or cerebral haemorrhagic attacks during the last few months but they have been very slight. Yesterday he took another & died early this morning

18-8-95

NAME,

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

213

NAME, Charles Oneil — No.

Admitted, 13-5-93 — Pr. Ad.

Sex, M. — Age, 26 — Marriage, S — Occupation, seaman

Education, — Religion, P.

Private or Pauper, Private — Where from? Border Towns, Dumfries

HISTORY.

Causation.

- Disposition
- Habits
- Previous Attacks—No. first — *Kind*
- *Duration* — *Where treated*
- Hered History—*Insanity.*
- *Other Diseases*
- Predisposing.
- Exciting — Sexual Debility. (wine women).

Symptoms. First.

- Mental
- Bodily

Symptoms. 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

S. Thomson — Restless, excitable, silly in manner & incoherent. Raving excitable. Simply impossible to speak.

S. Kerr — Silly, laughs inordinately. says he is rich

NAME, Charles Grey.

STATE ON

Mental.

Exaltation ?

Depression ?

Excitement Defective

Enfeeblement marked

Memory Nil

Coherence No Can answer questions? ?

Delusions many fleeting delusions.

Other Abnormalities Demented

Bodily

Appearance Chronic Lunatic.

Skin Pallid Hair dark

Eyes Normal Pupils equal

Muscularity fair Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses Normal

Retina

Lungs Healthy

Heart Healthy

Tongue Normal. Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine 1028 albumen No sugar Large deposit of Phosphates

Menstruation

Pulse 70 Temp. 98

Height 5.7 Weight 8-9

Disease Dementia *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, Charles Gray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14th May.						a determined - worn out young man - getting gradually demented. Expression vacant, answers questions in simple idiotic way, & is generally very stupid.
17th May						No change.
24th May						Eyes not working - moving eyes etc. His mental condition is very weak.
31st "						Stupid, irritable at times but sees quite rather ill & afraid to lie down. Walks in fresh air & goes to table.
20- VI-93						He is getting more demented & helpless. He is not injuring in any way.
15- VII-93						Laughs. talks to himself constantly, & is at times irritable. Walks in fresh air & is getting fat.
24-9-93						His sister recognised him photographed. He looks getting very stupid & more demented. & is daily more an animal existence.
January 7th 1896						He is now a dull listless apathetic demented. Fat & Quiet. Walks automatically in one of the squares seldom talks.
February 9th 1900.-						In good health: Mental state very dull and stupid: He is idle and requires constant supervision to keep him working & clean: He rarely answers questions: Speaks & laughs to himself occasionally: Eat quiet Sleeps well Eats well.
July 28th 1900						In fair health: He is armid dement Easily managed but requiring attention to keep him clean: He is easily managed & amuses himself: He sings hymns & psalms & repeats every night & morn quite happy & contented.
January 26th 1901						In good health: No change mentally laughing singing & happy

NAME, Charles Oney.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
July 14th 1902.						In good health; mentally no change. Cont. managed very capable man
1903 July 16th						In Chanf. demented & easily manages
1904 March 1st						man in 1st Div. In fair health.
						much the same. Kept in fair health.
						dull, weak minded & stupid
						SEE CHRONIC CASE BOOK

217

NAME, Geo. J Burrell No.

Admitted, 15-5-93 Pr. Ad.

Sex, M. Age, 43 Marriage, S Occupation, Minister.

Education, Religion, P.

Private or Pauper, Parker Where from? Cowes Fife

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Nil *Kind*

Duration 9 mths *Where treated* Fife Asylums.

Hereal History—*Insanity.* Brother insane.

Other Diseases No relation known.

Predisposing. Drink, Study

Exciting

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 9 mths.

Other Facts or Remarks

He has been insane for abt 9 mths. was a minister/ assisted in Free church Wemyss, Wardie & in Glen Urquhart). Gave up ministry & became a literary critic for Messrs Blackwood. Seems to have drunk at times freely & during one visit committed an assault & was apprehended. Certified insane & sent to Stirlingshire Asylum. & then transferred to Fife Asylum, where of late he has been very troublesome.

Facts of Medical Certificates

S. Burnett. Insane delusions & suicidal. Drink put as his fault. Unsuccessful in his endeavours, failing to take his ordinary profession.

NAME, Geo. J. Birrell.

STATE ON

Mental.

Exaltation –

Depression ?

Excitement ?

Enfeeblement ?

Memory good

Coherence yes. Can answer questions? yes.

Delusions ? suspicion - that gods was being compared with.

Other Abnormalities

Bodily

Appearance thin, exhausted man - emphysema.

Skin pale Hair fair & red.

Eyes blue Pupils equal & react

Muscularity poor Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses normal - (speech stuttering)

Retina

Lungs Left & apex side impaired on right side. Breath sounds crackles heard.

Heart ? action weak. No murmur.

Tongue slightly furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

No marks.

Appetite

Urine 1015 neutral ~~acid~~ No albumin No deposit.

Menstruation

Pulse 68 Temp. 98

Height 5ft 8 Weight 9st

Disease *Skae's Classification*

General Bodily Health and Condition Rather 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.

219

NAME, Geo. J. Birrell.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16-5-93						Seems if anything weak-minded & with little energy. Has taken to his new quarters kindly.
18-5-93						Mr. Birrell takes the ordinary diet & generally behaves very reasonably. He is intelligent & pleasant to talk to & has no delusions that can be elicited, except certain stories of ordinary usage in life claims, & how far they are correct it is impossible to say. There is however something about his general conduct & disposition which shows that he has not perfect control over himself.
21st-5-93						Is looking very much fresher & takes a good deal of exercise.
26th 5 93						Same quiet suspicious man.
31-V-93						Rejected the letter by Keath with the patients & he had attendant had a few hot words. Mr. Birrell was still white & speech more stuttering than usual.
15-VI-93						Mr. Birrell is very discreet - his nature & keeps himself out of petty squabbles - all disputes & encouraging others to do the same.
10-VII-93						Has been quiet - somewhat sparing - should few complaints lately. He seems slightly weak minded - very eccentric, at times makes most unreasonable & absurd things.
20-VII-93						Has handed in letters to several of his friends - with studied count of all illnesses of these, which letters I have given to Dr. Rutherford. He informed me the other day that I was entitled if they belonged & he got letters out & another channel.
4-VIII-93						Created a disturbance today on a letter being taken from a patient by an attendant - the instrument that Birrell who is distinctly better, was quite now mischief.
25-VIII-93						Mr. Birrell has widely made more capital of these incidents than was expected. He has got Mr. Keith & Mr. B. & our Md. complaining of treatment. E.B. knows nothing about matter. & there seems likely to be a little trouble. Transferred to First House.

NAME,

ATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4 10:93						Mr Birrell has been very troublesome lately & this afternoon about 5.30 (the attendant ~~was~~ was out of the gallery at the time) Mr Birrell took the opportunity to smash 2 stained glass windows & 2 basins & 2 water closets in the lavatory in order to call attention to the fact that he was wrongfully detained, He had not taken any food for 24 hours previously & is greatly incensed against Dr Rutherford.
13/94						Transferred to this II House on Wednesday last and has since refused to take his food – this is due to mere caprice.
13/94						This afternoon when the attendant had just left the gallery to fill the fire pails with water, which stand just outside the door of the gallery Mr Birrell first smashed a mirror in a sideboard in the sitting room & then ran into the lavatory & smashed two urinals closets, the reason for doing this was that he had not had opening medicine, he had had this but not in the form he desired
2/12/94						This afternoon threw a chair through a plate glass window of the small sitting room in the gallery just to make matters a little more lively & so was removed to the II House He has had every opportunity offered him to leave the Crichton but apparently prefers to stay here & does not want to go back, he is surly & vindictive & a dangerous character

14. 5. 94.

221

NAME, Archibald Welsh *No.*

Admitted, 15-5-93 *Pr. Ad.*

Sex, M. *Age,* 23 *Marriage,* S *Occupation,* Nil

Education, Nil *Religion,* P?

Private or Pauper, Pauper *Where from?* Glasgow.
Brother J. Welsh. 17 East Hill St. Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. since birth *Kind*

Duration *Where treated*

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack since birth

Other Facts or Remarks

Facts of Medical Certificates

S. Hun "He is an imbecile

S. Aberdein. " He cannot count time, to clean himself, or work. unfit to look after himself.

" Born mentally weak.

NAME. Archibald Welsh.

STATE ON

Mental.

Exaltation –

Depression –

Excitement –

Enfeeblement Congen. Idiot.

Memory –

Coherence – Can answer questions? –

Delusions –

Other Abnormalities Very backwards.

Bodily

Appearance short. stunted. cynical expression.

Skin healthy. Hair black

Eyes grey. Pupils equal.

Muscularity flabby. Fatness fair.

Nervous System—*Motor* difficulty in walking - genu knock knee.

Sensory

Reflex Action exalted Special Senses –

Retina

Lungs seem healthy.

Heart systolic murmur rate 120 rhythm irregular.

Tongue furred. Bowels Relieved daily & natural enough

Other Organs, Abnormalities, Bruises, &c.

Small umbilical hernia. Marked genu valgum. scab of Vaccination on left arm. Left cervical gland enlargements.

Appetite

Urine 1025 alkaline No albumin Deposit of Phosphates.

Menstruation

Pulse 75 Temp. 98

Height 4·2 Weight 7 st.

Disease Congenital Idiot. *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.

223

NAME, archibald welsh

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16-5-93						A funny little creature whose general appearance puts me in mind of one of Aunt Sally's dolls. Very old fashioned – his manner. Bodily health fair. Side of head eczematous.
21-5-93						Ear is healing slowly – seems like quite the clean[illegible] of Eczema.
31-5-93						No change.
20-11-93						Quite at home – takes notice of everything that is going on & passes very smart remarks. Is getting quite fat. Charlie Brims hits him off when he says "he must have been got after a Saturday night's spree".
10-11-93						The character of Division: everybody seems to rather like "Archie" & his mother left a piece of wedding cake which could not be taken with him. Gets very irritable at times when not like the boys.
24-12-93						Very much the same.
15/1/94						Mental condition the same. Archie is like a parrot & repeats all he hears going on round about in a mechanical droll way, accompanying his remarks by a rhythmical head shake
February 10th 1897						Archie is a small dwarfish little man & is "great value". He is generally "scouring the floors" of the second div. varying this toilet with [illegible] He is very childish, has a fairly retentive memory for occurrences & Monday night appeals to him very forcibly as "Cook's night". His bodily health is fair. He cannot tell his age &c.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
May		18th		1897		Removed to day to Sartlock by Transfer

225

NAME, Robert Fraser No.

Admitted, 17th. May 1893 Pr. Ad.

Sex, M. Age, 50 Marriage, ? Occupation, Labourer (Soldier)

Education, Religion, ?

Private or Pauper, Pauper Where from? Haddon

HISTORY.

Causation.

Disposition

Habits ?

Previous Attacks—No. First 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 No.

Duration of Existing Attack two days

Other Facts or Remarks

Facts of Medical Certificates

1st Regn (1) Shouting & swearing & struck [illegible] wife. Does this still. Tears his clothes etc

(2) Walked from Rockcliffe to Haddon drunk naked. Washed himself in "middle"

1st Regn (1) Violent during night. Saw green snakes - heard gunmen speak to him. Restless, excited etc.

NAME, Robt Fraser.

STATE ON

Mental.

Exaltation very

Depression -

Excitement very excited. violent restless.

Enfeeblement

Memory -

Coherence no Can answer questions? with difficulty.

Delusions

Other Abnormalities D.T's

Bodily

Appearance flushed acutely excited man.

Skin healthy. Hair fair

Eyes blue Pupils contracted.

Muscularity good Fatness fair

Nervous System—*Motor* very restless violent. Tongue fingers tremble.

Sensory normal.

Reflex Action normal. Special Senses normal.

Retina

Lungs Healthy.

Heart 1 sclr incyclen. 1st sound with presystolic murmur, 2nd accentuated.

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

None sclera yellow with increased duskiness.

Appetite

Urine 1018 slightly acid clear Albumin Deposit Crystals.

Menstruation

Pulse 70 Temp. 98

Height 5ft 8 Weight 9·6

Disease Alcoholic Insanity. *Skae's Classification* Cured.

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

227

NAME, Robert Evans

DATE.	Temperat. Morn.	Temperat. Even.	Pulse Morn.	Pulse Even.	Weight, lbs.	PROGRESS OF CASE.
18-5						Very restless raving. Reckless little & wasted weight. Walks up & down & cannot stand to speak. Says talks constantly to himself, fights with imaginary men.
21-5						Quieter. Is still restless - but there is more "tone" (food). Not so delirious.
31-5						Outside walking & taking fresh progress.
20-VI-93						Very incoherent at times. Has been a great sufferer in his delirious fits of stories of his exploits. Is not improving. Transferred to Melrose.
1-VII-93						

NAME,

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

229

NAME, James Shakespeare No.

Admitted, 14-5-93 Pr. Ad.

Sex, M. Age, 32 Marriage, S Occupation, None

Education, Religion, P.

Private or Pauper, Pauper Where from? Rauceby.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind Constant epilepsy

Duration Where treated Rauceby 5 years

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous Violent

Duration of Existing Attack since birth

Other Facts or Remarks epileptic - (10 fits for some time).

Facts of Medical Certificates

1/ S. Colby. Certd. Insane & violent 4 years.
" Husband & signs order.

1/ Dr. Gill " "

NAME. James Dalgliesh.

STATE ON

Mental.

Exaltation -

Depression -

Excitement -

Enfeeblement Idiot.

Memory Nil

Coherence

Can answer questions? Simple questions.

Delusions -

Other Abnormalities -

Bodily

Appearance Vacant with moist

Skin clammy Hair fair

Eyes blue Pupils dilated equally & react

Muscularity good Fatness good.

Nervous System—*Motor* -

Sensory -

Reflex Action Left patellar diminished Special Senses none.

Retina

Lungs Healthy

Heart Systolic murmur. apex also to sternum.

Tongue Furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

None. Bunion on 2nd toe left foot.

Appetite

Urine 1022 with No albumen Deposit (uric acid)

Menstruation

Pulse 128 Temp. 98

Height 5.9½ Weight 10.9.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

231

NAME, James D Oglivie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18 - V						a congenitally weak-minded lad. Hab's cetera quieta. He sees like my friend to-day. Skin fresh well.
24 - V.						Lazy. Is starving in red all day & ugly if sent two letters at once very well. Sleeping in ofline & under discretion.
25 - V						No change. He shows no irritability since admission. At does not seem at all distressed.
31 - V						No change
20 - VI						Childish & nervous, & very lazy, will sit & laugh & grass remarks to those about him all day. He never thinks of moving to do anything.
20 - VII - 93						He has shifted from I to III Division after great struggle. He sees quite many & cannot settle to his new surroundings.
24 - 9 - 93						He quite at home again & he & Jim discuss "news" very with each other. He tries to be talkative & dances avidly. Both very fat. Rather mildly disposition & has shown no irritability.
30th Dec 1899						Sent today to Farm Annexe. See chronic asylum.

NAME,

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

233

NAME, William Stewart No.

Admitted, 22-V-93 Pr. Ad.

Sex, M. Age, 38 Marriage, M. Occupation, Stockholder

Education, Religion, P

~~Prisoner~~ or Pauper, Private Where from? 10 Belsize St (Wife)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

–

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No?

Dangerous No

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

1/ Dr. Tuke (1) Says he is confused & dazed. Was going to drown himself.

(2) Thinks he is wise not fully responsible.

11/ Dr. Aldred (1) Cannot give reasons for proceedings. Vacant

(2) Is dazed & confused. Thinks he is to be shot.

NAME, William Stewart.

STATE ON

Mental.

Exaltation slight.

Depression .

Excitement very restless

Enfeeblement .

Memory ?

Coherence No Can answer questions? Yes no

Delusions Some ill is going — very suspicious

Other Abnormalities .

Bodily

Appearance Tall, with stout expression.

Skin pale. Hair fair

Eyes grey ill Pupils slightly contracted. react

Muscularity fair Fatness fair

Nervous System—*Motor* very restless.

Sensory .

Reflex Action exact Special Senses normal

Retina

Lungs Left apex dimin note < breath sounds impaired

Heart is extra weak irregular. No murmur.

Tongue furred dry. No tremor. Bowels

Other Organs, Abnormalities, Bruises, &c.

None.

Appetite

Urine 1020 acid No albumin No deposit

Menstruation

Pulse 78 Temp. 98

Height 5ft 8 Weight 9st 8.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

235

NAME, Wm. Stewart.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
23-V						Very excited all last night. With difficulty kept in bed. Ergs & injected apomorphia & also afterwards excited. Says he is being pursued & some people also want to kill him.
24-V						Had still - still very restless & very excited in talk. Has fleeting delusions. Fancies enticipated & related fully & coherently.
26-V						Quieter since enjoined. Still a little excited.
31-V						Gets up. Is now quite free from excitement & delusions. Talks sensibly & says pleased to know they are examining blood in him.
5-VI						Maintains his improvement
30-VI-93						Has relapsed into his old state of restlessness - not so excited, but sleepless & talking most incoherently. Thinks he is watched & spirits &c.
10-VII-93						Getting dull & listless, works mind still but talks & does not evince symptoms but his feeling too weak to go outside.
24-IX-93						Very much worse - has got so gradually. Sits & smiles & evidently dreams. Talks quite rationally. At times very hesitatingly & with apparent reluctance. Has no desire to get better, & even tries to keep himself in the semi-demented state.
3/3/94						He is very quiet - but will do no work. He still hears voices speaking to him which keeps him from sleeping. And he has delusions about - that people are going to harm him. He is completely absorbed in his own wretched ideas and can think of nothing but this.

5 · 5 · 94

NAME,

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

237

NAME, Pearson Ac Knyd No.

Admitted, 26-5-93 Pr. Ad.

Sex, M. Age, 38 Marriage, S Occupation, Iron worker

Education, Religion, ?

~~Private~~ or Pauper, Scandinavian Where from? Mt. Shiloh (Utah) Great Salt Lake

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ? *Kind*

Duration *Where treated*

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 2 days

Other Facts or Remarks Very quiet.

Facts of Medical Certificates

1 Dr. Kay (1) Having cattle from Utah to find buyers

(2) Landlord in wells

11 Dr. Hooper (1) as 1

NAME. Pearson Ackroyd

STATE ON

Mental.

Exaltation .

Depression .

Excitement restless

Enfeeblement .

Memory fair

Coherence Defect

Can answer questions? Yes.

Delusions Talks incoherently - at times fixed delusion of persecution

Other Abnormalities .

Bodily

Appearance expression vacant.

Skin dry

Hair fair

Eyes Blue

Pupils slightly contracted (equal)

Muscularity fair

Fatness fair

Nervous System—*Motor* .

Sensory .

Reflex Action equal

Special Senses normal.

Retina

Lungs Resp. normal. Slight phthisis. - Throat inflamed

Heart Sounds weak & somewhat irregular. No murmur.

Tongue Foul.

Bowels

Other Organs, Abnormalities, Bruises, &c.

Small bruise on dorsum of left foot.

Appetite

Urine 1028 acid turbid. Albumen Deposit of urates

Menstruation

Pulse 75

Temp. 98

Height 5.4

Weight 7.12

Disease

Skae's Classification

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

239

NAME, Pearson Ackroyd.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27-5						Suffers from some thirst & slight headache. Slept fairly well last night & seems on much as like himself & is able to give an intelligent account of his doings.
29-5						Stool more liquid after his rest. Markedly bright.
5-81						Still doing well - bright & pleasant, eat well & gaining flesh & strength.
10-VI-93						As still when this heading being varied - but - Cough & sleeps is about the same. Apart from this does his work pleasantly & quite able to look after his self.
28-6-93						Discharged

NAME,

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

241

NAME, John Gordon McKeown No.

Admitted, 26-5-93 Pr. Ad.

Sex, M. Age, 24 Marriage, S Occupation, Sil

Education, Religion, Pr.

~~Private~~ or Pauper, Order (M. Hobbs) Where from? ? Hopkinds.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Sicc 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 Sice Birth

Other Facts or Remarks Epileptic.

Facts of Medical Certificates

S. Gibbon (1) Idiotic from a cause existing

(2) Filthy in habits.

II S. Kennedy (1) Silly from, congl. Epilepsy

(2) Sin fr

NAME, John Gordon McLaren

STATE ON

Mental.

Exaltation -

Depression -

Excitement -

Enfeeblement None

Memory Fair

Coherence Can answer questions? Simple nos.

Delusions (Committed. Idiot)

Other Abnormalities

Bodily.

Appearance Simple smiling expression

Skin Healthy Hair Dark

Eyes Blue Pupils equal

Muscularity Fair Fatness Fair

Nervous System—*Motor* -

Sensory -

Reflex Action None Special Senses - Slightly impaired

Retina

Lungs Healthy.

Heart Is rather irregular, sounds distinct & no murmurs.

Tongue Furred. Tremulous. Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine 1025 Faintly acid Albumen Deposit of phosphates on boiling

Menstruation

Pulse 70 Temp. 98

Height 5.3 Weight 7.10

Disease Endemic Idiocy. *Skae's Classification* 7

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.

243

NAME, John Gordon McLean.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27-5						Undersized. Epileptic (said title), with no fits. Mother pleasantly when taken notice of. Is taking fits regularly. Urine giving no trouble & has taken all drugs well. Quarters.
10-VI						
30-VI						A quiet, stupid weak-minded lad - subject to fits. Urine gives no trouble & seems quite at home. Takes his food well & sleeps well.
10-VII						Johnny sits by quite with stick & thumb and at finger in disinterested way. Mind seems somewhat takes passive duties. Urine seems.
28-IX						Has been taking fits lately & is more confused than usual. Weak-minded. Limited. Fulfils routine.
3.2.95.						Has been taking fits frequently for several days. Temp'l temperature is over 100 & patient has a considerable comp. Examination of chest shows acute general bronchitis. Given expectorant & compound mixture.
10.2.95						Patient who had been getting gradually worse died this afternoon.

NAME,

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

245

NAME, John Murray No.

Admitted, 30- V- 93 Pr. Ad.

Sex, M. Age, 28 Marriage, S Occupation, Baker

Education, Religion, P

~~Private~~ or Pauper, Where from? Mt Dublin 4 Victoria St. (sick).

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first *Kind*

Duration *Where treated*

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting Religion

Symptoms. First.

Mental

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack few weeks.

Other Facts or Remarks

Facts of Medical Certificates

(1) Dr. Taylor (1) Ord told him Think no more. Wife in, sister in Victoria

(2) Delusions from meth. Threatened suicide

(2) Dr. Barnes (1) unstable. Give himself an overdose of Ord to End

(2) Yes in Act

NAME, John Murray.

STATE ON

Mental.

Exaltation

Depression

Excitement Defective

Enfeeblement

Memory Fair

Coherence Can answer questions? Yes.

Delusions Yes a religious character. He is quite at times excited.

Other Abnormalities

Bodily

Appearance Pale youth with little faith.

Skin ~~healthy~~. Upper (Wrists) forearms. Hair brown.

Eyes brown (Slight Lt. Spirit Yellowish) Pupils equal.

Muscularity poor Fatness fair.

Nervous System—*Motor*

Sensory

Reflex Action normal Special Senses normal.

Retina

Lungs Healthy.

Heart Is rather weak. 2nd aortic sound accentuated.

Tongue Furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

Very tender gummis abscess with slight thickening.

Appetite

Urine Is no acid No albumen. No sugar No deposit.

Menstruation

Pulse 70 Temp. 98

Height 5. 1 Weight 7 st 11

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

247

NAME, John Murray.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
31-5						Very restless all last night. Noisy & singing loud. Says he has wrought his trousers & self-shave & drink. Speaks rational enough at times, but at others loses complete control of himself.
2-VI						Today jumped suddenly up into Shirley Dyson window & would smashed all the glass. Noisy still at night.
5-VI						Confirms great-deal & wants something [illegible] them.
19-VI						Improving in mt. nothing to-day. His tatt all his silly ideas & is very desirous to do some work.
25-VI						Restless, jumps about in semi-excited state & is not improving.
10-VII						Is very much same as yesterday, but little cautious, [illegible] delusions & very irritable. Has evidently had syphilis till taking symptoms beginning to appear.
19-8-93						Discharged cured

NAME,

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

249

NAME, James Welsh No.

Admitted, 1-VI-93

Sex, M. Age, 61 Marriage, M. Pr. Ad.

Occupation, Joiner

Education, Religion, P.

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting Alcohol & Influenza

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 3 weeks.

Other Facts or Remarks

Facts of Medical Certificates

(1) Dr. McKie (1) Restless & excited. Rambling in talk
(2) Memory very defective

(2) Dr. Dickson (1) Restless & excited. Memory quite changed
(2) Under influence of delusions

NAME. James Welsh

STATE ON

Mental.

Exaltation Slight - (pain) to Headache (in any amount of worry)

Depression

Excitement when excited

Enfeeblement

Memory impaired

Coherence incoherent Can answer questions? No

Delusions Many of his beliefs fractured.

Other Abnormalities

Bodily.

Appearance shrunken old like other consumptives.

Skin dry. Hair (grey & red.)

Eyes grey - Left eye. Strabismus. Pupils equal.

Muscularity poor Fatness poor

Nervous System—*Motor* weak.

Sensory

Reflex Action normal Special Senses None!

Retina

Lungs Healthy.

Heart 1st sound regular - 1st sound weak (mitral) & 2nd aortic clicking. Arteries atheromatous.

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

None.

Appetite

Urine 1012 acid pale No albumin No sugar No hospitals

Menstruation

Pulse 96 Temp. 98

Height 5ft 7 Weight 9 St 11

Disease Senile Dementia *Skae's Classification*

General Bodily Health and Condition Poor.

PREDOMINANT FEATURES.

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

251

NAME, James Welsh

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morns.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2 - VI						Very restless especially towards evening. Want kept out of window - says his mother is waiting for him to go to Manchester.
5 - VI						Back & heart's action is far from good - some of the apoplectic nature. Still is restless as ever & very talkative.
10 VI						Very restless & weak. Talks incessantly & jumps from one subject to another. Is taking is food fairly well & is sleeping better.
19 - VI						Infusing quarter - is stronger & not quite so restless & sleeps more.
25 - VI						Welsh is still in bed. P is in better health than he was, but very restless & excited. Takes exercise.
10 - VII						Able to be up & is much better. Sleeps better at night. Bowels only 2nd or 3rd night he is very troublesome. Is on chloral. Or opium. Gives him now or so & then will lie nothing but Milkoff. Scolds etc etc. Had an opium pill when previously in bed with opium. He is not dressed.
29 - VII						Excitable & talkative. Fell against his bed the other night & has severe conjunctivitis.
5/1/94						Very often he takes to singing incoherent nonsense, he is dirty in his habits and very silly and stupid. Died after an apoplectic seizure

NAME,

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

253

NAME, Henry Jones *No.*

Admitted, 2-VI-93 *Pr. Ad.*

Sex, M. *Age,* 49 *Marriage,* M. *Occupation,* Seaman.

Education, *Religion,* P.

Pr~~isoner~~ or Pauper, Irish *Where from?* & Breanhaugh St. / Wife Irish

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration First *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ~~No~~

Dangerous ~~No~~

Duration of Existing Attack Few weeks.

Other Facts or Remarks

Facts of Medical Certificates

1. Dr Brooks (1) Silly, with Many delusions. ? G.P. Subject of medicine
(2) Has not realised the circumstances around him
1. Dr Gordon (1) Suffers from loss of memory. Hears voices does foolish
(2) Restless sleeps. Endeavours to escape.

NAME. Harry Jones

STATE ON

Mental.

Exaltation Nil

Depression slight

Excitement -

Enfeeblement marked.

Memory very fresh. (Says he has very few days)

Coherence ? Can answer questions? ?

Delusions Confused delusions.

Other Abnormalities

Bodily.

Appearance Vacant almost demented appearance.

Skin Healthy. Hair fair

Eyes dying Pupils slightly contracted - react slowly

Muscularity fair Fatness fair

Nervous System—*Motor* Tremulous of tongue & slow hesitating speech.

Sensory normal.

Reflex Action exist Special Senses normal.

Retina

Lungs Healthy.

Heart ? atheromatous - mitral systolic accentuated 2nd sound

Tongue Slightly furred. Bowels

Other Organs, Abnormalities, Bruises, &c. Large depression on forehead.

Appetite

Urine

Menstruation

Pulse 85 Temp. 98

Height 5 - 1¾ Weight 8 St 3.

Disease Dementia *Skae's Classification* (? Dementia Senilis)

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.

255

NAME, Henry Gint

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3-VI						Henry rejected - syphilis has been here for 3 days. Atlantic injured shin during battery. Invalid has been three years injured Spell.
5-VI						Confined. Child drowned in Thames, this morning & three days previous, cannot go near any water without help.
10-VI						Just visited the home.
19-VI						Is not working. He is charged & keepers. when work was started to be with himself.
25-VI						Henry is in very much same state as when he came here - quiet, memory very much impaired, & all mental faculties clouded.
10-VII						Asleep. - no change.
29-IX-93						Ill, listless, sleepy - not improving. Injury on forehead seems to have no clinical significance & mental faculties as corresponding affected.

27. 12. 93

NAME,

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

257

NAME, Philip Fletcher Thomson No.

Admitted, 6-VI-93 Pr. Ad.

Sex, M Age, 23 Marriage, S Occupation, Labourer

Education, Religion, P.

Prisoner or Pauper, Errem. Where from? Mrs Gillatt 103 Wyllie Road Peckham S.E.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first Kind

Duration Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting Injury Head

Symptoms. First.

Mental

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack Difficulty Factor Ten weeks.

Other Facts or Remarks

Facts of Medical Certificates

I Dr. Campbell ✓ thinks he has killed several people

✓ was the cause of the row. wished to have his head to pieces

II Dr. Vinck. ✓ Suicidal expression. Dazed

✓ Violent & will attempt suicide.

NAME. Philip Fletcher Hanson.

STATE ON

Mental.

Exaltation .

Depression .

Excitement Nervous restless

Enfeeblement slight

Memory Poor

Coherence rather Can answer questions? No

Delusions No fixed delusions. He is constantly asking very silly questions.

Other Abnormalities

Bodily

Appearance Small headed youth & weak intellect.

Skin healthy Hair black

Eyes ? Pupils equal

Muscularity fair Fatness fair

Nervous System—*Motor* .

Sensory .

Reflex Action equal Special Senses normal

Retina

Lungs clear vesicular respm. wasted. Breath was heard at apices.

Heart ? abn sounds at apex. No murmurs.

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

Cut deep ulcer & slight induration of cheek

Appetite

Urine 1015 acid No albumen Deposit of Urates.

Menstruation

Pulse 75 Temp. 98

Height 5 ft 7½ Weight 85½

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

259

NAME, Philip Fletcher Hunter.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7-VI						excitable & depressed. Is in a good state in case his other symptoms subside.
9-VI						Helpless & childish in manner & very depressed. Cut on head is painful on pressure & seems to press on centre. - Same date is copy of Analysis. - It is just = faintly, urine clear & acid.
11-VI						Excited & violent. At night talked wildly & threw everything into his bed. Is sometimes the ruler of the world & next moment he is dreadfully ill. Thinks he has killed Queen & Royal Family &c.
17-VI						No change.
25-VI						Bright. pleasant. Not full of delusions. Can give quite a rational account of himself, but is at same time very inquisitive. Has killed many men, is a friend of the Queens &c &c. Works well outside.
10-VIII						Philip is very much as he was, bright & talkative, but very delusive.
29-IX-93						Is making no progress. Has very bad days now & then since he got his head injured in a ship. Mildly excited. Says "a day of man's life is a happy life" according to Philip.
3/3/94						Is weak minded easily pleased and likes to be taken notice of. He is mischievous and tricky at times - and likes to be in jolly humour at the Monday night dance. He works outside & is generally happy & well behaved.

NAME,

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

261

NAME, John Humphrey *No.*

Admitted, 8-11-93 *Pr. Ad.*

Sex, M. *Age,* 28 *Marriage,* S *Occupation,* Gen Driver

Education, *Religion,* R.C.

Private or Pauper, Ed Hospital *Where from?* Northern Hospital

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous ?

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

1/ S. McCracken (1) Excited. Thinks people in club. Thinks got Kleig Eyelights here
(2) Service published. Thinks Kaiser a crow

1/ P. Nolan (1) excited. Imagines his family are plotting against him
(2) Sleepless & restless.

NAME, John Humphrey.

STATE ON

Mental.

Exaltation slight.

Depression .

Excitement restless & violent.

Enfeeblement .

Memory fair.

Coherence excited Can answer questions? Suicide no.

Delusions Has fleeting delusions.

Other Abnormalities

Bodily

Appearance Fat. full faced. excited man.

Skin dry Hair black

Eyes blue Pupils equal

Muscularity good Fatness good

Nervous System—*Motor* .

Sensory .

Reflex Action equal Special Senses normal

Retina

Lungs Healthy

Heart Normal

Tongue Furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

None.

Appetite

Urine 1025 Acid No albumen Undetected.

Menstruation

Pulse 85 Temp. 98

Height 5' 4½" Weight 13' 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.

263

NAME. John Murphy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9- VI						Very restless & simple has very [illegible] a his head & arms is rubbing very & many pains rubs.
11- VI						Slept rather last night seems more settled. Seems a little mixed when not spoken to possibly rambling. Answering. Speaks rationally. Is making stride seems a little [illegible] Recall he.
15- VI						
21- VI						
18- VII						Quite clear of fresh lesion in Johnny but seems to have quite control over himself.
26- [illegible]						Discharged

NAME,

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

265

NAME, Robt Gardiner No.

Admitted, 10 - VI - 93 Pr. Ad.

Sex, M. Age, 30 Marriage, S Occupation, Labourer

Education, Religion, P.

Private ~~or Pauper~~, £25 Where from? Yorkshire Bridge St (Feltre)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 2 months

Other Facts or Remarks

Facts of Medical Certificates

1. Dr. Hackett (1) Sent pieces, irritable & violent
   (2) Sent pieces. Refuse food & watch him
2. Dr. Bell (3) Cough during the night. Depressed & irritable.
   (4) Hurt & strike his mother. Bring mind to bear back.

NAME. Robt. Gardiner.

STATE ON

Mental.

Exaltation

Depression

Excitement Restless & Excitable

Enfeeblement

Memory fair

Coherence clear Can answer questions? yes

Delusions Believes he is dying &c &c etc.

Other Abnormalities

Bodily

Appearance Exhausted pale man

Skin yellow jaundiced - sallow face Hair fair

Eyes grey. Pupils equal & small

Muscularity fair Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses

Retina

Lungs Normal

Heart Normal

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Bruises on cheek.

Appetite

Urine 10 15 acid clear No albumen No diabetes.

Menstruation

Pulse 79 Temp. 98

Height 5 ft 4 Weight 8

Disease *Skae's Classification*

General Bodily Health and Condition Fairly good.

PREDOMINANT FEATURES.

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

267

NAME, Robt Gardiner.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11- VI						slept very little last night the day is determined to be away. Symptoms same taking food & trying to do his home.
13- VI						Head settled. Cannot speak connectedly is stable existing & done.
17- VI						Just the same. Bodily health better.
21- VI						Picking very little fingers. Speaking clearer & not so muddled
10- VII						eyes, irritable. to little track for months & is very down in his spirits when they come to see him. Is not improving.
22- VIII-93						out. working garden, but not improving in the slightest. quiet. existing. refuses dainties.
29- IX-93						Is making no progress.

17. 3. 94

NAME,

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

NAME, Alexander Cameron *No.*

Admitted, 10-VI-93 *Pr. Ad.*

Sex, M. *Age,* 50 *Marriage,* M. *Occupation,* Invalid

Education, *Religion,*

~~*Private*~~ *or Pauper,* Pauper *Where from?* 19 Dorset St. Sheffield / wife

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Twice *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No?

Dangerous No

Duration of Existing Attack about 1 year

Other Facts or Remarks

Facts of Medical Certificates

1st Dr Taylor (a) Thinks patient wasting clothing.

(b) Depressed. with delusions

2nd Dr Davis (a) Depressed - thinks Tyrant life

(b) Suicidal. (recd about thirty years)

NAME. Alexander Emmson

STATE ON

Mental.

Exaltation -

Depression Marked

Excitement -

Enfeeblement ?

Memory fair

Coherence Perfect Can answer questions? Yes

Delusions Seems to feel himself constantly and being observed.
Thinks people around him can coerce him to tell what he does not want to.

Other Abnormalities

Appearance Tall well-formed hypochondriacal looking man.

Skin Sallow & [illegible] yellow Hair Black

Eyes Normal Pupils equal

Muscularity fair Fatness fair

Nervous System—*Motor*

Sensory

Bodily

Reflex Action equal Special Senses normal.

Retina

Lungs Healthy.

Heart Normal

Tongue furred Bowels

Other Organs, Abnormalities, Bruises, &c.

No marks of injury

Appetite

Urine 1022 alkaline turbid Deposit of Phosphates

Menstruation

Pulse 82 Temp. 98

Height 5.7 Weight 10St.

Disease Senile Hypochondriasis *Skae's Classification*

General Bodily Health and Condition Indifferent.

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple 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 Ewen

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11-VI						Very hypochondriacal. Begins that this gentleman has taken many names to suit, & that he is now using aliases. Thinks this fellow patients names given him.
13-VI						Very interesting & refuses to talk about self except his own little matters.
17-VI						Appearance typical hypochondriac
21-VI						No change.
10-VII						Psyche cannot stay here. We cannot have idea what he wishes
22-VIII						Mr. Ewen is gradually getting more communicative more confidential. His complaints are more than ever amusing. He has injured himself by a dirty snake (from the bite of another patient) his feet are always a source of trouble & the etc. Quiet, sensible, better self determining & himself as an ego is fully present.
29-IX-93						As full of complaints as possible & very hypochondriacal.
5/1/94						Quiet, very amusing, converses with the most absurd statements with a grave, or long drawn or never a smile. The loins of his nose are glued together, he is very dirty, smells a bath. Extremely occupying himself about trifles. Seems to care with little hope of recovery.
24-3-96						Is very depressed in mind. He says he is not well and is quite convinced that he is suffering from numerous fearful ailments – he is very hypochondriacal
						Transferred to Hawkhead

NAME,

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

273

NAME, Andrew Park. No.

Admitted, 12-VI-93 Pr. Ad.

Sex, M. Age, 31 Marriage, S. Occupation, Tailor

Education, Religion, P.

Private or Pauper, Civil - Surgn Where from? Hotel
St Alexandria Canada
Surgn.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration First Where treated

Hered History—Insanity.

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack few days

Other Facts or Remarks

Facts of Medical Certificates

I Dr Wilson on his knee long fortune. splendid married. Inebriate. disease of Cerebro spinal. Drink cause to his mania

II Dr Johnston on oath

NAME, Andrew Park.

STATE ON

Mental.

Exaltation slight

Depression -

Excitement very marked.

Enfeeblement -

Memory fair

Coherence incoherent Can answer questions? Yes.

Delusions of acute dement - (various - very etc)

Other Abnormalities -

Bodily.

Appearance Extremely excited.

Skin healthy. Hair Black.

Eyes Moist Pupils equal & dilated.

Muscularity good Fatness fair

Nervous System—*Motor* extended rather - trembling constantly.

Sensory normal.

Reflex Action equal. Special Senses normal.

Retina

Lungs Seem healthy

Heart Is active very quick - regular. No murmur.

Tongue furred Bowels

Other Organs, Abnormalities, Bruises, &c. ~~Nose~~ Seems enlarged left leg

Appetite

Urine 1018 acid (faint) deep sediment No deposit

Menstruation

Pulse 156 Temp. 98

Height 5ft 1in Weight 95

Disease Acute Mania *Skae's Classification*

General Bodily Health and Condition Fairly good.

PREDOMINANT FEATURES.

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

NAME, Andrew Park.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13-VI-93						Still very excited & restless. Picked up about the wards last night. Given Chloric
14-VI-93						Still is restless, walks to & fro. Chloric & retching very badly.
15-VI-93						Excited & refused his Milk & Brandy. Has no sleep. Bowels constipated - given Castor oil, & enemata with little or no effect.
16-VI-93						Is better. Vomiting has ceased. Still excited restless & has refused food or drink.
17-VI-93						Better & more calm - sees walks quietly - is getting a egg daily. Abdomen seems tender.
18-VI-93						Better, & restless is over. Hasn't any diarrhoea & temp. & pulse much good. Being fed. Got gradually worse in afternoon & in evening was in terrible condition & died at 10.30.

NAME,

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

277

NAME, William Henderson No.

Admitted, 13-11-93 Pr. Ad.

Sex, M. Age, 55 Marriage, M. Occupation, Seaman

Education, Religion, P.

Private or Pauper, City. Glasgow. Where from? City
77 Wilton St. Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration First. Where treated

Hered History—Insanity.

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal No?

Dangerous No

Duration of Existing Attack 9 months.

Other Facts or Remarks

Facts of Medical Certificates

1/ Dr. Robertson (a) Thinks he is the Killed & that he sees some one going to murder him.

(b) Like this for 9 months

1/ Dr. Johnston (a) Melancholia - peculiar dread etc

(b) Room only from home for 3 days.

NAME, Mrs Henderson

STATE ON

Mental.

Exaltation None

Depression marked

Excitement –

Enfeeblement ?

Memory impaired

Coherence Lost Can answer questions? Yes

Delusions that he is to be injured – dressing clothing

Other Abnormalities a quiet woman at times.

Appearance a quiet person at no. – thick expression

Bodily

Skin sallow Hair grey & thin

Eyes dim Pupils equal & react

Muscularity fair Fatness fair

Nervous System—*Motor* ?

Sensory ?

Reflex Action active Special Senses normal

Retina

Lungs healthy

Heart sounds weak & rapid feeble. 1st sound & apex murmur.

Tongue coated Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine 1018 acid (trace) No albumen Sp. gr. varies daily

Menstruation

Pulse 76 Temp. 98

Height 5' 4 Weight 7 st 1

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

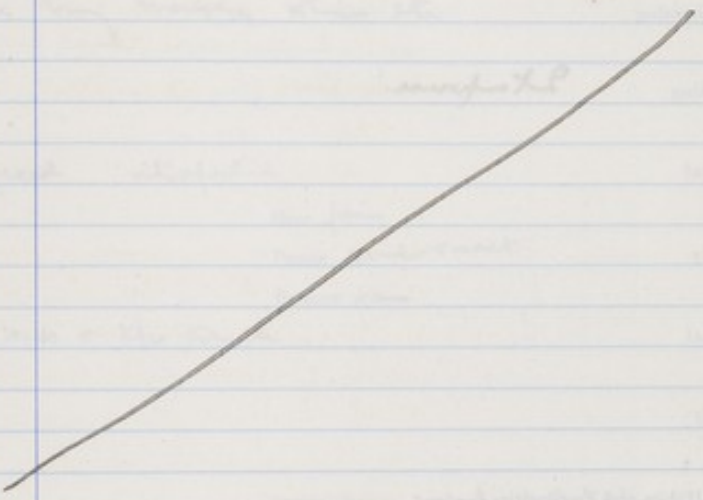
279

NAME, Wm. Henderson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14 - VI						Very dull & listless. says his memory is failing him & has been doing so for some time.
16 - VI						Seems quite at home. Eats his food well & sleeps well & is senile mildly demented.
20 - VI						No change. Slight do outside.
22 - VI						Wm is quiet, easily pleased, but dull & listless & great want of energy.
11 - VIII						Quiet. mildly demented, memory impaired very childish in manner. listens to Jones Sharpe, a fellow patient. she tells him stories
22 - VIII						No change - quiet, pleasable & quite at home.
29 - IX. 93						His family are here seeing him yesterday & say that he is very much given to wandering when at home, & that they can't keep him. He is quiet, says no trouble here. listens to Sharpe's stories with open mouth, just like a child listening to a grandfather's tale.
3/3/94.						No change when mental condition - still interested in what Sharpe has to say.
January 8th 1896						Wm Henderson is now considerably improved. He is a case of mild quiet dementia. Sleeps well & takes his food well. He is wanting however in initiative, but quite willing to do anything he is told. Says he wants home but is quite content to remain, if you say he will leave in a month or so & never question any statement of this kind - Memory fairly good - knows no one at home - D.R.S.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
February 10th 1897						His friends have repeatedly asked to take him home, but will never ably for a minute of the board. He continues as above "an old man who cannot be called "foolish" but not insane if outside
		18				Transferred to-day to Saultock by sanction of Board



281

NAME, Andrew Rapkin Rice — No.

Admitted, 15. VI. 93 — Pr. Ad.

Sex, M. — Age, 40 — Marriage, S — Occupation, Shoemaker

Education, — Religion, P.

~~Private~~ or Pauper, City Prisoner — Where from? ?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ? — *Kind*

Duration — *Where treated* Hudson (1894 93)

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting Drunkenness.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous ?

Duration of Existing Attack (a few days.

Other Facts or Remarks

Facts of Medical Certificates

1. Dr. Robertson — Delusions — Perhaps imaging voices
2. Dr. Johnston — Dangerous Violent
   Hallucinations of Hearing. Gestures. Treated confined.
   Cannot sleep for voices

NAME, Andrew Royston Rice

STATE ON

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence

Can answer questions?

Delusions

Other Abnormalities

Bodily

Appearance

Skin

Hair

Eyes

Pupils

Muscularity

Fatness

Nervous System—*Motor*

Sensory

Reflex Action

Special Senses

Retina

Lungs

Heart

Tongue

Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse

Temp.

Height

Weight

Disease

Skae's Classification

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

283

NAME, Andrew Roy Van Rice

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16- VI						Hears people speaking through telephone & telling him who all sent up things. Can't speak for telephone.
18- VI						Bright & more pleasant - only a little sick in stomach - not telephone still annoys him.
20- VI						Improving - speaks more freely.
5 - VII						No longer hears telephone. Speaks freely on his own feeling. Begin with hearing - hears & speaking distinctly & relieved that people are speaking into his ears - though not in natural way by telephone.
30 - VIII '93						Discharged

NAME,

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

285

NAME, John McDonald No.

Admitted, 15-VI-93 Pr. Ad.

Sex, M. Age, 48 Marriage, M. Occupation, Stockbroker

Education, Religion, P.

Private or Pauper, Cit. Clyn Where from? Wife 5, Cobden St Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Just Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 6 weeks.

Other Facts or Remarks

Facts of Medical Certificates

1/ Dr. Milroy (1) Incoh. restless, sleepless. Thinks he is being
shadowed with knock-nts
(2) Dirty in habits

2/ Dr. Robertson Incoherent. People that exist in
(2) District neighbourhood - dirty in habits

NAME, John McDougall

STATE ON

Mental

Exaltation ·

Depression ·

Excitement ~~wishes~~.

Enfeeblement ?

Memory seems impaired

Coherence ~~is~~ fair

Can answer questions? To simple ones.

Delusions ~~none~~ elicited.

Other Abnormalities ·

Bodily

Appearance Dull frontal. aged man

Skin healthy

Hair hair ~~grey~~.

Eyes ~~blue~~

Pupils

Muscularity ~~good~~

Fatness fair

Nervous System—*Motor* Cannot walk - can lift legs in bed. Reflexes (knee) + with marked knee clonus of right leg. Speech thick. Tremor of hands & tongue.

Sensory ~~normal~~ (&c. Pain & anæsthesia appears impaired).

Reflex Action ~~//~~

Special Senses ~~normal~~.

Retina

Lungs ~~healthy~~

Heart ~~normal~~. - sounds ~~if~~ rather weak.

Tongue ·

Bowels

Other Organs, Abnormalities, Bruises, &c.

~~None~~.

Appetite

Urine ~~1025~~ acid ~~no albumen~~ no deposit.

Menstruation

Pulse 78

Temp. 98

Height —

Weight —

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, John McDougall

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
16-VI	98.5					Healthy man. Reclined in both legs. ? Sciatica. Very busy & constantly working with red cloths.
18-VI						Has been very busy night. Wet pad very uneven by reclined in. & he is not quite so reclusive. Has history of spinal trouble.
20-VI	98.3					Reclines not seen. Has to be carefully watched as he passes urine & under him. Very sleepless in his feet. Knees swollen. Tube not been passed. Has a badly lighted foot in front of other. Skin like stalk. Bad looks. Has a good sinker. & recovery notes the time & the odor returns. His Cardiac rhythm rapidly dist 2 months ago & frequent. (? Cardiac emotion).
22-VI						Mentally he is restless. Talks & gets dull depression & time passes with remarks. Elated. & runs with & thoughts flashes
25-VI						Legs quite frail-like & thinks he This skin might be cancer as was then was then. Appetite rather infrequent is still fairly good (he can't be got to specify requirements). Walks very with two sticks still his back. Face is wrinkled, but no pathological pouch. Speech slow & by intervals rather rambling. Sensation impaired. Mentally he is at this time - thoughts of a sudden as if to stop one me. Yawning.
30-VI						Just out the sea - Trouble of hands seeing more distant & fewer "grins" than he This to Smile.
10-VII						Is better. Still can retain urine & faeces - no retention. Is incipient pneumonia of legs. / Can't speak at all satisfactorily. Give no account of his feelings or anything like. Single step he will go. Posture of type is. go not straight. Smiling dist. sweats 30°. Cannot swallow liquids. Drink he spills it. Tongue coated. Trembling of hands - more of face all ago - & give him fewer twitchings (? mind) expressions
15-VII						

NAME, John McDougall.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18th						Speech getting more impaired. Can mentally be in dark & in good spirits. Seeks angry to himself, or in death. Only sentence you can get from him is ill repeated in tirade. He tells you he was a "Rifle volunteer".
						Cough progressing rapidly. Feels getting weaker generally. (Cannot co-ordinate muscles &c. &c.) Is also ill with a sore. Thy can still control independent of the. Pupils eq. small - small & fairly reacting. Tests cannot be tried, as he can give no answer.
23rd						Still gradually weaker & more paralysed. Hearing other week - cannot be fed, can be in sitting up - Heart seems to stop beating. Breath eq. heavy.
25th						Body he is evidently very much worse. Swallows liquids slowly but all right - but not take - troubles him quite - arms twitching alternately, then & then clenched & working - & his mouth was eq. shut & shallow. Seemed quite anxious & able to recognise those about.
26th						Died at 12.20 this morning - rather suddenly. Breath stopped while engaged by him.

289

NAME, John Cathcart No.

Admitted, 16-VI-93 Pr. Ad.

Sex, M. Age, 19 Marriage, S Occupation, labourer

Education, Religion, P

Private or Pauper, City. Glasgow. Where from? Stobhill Glasgow (mother)

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 epileptic

Suicidal ?

Dangerous Yes

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

1/ P. Johnston & weak minded - childlike
& very violent refuse his reigns

11/ E. Robertson & is very weak minded
& violent effects resign

NAME, John Cattrall

STATE ON

Mental.

Exaltation .

Depression .

Excitement .

Enfeeblement Very marked.

Memory Gone

Coherence Incoh

Can answer questions? Simple Q.

Delusions .

Other Abnormalities

Bodily.

Appearance Senile

Skin Clammy. Hair Dark

Eyes Dim. Pupils Dilated - react.

Muscularity Spare Fatness Poor.

Nervous System—*Motor* .

Sensory .

Reflex Action Equal Special Senses

Retina

Lungs Chest of Old Resp ? - Chest resplet. Resonance thinned. B.S. feeble. V.R. +.

Heart Is extra weak, regular. Sys soft with mitral systolic murm.

Tongue Furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

Old Rt Lip thrown. Flat footed

Appetite

Urine 1025 with Sug Albumin Deposit

Menstruation

Pulse 94 Temp. 99·5

Height 5 - 6½ Weight 8··7

Disease *Skae's Classification*

General Bodily Health and Condition Indifferent

PREDOMINANT FEATURES.

A Acute Delirium and Incoherence.	B Simple 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 Cathcart.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
M- VI						Is epileptic idiot. - marked traces rickets. Rubbles & grins in idiot like fashion & likes sweets - Walks down no nurse.
20. VI						
7- VII						Epileptic dement. childish. who sees people every day.
25- VIII						Cathcart is very much as before. athetoid movements. Gets high at times & walks dist. & returns - very fashion shouts "the Lord Jesus died for me" &c &c. Very easily pleased, & is very much useful in doing odd jobs in charge. Keepers see him yesterday & seem pleased to find himself so well. Eyes very feminine - almost like as if they were to drop out
29- IX 93						
5/1/93						Is very silly and childish easily pleased with trifles. After a series of fits he gets very stupid and is quite helpless speechless and wretched looking
February 12th 1897						Is very silly demented & boots at times a typical epileptic. He is pleased with small toys eg. a 1d watch chain we lent him for a week when he broke it. continually asking away now. Plays draughts pensi mechanically. At times becomes excited.
18 June 897:-						Transferred to Dr Gallock.

NAME,

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

293

NAME, Alfred Rees — No.

Admitted, 21-11-93 — Pr. Ad.

Sex, M. — Age, 22 — Marriage, S. — Occupation, Gunner R.A.

Education, — Religion, R.C.

Private or Pauper, Cit. Glasgow — Where from? Netley. (sick?)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration first — Where treated

Hereditary History—Insanity.

Other Diseases

Predisposing.

Exciting Drink & vice.

Symptoms. First.

Mental

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 1st December 1892.

Other Facts or Remarks

Facts of Medical Certificates

5. Insanity. 3 Sullen violent - destructive idle - strange with other patients. Does not sleep at night, Restless.

5 Very destructive - destroyed window attacked attendants. Noisy - violent & dangerous.

Detained under special order from Ralph Thomson, Under Secretary for War. Date 16th June 1893.

NAME. Alfred Ross.

STATE ON

Mental.

Exaltation -

Depression Marked

Excitement -

Enfeeblement ?

Memory Good?

Coherence Speaks very little Can answer questions? Will good reluctance

Delusions None elicited.

Other Abnormalities Sullen & down

Bodily.

Appearance

Skin Healthy Hair fair

Eyes Bluish Pupils equal & react.

Muscularity Good Fatness fair

Nervous System—*Motor* .

Sensory -

Reflex Action Good Special Senses

Retina

Lungs Expiration prolonged - Expansion equally good.

Heart : sl. systolic murm - sounds faint & muffled.

Tongue Clean Bowels

Other Organs, Abnormalities, Bruises, &c.

None

Appetite

Urine 1020 acid pale No albumin No deposit

Menstruation

Pulse 79 Temp. 98

Height 5 · 7½ Weight 10 St

Disease *Skae's Classification*

General Bodily Health and Condition V. 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.

295

NAME, Alfred Rees.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22-VI						a 'dem' lazy man who seems quite at home & content to stay for rest of day. Needs waking up. Can give no important evidence. Discharged.
24-VI						Rabbie. Invalided to Netley. Has thanked to skilful care of the patients. Satisfactory.
27-VI						Returned with true Lofty with a demented youth in his yelling & tears to getting quite demented.
5-VII						Is not working. Quite at home. Talks stupid rocking on fingers.
29-IX-93						Very much as before. Is more at home & seems always to have an affinity for weak-minded patients - whether sometimes "drills" in any fashion. Confused. Apathetic. - lives for the moment feeds fairly well.

18.2.96

NAME,

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

297

NAME, Wm. Shotbread No.

Admitted, 23- VI- 93 Pr. Ad.

Sex, M. Age, 48 Marriage, Widower Occupation, Sculptor

Education, Religion, P.

~~Private~~ or Pauper, City. Glasgow. Where from? Sister. Wife Charles (Suicide) Brother-in-law

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration First Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous Yes

Duration of Existing Attack few days

Other Facts or Remarks Wife & walks up he knew suspicions of brother-in-law Charles & his foolishness. He went to Australia. He had seven children — much debt — failing in health. was in hospital for 3 weeks (Anaemia) (Injury Head. Neck Nerve) — Gradual loss of power of right side & slurred speech. Started on suspicions of friends, everybody against him & found enemies about his insane efforts. Wife died & weeks ago & he thinks she died from what he gave her. Is suicidal (drawing opinions) (His case was under investigation by Glasgow Detective Department).

Facts of Medical Certificates

I Dr. Johnston (1) Recent & depressed. Ardle's Hospital visit. Is going to kill his mother-in-law

(2) Suicidal. Dangerous.

I Dr. Cullen. as 1

NAME, Wm. Shorthead.

STATE ON

Mental.

Exaltation Nil

Depression ~~Slight~~ marked.

Excitement -

Enfeeblement Y.

Memory fair

Coherence Clear Can answer questions? Yes.

Delusions Nil elicited (see note on page 297.

Other Abnormalities

Bodily.

Appearance Dark. small neat.

Skin Cool. Hair Black

Eyes Mixed. Pupils Equal & react. Hearing &c all normal.

Muscularity good Fatness fair

Nervous System—*Motor* Grasp of right hand weak - right leg ~~impaired~~ dragged in walking. Tongue protruded straight. Speech normal.

Sensory Smell - Mind absent in pharmacy, mild forgetfulness.

Reflex Action Patellar & wrist reflexes on R. side. Special Senses

Retina

Lungs Healthy.

Heart " weak - sounds regular - & no murmur audible in back.

Tongue moderately. Bowels Inactive & constipated under opium.

Other Organs, Abnormalities, Bruises, &c.

Rt. collapse with side dulled - Marked fremitus and loud clear vesicular sounds. Apex is beating in 10th D.V. Rhonchi (R) with some expiratory prolongation.

Appetite

Urine 1020 acid no albumen to deposit.

Menstruation

Pulse 70 weak. Radials atheromatous Temp. 98

Height 5 ft. 5 Weight 9 st 6

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

299

NAME, Mr. Shalbread

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24th June						Demented. suicidal - blind. Complains of severe headache & keeps his hands up to head. Speech almost in a low & whistling tone & gives a full account of himself - p. 297.
26th June						Right hand weak & paralysed. - in fact all right side still - bed - some dull vacant vacuous. Does feed himself with great effort. Speaks very little.
28th. "						And the same - very quiet & orderly & tractable.
5 - VII						Is now able to help. He is still a very demented man. sits & takes hand & wrings off hair. Has a little strength - grasp about all.
26 - VII						Improving & gradually getting more & more power. Can use all fingers of right hand & arm a little as their becomes flat. Does not complain so much of the pains in his head.
19 - VIII.						Is not working & is getting quite robust. Has free & wonderful story that we cannot believe but so he says.
30 - 9 - 93						Improving. very useful in house. always ready to put his hands to - fit but never attending his person. Inclined to stick into a corner & cover his head with hands
30 - X - 93						Transferred to Dundee

NAME,

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

301

NAME, George Dickson — No.

Admitted, 24-VI-93 — Pr. Ad.

Sex, M — Age, 67 — Marriage, S — Occupation, Weaver.

Education, — Religion, P.

~~Private~~ Pauper, Newcastle — Where from? ?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Y in W — Kind

Duration — Where treated

Hered History—Insanity. Sister insane.

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 3 weeks.

Other Facts or Remarks

Facts of Medical Certificates

1/ Dr. Bennell (1) Restless & depressed. Hears voices talking against him. Tried to hang himself as he was tired of life

(2) Restless. Was present during night?

1/ Dr. Urton (1) Restless, suspicious, attempted to hang himself

(2) Thinks people want him at the window.

NAME, George Dickson.

STATE ON

Mental.

Exaltation -

Depression slight

Excitement -

Enfeeblement marked.

Memory failing

Coherence clear

Can answer questions? Yes.

Delusions Delusions of persecution.

Other Abnormalities

Bodily

Appearance Very emaciated - in bed

Skin dry. Hair grey & black.

Eyes Pupils dilated. Pupils unequal in each eye

Muscularity poor Fatness poor.

Nervous System—*Motor* -

Sensory -

Reflex Action weak Special Senses Deaf - sight failing

Retina

Lungs Dullness over chest - breath sounds feeble.

Heart Sounds slow, weak, and distant - No murmur.

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

Right Inguinal hernia (reducible).

Appetite

Urine -

Menstruation

Pulse 64 Temp.

Height 5 ft 5½ in Weight 10 st.

Disease *Skae's Classification*

General Bodily Health and Condition Bedridden.

PREDOMINANT FEATURES.

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

303

NAME, George Dickson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25-9-93						Quiet tends always. remains in bed. Rather deaf. This seems to be in his stupid.
28th "						Quite resented to-day. It helpless, unable to do much for himself. Very restless, will hardly rest for minute. Same restless, depressed. Remain.
5. VII 30-9-93						Quiet takes quite naturally & remains in bed. Unable to walk now. Restless turns have not been so frequent.
15/1/94						Had to take to bed with very swollen feet & limbs spelling easily on pressure No albumen in the urine He is very stupid, and confused in mind. He has no distinct heart murmur heart sounds feeble arteries atheromatous
3/3/94						Bodily health much improved - is now able to be up throughout part of the day - is very stupid and can do nothing for himself.
2/2/95						Died this forenoon of Phthisis Pulmonalis

NAME,

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

305

NAME, Robert Stewart — No.

Admitted, 26-VI-93 — Pr. Ad.

Sex, M. — Age, 42 — Marriage, M. — Occupation, Cabinetmkr

Education, — Religion, P.

~~Private~~ or Pauper, Cab, Glasgow — Where from? Wife 170 Stirling Craigmillar Rd. Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration first — Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes

Dangerous No

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

1/ Sc. Ord (a) Depressed - refuses to speak
(b) Noise in the head - will put himself to death

1/ Sc. Ordinary (a) wanted [illegible] wants to drown himself. Depressed suicidal
(b) Disorder in mind & mouth.

NAME, Robt Stewart.

STATE ON

Mental.

Exaltation -

Depression mildly depressed

Excitement -

Enfeeblement -

Memory fair

Coherence clear Can answer questions? Yes.

Delusions Nihilistic & Meaning

Other Abnormalities

Bodily.

Appearance Healthy, well nourished

Skin healthy Hair dark

Eyes Vivid Pupils small. react & contract. with light

Muscularity fairly Fatness fair

Nervous System—*Motor* Gait shuffling

Sensory normal.

Reflex Action Knee jerks. Special Senses -

Retina

Lungs Healthy

Heart Pulse irregular & intermittent. No murmur.

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

Scratches & bruises

Appetite

Urine 1032 acid Turbid Deposit of Phosphates

Menstruation

Pulse 82 Temp. 98

Height 5' 10" Weight 10st 2

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

307

NAME, Robert Stewart.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27- VI						Depressed. Long-faced. very reserved when. Refuses to talk
30 - VI						still as depressed as when ~~he~~ admitted. Looks as if he could at be trusted. Likes his food rather. Feels a little.
5 - VII						Always. Speaks with great reluctance & no delusions can be elicited. Is making very slow progress.
10 - VII						Has talkative. Taking his food pretty well. Is still depressed.
15 - VII						Has been more restless. & talks with greater reluctance. Hesitates speech.
22- VII						Very much more depressed - seems unable to do anything for himself - requires every thing for him. Is restless during the night.
5- VIII						Last night was particularly restless. Has been dull & listless during.
10- VIII						Transferred to Incurable

NAME,

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

309

NAME, John McDonald No.

Admitted, 3. July 1893 Pr. Ad.

Sex, M Age, 35 Marriage, S Occupation, Engine Fitter

Education, Religion, R.C.

Private or Pauper, Pauper. Where from? Fallin / 7 Hill St Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration first Where treated

Hered History—Insanity.

Other Diseases

Predisposing.

Exciting Religion

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack four days

Other Facts or Remarks

Facts of Medical Certificates

1 Dr. Cullen (1) Suicidal worry. subjects. Is being followed cannot settle
(2) Reasons ideas relatives dress about. Religious worries

1 Dr Johnston (1) Conviction he is followed against him
(2) Very violent & excited at times.

NAME, John MacDonald.

STATE ON

Mental.

Exaltation Nil.

Depression reserved & resistive

Excitement .

Enfeeblement .

Memory Below Average

Coherence Good

Can answer questions? Yes

Delusions Nil

Other Abnormalities Confused, dazed & resistive with tendency to Nail biting

Bodily.

Appearance Rather apathetic

Skin clean. Hair Fair

Eyes Dull Pupils dilated

Muscularity Good Fatness Good.

Nervous System—*Motor* .

Sensory .

Reflex Action good. Special Senses ? Good.

Retina

Lungs Seem normal

Heart Sl. ectopic beats, regular, weak. No murmurs — Very difficult to examine owing to restless etc

Tongue Furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

Small varicose veins in legs.

Appetite

Urine 1032 acid trace Nil Albumen. Deposit Urates.

Menstruation

Pulse 110 Temp. 99·5°

Height 5. 6½ Weight 9·12

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

311

NAME, John MacDonald.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4th VII						Afraid. extremely restless. will neither speak nor take food - resists most strenuously anything done for him.
6th VII						Still in bed restless as ever. Seems quieter in a fog & cannot understand anything.
9th VII						If anything a little better. wants to know where he is etc. looks as if he was retaining part of a delusion. Taking his food better.
12th VII						Is able to be up & goes about with a most vacant (amidst habitual) expression. Is taking everybody to do something for him. but he has no idea that.
14th VII						Improving very slowly.
19-8-93						Discharged

NAME,

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

313

NAME, Henry Ramsay *No.*

Admitted, 31st July 1843 *Pr. Ad.*

Sex, M. *Age,* 30 *Marriage,* M. *Occupation,* Labourer

Education, *Religion,* P.

Prisoner or Pauper, Cy *Where from?* Wick ?

HISTORY.

Cessation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration Winter *Where treated*

Hereditary 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 5 days.

Other Facts or Remarks

Facts of Medical Certificates

1. E. Johnston Dr. J. of the Royal Asylum Scotland. suicidal violent
(& Raging idiot. Cannot take care himself
2. E. Johnston Dr. has two Witnesses He is raving wildly & may do

NAME, Henry Ramsay.

STATE ON

Mental

Exaltation Nil.

Depression –

Excitement Restless & violent

Enfeeblement Yes

Memory ?

Coherence Incoherent

Can answer questions? Little or

Delusions Thinks he was spoke by the Father. is Royal Blood etc.

Other Abnormalities Deaf

Bodily

Appearance Stunted - half developed youth.

Skin healthy Hair grey

Eyes Pale Pupils equal. react slug.

Muscularity poor Fatness poor.

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses Very deaf.

Retina

Lungs Breath sounds in left lower chest dull. No adventitious sounds.

Heart Action rapid. regular. No murmur.

Tongue clean. Bowels

Other Organs, Abnormalities, Bruises, &c.

White patches on skin. Eczema.

Appetite

Urine 1025 acid clear. No albumen Deposit Urates.

Menstruation

Pulse 72 Temp. 98

Height 5ft 3 Weight 7 st 8

Disease *Skae's Classification*

General Bodily Health and Condition indifferent.

PREDOMINANT FEATURES.

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

315

NAME, Henry Ramsay

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5th July						Last night was very delirious. Claiming Royal blood etc. Imagines he is quite a can hardly be got to speak. Is very deaf.
7th						Quiet until aroused. Takes his self useful in bed & is very obliging.
12th						Does not talk of his delusions now & then. It is difficult to start him as a subject he is so deaf
15 Aug.						Very delusive. imagines he is Peer & otherwise ill-used, but hints of royal blood. but there are pictures of him in the daily papers etc etc. Would at times be inclined to be irritable. Difficult to converse with him - he is so deaf.
30th. Sept. 93						Has kept very night with his neck-tie on his head to keep the spirits from speaking to him. Very delusive as to origin & state &c.
6.3.95						Patient had a convulsion haemoptysis last night. There seems to be phthisical consolidation at both apices but mostly at the right.
10.3.95						Has had no further bleeding & patient is somewhat better now.
						Patient died a few weeks later.

NAME,

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

317

NAME, James McSwatt — No.

Admitted, 4th July 1893 — Pr. Ad.

Sex, M — Age, 39 — Marriage, M. — Occupation, Labourer

Education, — Religion, R.C.

~~Private or~~ Pauper, City — Where from? Vide 5 Ecclesiastical St. Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration First — *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous Yes

Duration of Existing Attack Seven days.

Other Facts or Remarks

Facts of Medical Certificates

1/ St. Johnstone to Carstairs. Left there. Can't lift up his head. is so fat [illegible]

1/ St. Robertson to Stirling. with you so fat Is dangerous.

NAME, James McDivitt

STATE ON

Mental.

Exaltation very marked. talks very much, great knowledge & strength, &c

Depression –

Excitement talks much

Enfeeblement –

Memory fair

Coherence incoherent Can answer questions? yes.

Delusions Delusions of sight hearing & delusions of grandeur.

Other Abnormalities

Bodily.

Appearance healthy. delicate. very pale

Skin healthy Hair fair

Eyes blue. Pupils both & of & Right. Reacts sluggish.

Muscularity fair Fatness fair

Nervous System—*Motor* Walking & knee jerk. Hand clonic with great difficulty in walking (by locomotor ataxia, athetosis, &c) Both normal (by patella)

Sensory normal.

Reflex Action good. normal. Special Senses normal.

Retina

Lungs healthy.

Heart normal.

Tongue Dark & tender. Bowels

Other Organs, Abnormalities, Bruises, &c.

None.

Appetite

Urine 1030 acid turbid & white deposit.

Menstruation

Pulse 87 Temp. 98

Height 5 5 Weight 8·8

Disease G.P.? (acute stage) *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, James Mc Dirott

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5th July						Restless. & talkative. Speaks constantly of his friends, poses of strength, his great height etc. Marked trembling of lips & tongue & twitching of eyel. He likes like exophthalmic.
7th July						Was more excited than on admission & very restless.
8th "						Put to bed & kept there. Was so extremely restless that it was impossible to do much knocked about. Bowels opened freely & chloral & opium given.
10th "	99		110	122		Restless as ever & speaking of his strength etc. Speech is more incoherent & he seems to hallucinate.
12th	98.1		105	115		He is restless as ever & is wasting a great deal. Bodily strength seems to be fairly but intense excitement. He is still talking his head well.
13th	99.5		120	132		Raging his head to-day. He is drinking milk sparingly - refusing at one time & vomits soup at another. Walks a bit so restless. Weaker. Lying still left side of head pillow & taking no notice of anything. Pulse not 7:20. Q.M. (Very exophthalmic).
14th						

NAME,

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

321

NAME, Hugh Robertson No.

Admitted, 4th July 1893 Pr. Ad.

Sex, M. Age, 30 Marriage, M. Occupation, Retr

Education, Religion, P.

Prisoner or Pauper, City Where from? vide 39 Charlotte St. Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ? Kind

Duration Where treated Riccarton 29.v.93 - 2.vi.93.

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal Yes Yes

Dangerous

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

1/ Dr. Johnston. 1st Depressed - tired of life - will not rest. suicidal
4th Incoherent. Attended relatives

1/ Dr. Robertson 2nd Melancholia - Wants to get out of the world
4th as 1st

NAME. Hugh Robertson

STATE ON

Mental.

Exaltation

Depression Very.

Excitement

Enfeeblement

Memory Good

Coherence Yes. Can answer questions? Yes.

Delusions Of persecution etc.

Other Abnormalities Headache for months past.

Bodily.

Appearance Anaemic & delicate looking.

Skin Sallow Hair Black.

Eyes Dark. Slight conjunctivitis of both eyes (some photophobia with pupils equal & reacting). Sight of both eyes impaired.

Muscularity Fair Fatness Fair

Nervous System—*Motor*

Sensory

Reflex Action Normal. Special Senses Sight ?

Retina

Lungs Both lungs crepitant all over but with some increase of V.R. No râles.

Heart Sounds weak, regular. No murmurs (first heard well).

Tongue Clean. Bowels

Other Organs, Abnormalities, Bruises, &c.

No pain (except eyes)

Appetite

Urine 24 hrs. No albumen. Deposit of urates.

Menstruation

Pulse 82 Temp. 98

Height 5.3 Weight 8.3

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.

323

NAME, Hugh Robertson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6. VII						Delirious & incoherent. When spoken to replies up & answers quite correctly any questions.
7. VII						Getting quite accustomed to place & says he thinks it has been taken him this time. Vis discharged from Barrack-room upon days va.
13. VII						Smoked incoherent, but this may be due to gradually failing daylight. Is night then be omitted.
1-9-93						Discharged

NAME,

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

325

NAME, Joseph Swank No.

Admitted, 7-VII-93 Pr. Ad.

Sex, M. Age, 42 Marriage, M. Occupation, Painter

Education, Religion, R.C.

Private or Pauper, Husband. Where from? St Louis Sym (wife)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first Kind

Duration Where treated

Hered. History—*Insanity.*

Other Diseases

Predisposing.

Exciting sunstroke — Drink

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 10 days

Other Facts or Remarks

Facts of Medical Certificates

1/ E Hoffe 1st Restless. Confused. Memory impaired
2d Delusions changed. was quiet. was noisy sometimes. thinks
thinks he will die tonight

1/ E. Smith 1st Restless etc
2d very loose for last two months. Resultant of heat the cause of

NAME. Joseph Dunn

STATE ON

Mental.

Exaltation No

Depression Slight

Excitement no

Enfeeblement incipient senility.

Memory

Coherence yes. Can answer questions? Yes.

Delusions many floating delusions.

Other Abnormalities

Bodily

Appearance Restless. unsettled man.

Skin healthy. Hair fair

Eyes dark Pupils equal

Muscularity fair Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action normal Special Senses normal.

Retina

Lungs healthy

Heart normal

Tongue slightly furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

cicatrix of incised wound — left arm. Head & Face left fair

Appetite

Urine 1018 albumen Nothing Deposit of Phosphates

Menstruation

Pulse 78 Temp. 98

Height 5.. 8¾ Weight 9 St 8

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, Joseph Swann

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8-VII						Very restless. Talks a good deal of nonsense. Has evidently been drinking.
10-VII						Very restless last night - getting out of bed to close the very doors that were open in. Quieter, more rational. Is still restless & inclined a little.
14-VII						
15th Comp.						Restless, says he is working in the "night", mostly amicable with his answers, when he does so - Rightly during last - quite for nothing but moving. Tried to escape from working party 2 days or two ago.
30th-IX-93						Very much the same as heretofore. He is very anxious to get home, but there seems no difference in his mental condition for some time back.

Discharged.

See page 525.

NAME,

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

NAME, Thomas Cunningham No.

Admitted, 8-VII-93 Pr. Ad.

Sex, M. Age, 34 Marriage, S ? Occupation, Spinning Mechanic

Education, Religion,

~~Private~~ or Pauper, Ashton Where from? Ronald Place. Carnwath

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration *Where treated*

Hered. History—*Insanity.*

Other Diseases

Predisposing.

Exciting ?

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal NO

Dangerous NO

Duration of Existing Attack Some months.

Other Facts or Remarks

Has been annoying the Home Office & writing incoherent letters regarding his delusions. On his examination was relevant.

Facts of Medical Certificates

1/ Dr. Wallis (1) Paralysing him causing him to sing hallucinations. Persecutory Home Office conniving against him

(2) Dr. Mc Hugh. Causes unknown by conversations & pamphlets. Sanitary Carding matters inside

1/ Dr. Mc Cracken (1) Imputed Telepathy & thought reading of Parliamentary officials

(2) Speaks himself. Subject of pamphlets.

NAME. Thomas Cunningham.

STATE ON

Mental.

Exaltation Nil

Depression Nil

Excitement Nil.

Enfeeblement ?.

Memory good.

Coherence well-defined Can answer questions? Yes.

Delusions Relies his suspected of forging the etc.

Other Abnormalities

Bodily.

Appearance Stout well built man - with whiskers.

Skin Pallid Hair Black

Eyes Grey Pupils equal & regular

Muscularity good Fatness good.

Nervous System—*Motor*

Sensory

Reflex Action Good Special Senses Good.

Retina

Lungs Healthy

Heart Normal.

Tongue Clean. Bowels

Other Organs, Abnormalities, Bruises, &c.

Urine

Appetite

Urine 1023 Acid Natural No Deposit

Menstruation

Pulse 82 Temp. 98

Height 5 · 10 Weight 11 · 8

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.

331

NAME, Thomas Cunningham.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9- VII						Very delusive. Has been writing home. Secretly & complaining of his petty annoyances. - Eg. Other getting him for forging - parties looking at him passing remarks about him, talk on the street &c.
11- VII						Has taken up cycling to pass. Plays cricket - airing grievances & is as delusive as ever.
14- VII						Writing well which was quite lost to valid Eg his delusions & persecution.
15th. Aug.						Seeks explanations for his delusions & is very anxious to know exactly this is to end. Is very easily upset by his delusions, which is still being presented & quite justifies his action in approaching the Home Office.
30th. Sept. 93						Out working - quiet - easily managed, but still delusive.

18.12.93

NAME,

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

333

NAME, Wm. Brown No.

Admitted, 8- VII- 93 Pr. Ad.

Sex, ♂ Age, 41 Marriage, M. Occupation, Weaver.

Education, Religion, P.

Private or Pauper, Strathmore Where from? Lawn St., Strathmore Valley

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. One? Kind

Duration ½ Where treated C.H. '91

Hereditary History—*Insanity.* Brother insane.

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 8 days.

Other Facts or Remarks

Facts of Medical Certificates

1) Wm. Allen — Suicidal. Like insane

2) Wm. Brown — Suicidal, incoherent. Drinks freely

NAME. Wm Brown

STATE ON

Mental.

Exaltation None.

Depression None

Excitement restless & talkative

Enfeeblement

Memory fair

Coherence incoh

Can answer questions? Yes

Delusions Some slight delusions.

Other Abnormalities

Bodily

Appearance restless. strong.

Skin healthy

Hair black

Eyes brown

Pupils equal & react

Muscularity good

Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action good

Special Senses normal

Retina

Lungs healthy

Heart normal

Tongue clean.

Bowels

Other Organs, Abnormalities, Bruises, &c.

Bruise on finger

Appetite

Urine 1018 alkali bulky deposit of phosphates

Menstruation

Pulse 87

Temp. 98

Height 5 ft 10½ in

Weight 9 st 12 lbs

Disease

Skae's Classification

General Bodily Health and Condition Fairly good.

PREDOMINANT FEATURES.

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

335

NAME, Wm. Brown

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE
4-VII						Isolation - Pt is sick to his stomach & looks ill in comparing the place with its appearance to be known it. Is at work & is quite at home.
11-VII						
15-VIII-93						Looks rather interesting, & is certainly very confused. Is at work.
30th Sept 93						Seems very much better. Looks in a fair healthy manner, but seems thinner quite well what he is doing. Is very anxious to get home as better & wife waiting for him.
27th Oct.						Remains for in the ward. Looked home. Was better both & seems much improved.
6.95						Transferred to Hartwood.

NAME,

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

337

NAME, Wm. Heffernan No.

Admitted, 8 - VII - 93 Pr. Ad.

Sex, M. Age, 57 Marriage, Widr Occupation, Farmer

Education, Religion, P.

Painter or Pauper, Hamilton. Where from? Carnedon. Lake Centre Hamilton (Ont)

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration first Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes.

Duration of Existing Attack four weeks

Other Facts or Remarks

Facts of Medical Certificates

I G. Allan (or Physician) admitted 8th July this day
(or Surgeon) Patient has been three months
II G. Crawford (or Physician) Hamilton. Duration week
(or Surgeon) and 5.

NAME. Wm McShane

STATE ON

Mental.

Exaltation No

Depression Very depressed

Excitement with him

Enfeeblement slight

Memory fair

Coherence weak

Delusions Thinks that policemen going to kill him — Can answer questions? Yes

Other Abnormalities

Bodily

Appearance Dejected, mean looking man

Skin dry & wrinkled

Hair grey

Eyes dull

Pupils slightly contracted - react.

Muscularity poor

Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action weak

Special Senses dull.

Retina

Lungs Bases r. Expansion + Mostly dull & prolonged inspirat. No adventitious sounds.

Heart's action slow, regular. Sounds distinct & P2 +

Tongue clean.

Bowels

Other Organs, Abnormalities, Bruises, &c.

Rectal fissure and internal piles seem present. Skin dark except legs

Appetite

Urine 1020 contains no albumin no sugar

Menstruation

Pulse 68

Temp. 98

Height

Weight

Disease

Skae's Classification

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

339

NAME, Wm McShane

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9th VII						Very depressed. Mouth wound looks healthy & is secreting freely. She is very afraid that some accident is to befall him.
10th VII						Mouth wound is beginning to heal down & is not looking so well. McShane is very restless in morning at night is in a great state of fear, wringing his hands & tearing his hair.
12 VII						Just the same. Mouth granulating from bottom. Still quite as depressed. mind is fairly easy.
15 VII						
15 VIII 93						Willie is very restless at times. after nights on which will sleep well but two others groaning. He works himself into a state of intense depression & constant dread of being killed. Mouth not quite healed.
30 IX 93						Has been fairly quiet for some time. says he is "nothing wrong". Very peculiar in his manner reads a great deal of humorous & foolish from the crowd between his lips. Eating heartily very much better than he was.
3/3/94						Is very stupid and restless he does no work and imagines he is seven years old. He says he wants to see a boy of his age with a beard. He likes to be called "Wee Willie"

24. 5. 95

NAME,

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

341

NAME, Alexander Gaitings No.

Admitted, 21st VII-93 Pr. Ad.

Sex, M. Age, 20 Marriage, S. ? Occupation, Wl

Education, Religion,

Private or Pauper, Cfs. Clergyman. Where from? M. 73 Whitehall Sc Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration since childhood Where treated

Hereditary 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 since birth

Other Facts or Remarks

Facts of Medical Certificates

1/ Dr Johnston (1) Monomania. Conceit, pride, vanity & wilful
(2) Sixty in table. unless

1/ Dr Gibson (1) cannot understand right principles. Distinct hereditary
(2) Distinct from infancy.

NAME. alex. Gaitings.

STATE ON

Mental.

Exaltation None.

Depression None

Excitement None

Enfeeblement Marked

Memory

Coherence

Delusions

Can answer questions? ↙

Other Abnormalities Dumb. Seems of kindly disposition might be taught. Makes signs with hands to show what he wants to say

Bodily

Appearance Face vacant. He does not smile nor cry

Skin of face & indications like eruption Hair Black

Eyes Blue Pupils equal and

Muscularity fair Fatness fair

Nervous System—*Motor* Can't speak. Can put out tongue &c. Walks lame.

Sensory

Reflex Action equal Special Senses

Retina

Lungs Left lung. Expansion is difficult, with much pain — to medical man

Heart is weak. regular. no murmur.

Tongue coated Bowels

Other Organs, Abnormalities, Bruises, &c.

No marks of injury

Appetite

Urine 30 Light col. Nothing to deposit

Menstruation

Pulse 79 Temp. 98

Height 5' 3¾ Weight 7 St 12

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

343

NAME, Alex. Baitinp

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22-VI						Arrived [illegible] Ward with rather kindly disposition, but quite unable to take active part. Can't speak, but makes himself understood by signs.
28-VII						Is at working [illegible] very kindly to his companions
30-IX-93						"Hard Lines" order is called in effect in his manner. It seems from absence to [illegible] to get in at home. Sets on [illegible] is putting on flesh
February 16th 1897						Is at Rimmount. But is down for discharge at this time to Glasgow. He is in fair bodily health Mentally as before.
			18			Removed today to Gartloch by Transfer

NAME,

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

345

NAME, Alexander Kelly No.

Admitted, 24th July 1893 Pr. Ad.

Sex, M. Age, 53 Marriage, W. Occupation, Farmer

Education, Religion, P

Private or Pauper, Pauper Where from? ?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration 7 mths. Where treated

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 1 day.

Other Facts or Remarks

Facts of Medical Certificates

(1) Dr. Scott (2) Is afraid he is the devil

(3) Do.

(4) Dr. Eakins — Do.

NAME, Alexander Kelly

STATE ON

Mental.

Exaltation Nil

Depression slight.

Excitement -

Enfeeblement -?

Memory fair

Coherence Yes Can answer questions? Yes.

Delusions Did not volunteer any but in bed.

Other Abnormalities (Was very afraid when I examined physically).

Bodily

Appearance Walks unaccompanied.

Skin Small Hair fair.

Eyes Blue Pupils equal.

Muscularity Good Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action equal. Special Senses Hearing dull.

Retina

Lungs Dullness at base. Respiration prolonged. No adventitious sounds.

Heart Is otherwise sound and healthy.

Tongue Good Bowels

Other Organs, Abnormalities, Bruises, &c. Nil else noted

Appetite

Urine 1020 clear Albumen Deposit of cells & epithelium

Menstruation

Pulse 78 Temp. 98.

Height 5'.5' Weight 105 lb.

Disease *Skae's Classification*

General Bodily Health and Condition Fair.

PREDOMINANT FEATURES.

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

347

NAME, Alex. Kelly

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25th July.						Is quiet sleepy during the day but gets very delirious & clamours towards evening. Is in bed when that he is to be killed. Back very much bad.
28th. "						Abt the same. Says he will like to go to Portlaw.
30th "						Is dying rather is not working very steady. seems quite at home. His wife died here (he says) & he has just come back to be at his ease.
10th Aug.						Harvesting & is very interested in his work.
30-IX-93						Letter & read to go home. Discharged.

NAME,

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

NAME, Peter O'Malley *No.*

Admitted, 20th. July 1893 *Pr. Ad.*

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

Education, *Religion,*

Private or Pauper, *Where from?*

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hereditary 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. ? Peter O'Reilly

STATE ON

Mental.

Exaltation Not his usual.

Depression —

Excitement —

Enfeeblement Yes

Memory with exception

Coherence Clear Can answer questions? Yes.

Delusions He is Christ, & my God delusion

Other Abnormalities Slight disinclination

Bodily

Appearance Poor - good.

Skin Healthy Hair Dark

Eyes Dark Pupils contracted

Muscularity Good Fatness Fair

Nervous System—*Motor* Slight tremor

Sensory Normal

Reflex Action Good Special Senses Good

Retina

Lungs Healthy

Heart Weak

Tongue Clean. Bowels

Other Organs, Abnormalities, Bruises, &c. Left testicle swollen

Scar.

Appetite

Urine

Menstruation

Pulse 82 Temp. 98

Height 5 ft 10 Weight 11 st 11

Disease Chronic hypochondriasis *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, Peter O' Malley.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27th July.						Had an fit to-day while in airing court. Ht gave no trouble after it. He is mildly demented - wanders impaired tasks was in charge in a religious state.
29th July.						Has had several fits & became very homicidal - bitterly assaulted other men. Put to bed & put in jacket. Seems anxious to escape - & kicks with feet if anyone goes near him. Kicked out at other patients handed when going to feed him.
6th Aug.						Is somewhat quieter & more settled - he is still very irritable & easily upset.
9th Aug.						Heart beats at good rate at times. Some white bodies in urine. Settles to himself in a semi-religious manner.
15th "						Still in bed - Irish humour still marked & easily excited. Has had no fits for some time
1st Sept.						Has been having his fits & is very irritable & at times impulsive. Heart beats badly.
30th Sept. '93						Has been quiet all this month & keeps up till after lamps are lighting about as often he had been in the habit all this day. Got rather irritable the other night "Went for" an old lady. Has been in bed till this hour or.
						Very religious - replies in his dealings & very civil if spoken to when well. Must be kept carefully alone when is "fitting."
13-X-93						His been having fits. Last night turns getting up in bed gazing steadily at his nose (2 ft. 5 inches) & seemed surprised. Had 2 fits during night. Is very stupid & dazed to-day. — Has very irritable on 10th & 11th.
15/1/94						Since taking fits - after these he get very irritable and most excited becoming very dangerous. He is after fits in above excited state always before fits he is dull sulky and complaining but the intervals he is quiet appears and when spoken to pleasant in conversation and manner.

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1.4.95						Patient died tonight at 6 o'clock. He has been very weak for sometime suffering from ascites & swelling of the lower limbs. He has not had fits for a couple of months at any rate last. had been very ill-tempered & obstinate - absolutely refusing to take medicine of any kind & at times refusing food.

353

NAME, Alex. Daniel Oakley No.

Admitted, 29- VII- 93 Pr. Ad.

Sex, M. Age, 46 Marriage, M. Occupation, Hairdresser

Education, Religion, P.

Private or Pauper, Old Maitland Where from? W. - 34 Summerfield Cottages.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hereditary History—Insanity.

Other Diseases

Predisposing.

Exciting Jealousy.

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

Has suspicion of his own steward, a clerk, having improper relations with his wife & cut to his throat & attempted to kill wife. Was taken to the Bristol Asylum

Facts of Medical Certificates

1. Dr. Mackern Has delusions & suicidal. Wife confirms fact
   Dr. Kirk Is insane. Suspicious. - suicidal
2. Dr. Maitland Delusions of jealousy & suicidal
   A certificate from Dr. King which left with wife

NAME. Alexander Daniel Oakley.

STATE ON

Mental.

Exaltation Nil obs.

Depression -

Excitement -

Enfeeblement -

Memory Fair

Coherence Wanders Can answer questions? Yes

Delusions Fixed infidelity &c &c

Other Abnormalities -

Bodily.

Appearance Smiling - fussy. Wanders

Skin Pallid Hair Black

Eyes Normal Pupils Equal

Muscularity Fair Fatness Fair

Nervous System—*Motor* -

Sensory -

Reflex Action Equal Special Senses Normal.

Retina

Lungs Healthy.

Heart Is thin. Good rhythm. Normal.

Tongue Clean. Bowels

Other Organs, Abnormalities, Bruises, &c.

No abnormality.

Appetite

Urine 1020 acid No albumin No deposit

Menstruation

Pulse 87 Temp. 98

Height 5 ft 3½ in Weight 8 st 13

Disease Chronic Mania & Delusions. *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.

355

NAME, Alex. Samuel Oakley.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
30th.						Has left the coat & is making himself handy. Is of slight build, dispositn - quite the "Tinker style". Is by reports of his wife.
5th Aug.						As with letter this wife & says he is improved. nice civil boy. Admit him as may for rest he died to Leamside.
9th "						Always very much the same seems like morning bright boy.
20th Aug.						Has not been so well lately - says he feels any peculiar sensation passing down him & it might be that at first sight unless near me or. Works very hard. writes most affectionate letters this wife - full of repentance for all his misdeeds. Seems a chronic case.
20-IX-93						"The Tinker" is steadfast industrious man - quiet the correct Tinker style Is at improving mentally At I am doubtful if he has for some considerable time been much other than he is
15/1/94						Asked to be reported temporarily insane he shot boy as the rumours about the injury he did to a man when he struck in Coatbridge

23.7.95

NAME,

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

357

NAME, Thomas McDonald Henderson. No.

Admitted, 29. XII - 93 Pr. Ad.

Sex, M. Age, 32 Marriage, S. Occupation, Soldier

Education, Religion, P.

Private or Pauper, ~~Pauper~~ Private Where from? F. D. Henderson. Kirriemuir Victoria

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration First? Where treated Royal Edinburgh

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 4 weeks.

Other Facts or Remarks

Facts of Medical Certificates

1. Dr Turnbull (R) Soldier. Calls. Cert[s] same date
   for acute mania
2. Dr Smith (R) Soldier. Cert[s] same to Queen's Rooms
   same day.

NAME. Thomas McDowell Henderson.

STATE ON

Mental

Exaltation /

Depression Nil

Excitement /

Enfeeblement ?

Memory impaired

Coherence impaired Can answer questions? At first hesitation

Delusions None elicited

Other Abnormalities -

Bodily

Appearance Dull, stupid

Skin pale Hair fair

Eyes blue Pupils equal

Muscularity fair Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses normal.

Retina

Lungs Healthy.

Heart Sl. soft weak. Subs in district - no murm.

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

No injuries

Appetite

Urine 1022 faint acid trace albumen Deposit of phosphates

Menstruation

Pulse 75 Temp. 98

Height 5.6 Weight 9.1

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.

359

NAME, Thomas McDonald Hodgson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
23						Quiet - refuses to speak. Is demented. Looks his good self.
5th Aug.						Is suitable for Trade. Not a sale is quite sure thanks. Many inquiries if quartered gives no vague answers No change.
6th Aug.						
20th Aug.						
30th - IX - 93						Thanks very little if any change in this man since admission no change since last note.
3/3/94						Is very stupid, and refuses to answer any questions - he never speaks to anyone and takes no interest in anything about him

3.7.96

NAME,

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

361

NAME, Gregor McGregor No.

Admitted, 2nd aug. 1893 Pr. Ad.

Sex, M. Age, 41 Marriage, S. Occupation, Tailor

Education, ? Religion, P.

Pauper or ~~Private~~, Sheriff Where from? / 3/ Govan Asylum 8th Admission.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. yrs. Kind

Duration Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting ?

Symptoms. First.

Mental

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 5 weeks (previously for 18 months)

Other Facts or Remarks

Facts of Medical Certificates

1/ Dr. Hyslop (1) Deludes - thinks detained

(2) Says he is very well

2/ Dr. Yellowlees (1) Says devil tells him - thinks detained

(2) Violent talking.

NAME. Gregor Mc Gregor.

STATE ON

Mental.

Exaltation Marked . very fresh

Depression –

Excitement –

Enfeeblement slight

Memory impaired

Coherence Some delusion Can answer questions? Yes - when touched etc.

Delusions of exalted character.

Other Abnormalities very fresh . social entered.

Bodily.

Appearance face stiff. - very wavering gait & tottery.

Skin Healthy Hair Usual.

Eyes Normal Pupils equal & react. (slightly distorted)

Muscularity Fairly good Fatness fairly good.

Nervous System—*Motor* Very marked tremor of tongue & lips. Speech very much impaired. Gait impaired.

Sensory normal. Intelligence good.

Reflex Action (Sup. Jerks) quick & equal to sides Special Senses Normal.

Retina

Lungs A cough

Heart Normal.

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Lies on left side, left shoulder & arm resting Stomach objecting.

Appetite

Urine 1008 milky colour & alkaline Bowels

Menstruation

Pulse 85 Temp. 98

Height 5 - 3½ Weight 8 - 11

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

363

NAME, Gregor McGregor.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3rd Aug.						a well nourished G.P. Marked tremor of hands & lips - speech characteristic - cannot pronounce his own name. Says delusions - especially abt clothes - has any amount of suits & boots & shirts
5th "						& waistcoats - speaks a good deal & will not have his clothes on. Is sleeping well. Gains flesh at night & to remain quiet in bed.
8th Aug						Have collapsed & voids. Smells relished & urinates. Cannot have enough - 6 meals & light still craving.
20th Aug						"Gregor" is a most typical G.P. speech, delusions etc. He is no obstruction at times. Says 2 nights sleep little if any, at times chatters & talks. Is very amusing when asked his name & puts it out in a very funny manner. Quite oblivious to everything but his present surroundings. Says his godmother is keeping wonderfully fresh - It cannot go on long in present helpless state
10-IX-93						Is amusing & restless as ever. If asked to spell his name the very marked impairment of speech is beautifully seen. Keeping up well. Gets Ulcer & Chloroform for restlessness.
25-X-93						Has had an epileptic attack. Is nervous & by anyone knocking at night can. Slipping fast & difficulty in getting on his little tum. Is again happy & cheerful.
30-X-93						
15/1/94						Is confined to bed owing to bodily weakness. He is able to take his food but has difficulty in speaking & really troubled by frontal tumor seen after any slight exertion. He is a typical G.P.

25. 5. 94

NAME,

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

365

NAME, John Orr *No.*

Admitted, 4- VIII- 93 *Pr. Ad.*

Sex, M. *Age,* 60 *Marriage,* W - V *Occupation,* Joiner

Education, *Religion,* P

~~*Private or* Pauper,~~ City. Glasgow. *Where from?* H. Mrs Orr, 70 Broomhurst St. Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting Drunkenness.

Symptoms.

First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous ?

Duration of Existing Attack Just Comp.

Other Facts or Remarks

Facts of Medical Certificates

1/ C. Mitchell (1) Drunken. Talks of failing affairs of food. etc
(2) Acts excited to father himself

1/ C. Millengie (1) Drunken. Has got into lost fights in Glasgow
(2) Tried to strike arresting officer.

NAME. Johnson.

STATE ON

Mental.

Exaltation [illegible] & [illegible].

Depression –

Excitement [illegible]

Enfeeblement ?.

Memory [illegible]

Coherence [illegible] Can answer questions? Yes. in [illegible].

Delusions [illegible] in child. [illegible] "drives [illegible]" etc

Other Abnormalities –

Bodily

Appearance [illegible].

Skin dry & [illegible] Hair [illegible]

Eyes [illegible] Pupils [illegible]

Muscularity [illegible] Fatness [illegible]

Nervous System—*Motor*

Sensory

Reflex Action [illegible] Special Senses [illegible] ?

Retina

Lungs [illegible]

Heart [illegible]

Tongue [illegible]. Bowels

Other Organs, Abnormalities, Bruises, &c.

[illegible]

Appetite

Urine 1015 [illegible]

Menstruation

Pulse 72 Temp. 97·9

Height 5. 4"2 Weight 7. 2

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, John Gray

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5th Aug.						Delusions. excitable at times. thinks relations that he is in a hotel & others drive for him. Physically very weak. feet & ankles swollen. Is dirty in habits.
7th "						Fair mood. Impressions extremely & he is very restless always has secret wishes to communicate. Is going fairly well.
11th "						No change. Bodily health a little better. Is taking food well.
28th Aug.						very restless & excitable. for night or two back thinks chemist is conspiring. Put on chloral & Br. did with success. very grumbling. always asks for things before he can't get.
1st Oct						Quieter of late. sleeping better at night. Speaks in a very miserable tone of voice & seems to think quite otherwise than doing. Is taking his food better & is a little fatter.
15/1/94						Is very silly and stupid, content to sit in one place all day. He going round my morning visit he always shouts out if he chances to see any of the patients doing what he thinks wrong. He sometimes interferes in a mild vacant way with the other patients

17.11.94

NAME,

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

369

NAME, James McGrail No.

Admitted, 5-VIII-93

Sex, M. Age, 33 Marriage, S Pr. Ad. Occupation, Hair Cutter

Education, Religion, ?

Private or Pauper, Derelict Where from? Wade Castle Helen Cutter Unbidden Derelict

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ? Kind

Duration Where treated

Hereditary History—Insanity. Mother insane.

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 5 weeks.

Other Facts or Remarks

Facts of Medical Certificates

1/ Dr. Ferguson (M) Says he left his work this morning, & that I came (walked) from Lennoxtown today.

Ψ thinks his work is a mile off the road that he could be with it

1/ Dr. Sayer (M) Walked to Lennoxtown rationally. Manner & habit changed

Ψ Filthy = Prior habits

NAME, James McNeil

STATE ON

Mental.

Exaltation Nil.

Depression -

Excitement -

Enfeeblement ?

Memory confused

Coherence confused Can answer questions? Not with ease.

Delusions Keeping people under lock & key.

Other Abnormalities

Bodily.

Appearance Paralysed.

Skin clean - dark & dry. Hair black.

Eyes blue Pupils equal & react.

Muscularity good Fatness fair

Nervous System—*Motor* Contracted to left. so drawn, right side & face smooth - right arm weak & grasp less than left. Right leg dragged on walking - can lift. the same to left.

Sensory Speech rambling.

Reflex Action Patellar + - Plantar ankle clonus Special Senses Nil.

Retina

Lungs Healthy

Heart Aortic valve - regular. No murmur.

Tongue Furred gets straight Bowels

Other Organs, Abnormalities, Bruises, &c.

No injuries

Appetite

Urine

Menstruation

Pulse 72 Temp. 98·6

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.

369

NAME, James McGrail No.

Admitted, 5 - VIII - 93 Pr. Ad.

Sex, M. Age, 33 Marriage, S Occupation, Hair Dresser

Education, Religion, ?

Private or Pauper, Dalrelly Where from? Wade Gaol Belvin Lunatic Asylum Dublin Dalrelly

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. ? Kind

Duration Where treated

Hered History—Insanity. Mother insane.

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 5 weeks.

Other Facts or Remarks

Facts of Medical Certificates

1/ Dr. Rogers (a) Says he left his mother this morning, & that J came (walked) from Ammin today.

(b) Thinks his head is so much off the hook that he cannot lie in it

1/ Dr. Eagar (a) Unable to converse rationally. Memory & conduct changed

(b) Filthy in his habits

NAME. James McNeil

STATE ON

Mental.

Exaltation Nil.

Depression -

Excitement -

Enfeeblement ?

Memory enfeeb

Coherence enfeeb Can answer questions? Not with reason.

Delusions Keeping keeper under bed him.

Other Abnormalities

Bodily

Appearance Paralysed

Skin clean - sweats freely. Hair black.

Eyes blue Pupils equal & react.

Muscularity good Fatness fair

Nervous System—*Motor* Contracted to left. so do mouth. right side & face smooth - right arm weak & grasp less than left. Right leg dragged on walking - cc left. than in bed.

Sensory Sensation seems normal.

Reflex Action Patellar + - Plantar ckln Special Senses Nil.
down

Retina

Lungs Healthy

Heart ; action weak - regular. No murmurs.

Tongue Furred gp. to right Bowels

Other Organs, Abnormalities, Bruises, &c.

No injuries

Appetite

Urine

Menstruation

Pulse 72 Temp. 98.6

Height — Weight —

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME, James McNeil

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE
6th Aug.						Very confused. shallow. Right side paralysed. smells very much at his own nails on right side. Tongue goes not straight out when protruded. Speech much - worse than when in bed. Intel. normal.
9th "						Is more clear mentally - thinks a little. It is very childish in manner & talks - a baby. smells altogether. sits a little better. Reflexes still very much exaggerated. Ankle clonus very easily elicited. Sensation normal.
9th Aug						Is if only a little stronger he goes very well. Sleeping feeding etc. can do nothing for himself. Put on K.I. gr xv t.d.s.
18th Aug.						Has been getting gradually stronger. can walk (though rather unsteadily) with very little assistance. Is talking to himself. His little finger & phalanges & after nail red. Knee still touchy on right side & he starts a great deal.
6th Sept.						Has been progressing generally. Put to night all of a sudden he became unconscious, head turned to left side, so also eyes, mouth etc. right side very rigid - all no tremors. Retained chair 5 hours.
9th Sept.						Has a slight turn on 8th & two to day 9th very slight expansion still about 6th. Reflexes still exaggerated knees than & clonus at ankles very marked & always wants to go to sleep when he is awake. Talks with difficulty
23rd Sept.						Is very nervous & ill to. night does not look as if he could survive. cannot swallow milk now. is unconscious & breathing stertorous characteristic of type. Face & eyes turned to left, sweating much on right side of face. left eye pupil & rigid, right one in extreme action.
25th Sept.						Is better marked. crosses out very well.
2nd October						K.I. has been ceased & gr x doses (stopped before given today) She is very much better & at present is feeding herself walking with more freedom than he has done for some time. Face markedly contracted.
13th Oct.						Was up this afternoon for first time since

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						admission & thinks he is able to come home. He walks about very well. Speech slow & thick - many very much better than it was. Reflexes diminished - Babinski exhibited on right side, but still difficult on left.
15/1/94						Is very stupid, querulous, and peevish. His speech is slow and hesitating. He gait feeble. His memory is very defective
						6.3.94

373

NAME, James Colliart No.

Admitted, 7- VIII- 93 Pr. Ad.

Sex, M Age, 37 Marriage, S Occupation, Millwright.

Education, Religion, ?

~~Private~~ or Pauper, Engineer. Where from? Ho. 16 Glasgow St. Hamilton.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 2. Kind

Duration Where treated G.R.A. '75 & '87

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 2 months.

Other Facts or Remarks

Facts of Medical Certificates

1/ D. Henry. (1) Lethal makes. (Les id. fixed Christ)
(2) Bombs on religious matters.
2/ D. Hamilton (3) Disposed to sue miners
(4) —

NAME. James Clark

STATE ON

Mental.

Exaltation None.

Depression Yes.

Excitement —

Enfeeblement —

Memory fair

Coherence Irrelevant Can answer questions? No

Delusions Religious character.

Other Abnormalities

Bodily

Appearance Squint eyed fair build.

Skin Pale Hair fair

Eyes blue Pupils equal.

Muscularity fair Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina ?

Lungs Weak

Heart Normal.

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

No injuries

Appetite

Urine 1020 and No albumen Detained prisoner.

Menstruation

Pulse 86 Temp. 98

Height 5' 5½" Weight 8.5

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

375

NAME, James Collard

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8th Aug.						Sensible depressed - weak - mild - Religion - Is not free to serve mines etc & talks a lot of religious nonsense. A mean type of man - evidently was bad moral character.
11th "						Is taking no progress. Takes food well & sleeps quite at home.
22nd "						Is outside working. Still inclined if touched on religious subjects but absents from this is fairly sensible & rational.
2nd Oct. 1901						Improving - still delusive - He is outside steady & sleeps quite at home - works very well always takes himself useful.
February 10th 1900:-						He is in good bodily health. A good man in the tailor's shop making all the caps wanted for the institution. He eats enormously when [illegible] offers & frequently complains of feeling sick. He has every few weeks a day or two in which he is unable to work as the "Spirits are wanting upon him" and in which he becomes very restless and mildly depressed: when free from this he has fairly steady sleeps well.
July 28th 1900:-						No change either in bodily or mental condition, quiet and active as a rule & occasionally becomes mildly irritable if is easily put out if not winning at any game he plays at. He sleeps well unless the "spirits" are keeping him awake.
January 27th 1901:-						In good health: every few days or weeks the Spirits bother him & make him irritable and morose and inclined to be much alone — works well is pleasant when "left alone by them"
January 30th 1902						In good form at present except when he dreams himself.

NAME, James Coltart.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1902 July 15th						Keeping fairly well & his delusions less pronounced. Continues to work in Tailor's shop. In good health.
1903 July 10th						James has been in bed for past few months has been dull, moody & actively deluseions. much troubled with hallucinations of hearing. He is somewhat better again & he is now outside with Garden Squad. Bodily health fairly good.
1904 March 1st						Continues to work in Garden & wheels the vegetables to the various houses. has been dull & disinterested all winter & has not taken his usual active interest in the winter games. In fair health.

Farm Annexe.

Sd J. A McBoyle

377

NAME, David P. Fleming No.

Admitted, 12 - VIII - 93 Pr. Ad.

Sex, M Age, 24 Marriage, S Occupation, F. Servt.

Education, Religion, P.

~~Private or~~ Pauper, Cavan Where from? F. Callan, Co Kilkenny Asylum.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. first *Kind*

Duration *Where treated*

Hereditary History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous ?

Duration of Existing Attack 2 days.

Other Facts or Remarks

Facts of Medical Certificates

(1) F. Dowd (1) Suicidal - Says he is annoying spectres, has injured head - wounds

(3) F. Gordon (2) Says he is sick. suicidal. wounds on head

(4) Mallon - suicidal.

NAME. Daniel P. Fleming.

STATE ON

Mental.

Exaltation —

Depression naked - stupor.

Excitement marked.

Enfeeblement ?

Memory —

Coherence rapid & incoh

Can answer questions? No

Delusions ?

Other Abnormalities

Bodily

Appearance acute Dementia. - very low marked. and prostrated.

Skin mod. pitting. chest wall & inferior Hair fair

Eyes blue. Pupils equal

Muscularity fair Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses

Retina

Lungs Healthy

Heart ? rate quick. rhythm. regular. Dull dullness at base with blowing murmur.

Tongue furred. Bowels constipated

Other Organs, Abnormalities, Bruises, &c.

skin & chest wall & inferior extremities

Appetite

Urine

Menstruation

Pulse 125 Temp. 98

Height 5 · 10½ Weight 10 · 12

Disease acute Dementia *Skae's Classification*

General Bodily Health and Condition Debilitated

PREDOMINANT FEATURES.

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

379

NAME, Daniel P. Flanning.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18 VIII						Very confused & restless. In a state of acute dementia - quite lost to all his surroundings. Has the fed ill food. Skin rubbed & Emg. Chrysta-
20 VIII						In very much the same state. Bowels relieved by fed enema. Bowels very rather constipated.
19 VIII						Is a little better. & taking his food himself. Still confused & cannot talk skin about better.
23 VIII						Brighter. talks more freely & says he remembers nothing of what has happened. Head is very dull.
2nd Oct.						Confused at times but is ever so much better than he was. Is outside walking & says to everyone who has always been kind- minded. Is always frightened & timid if spoken to.

18.1.94

NAME,

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

381

NAME, Henry Stollings *No.*

Admitted, 14- mh-93 *Pr. Ad.*

Sex, M. *Age,* 40 *Marriage,* M. *Occupation,* Miner

Education, *Religion,* P

Private or Pauper, Bthwell *Where from?* W. Pike St. Bthwell

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Just *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 3 week.

Other Facts or Remarks

Facts of Medical Certificates

E. Stollings ♂ Beh. that gun thing from by Upshaw. Killed his first child
♀ Drowned herself in middle fork. Rec'd to Raleigh State

E. J. Wolff ♂ Under restraint
♀ Under observation.

NAME. Henry Dobbins

STATE ON

Mental.

Exaltation none

Depression yes.

Excitement -

Enfeeblement -

Memory fair

Coherence weak Can answer questions? yes.

Delusions Dullness of hearing.

Other Abnormalities

Bodily

Appearance Delicate nervous

Skin pallid Hair dark grey

Eyes blue Pupils equal & react

Muscularity fair Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses dull

Retina

Lungs healthy

Heart 1 sh murmur

Tongue clean Bowels

Other Organs, Abnormalities, Bruises, &c.

Cicatrix return (healed), slight amblitis of right thumb

Appetite fair

Urine 1025 acid faint deposit

Menstruation

Pulse 82 Temp. 98

Height 5' 6 Weight 9.8.

Disease Melancholia *Skae's Classification*

General Bodily Health and Condition fair.

PREDOMINANT FEATURES.

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

383

NAME, Henry Robbins.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15th Aug VIII						Depressed, anxious, cannot understand why Parker keeps not here.
18th " VIII						Relies that rats in the house has followed him from home, & that some of the pictures is worn due his. Simple depressed, delusive. Still sees visions dead persons before him
15-9-93						Very delusive - thinks being Kept here pending investigations for some time he has done. He makes himself very miserable over this & seems constantly brooding about it.
3rd Oct. 93						Is at work in gardens. Wants to get away to see what they are doing about him. Confused & depressed & fully delusive

24. 5. 95

NAME,

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

385

NAME, James McEwan *No.*

Admitted, 24-VIII-93 *Pr. Ad.*

Sex, M. *Age,* 40 *Marriage,* W. *Occupation,* Labourer

Education, *Religion,* R.C.

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First? ? *Kind*

Duration *Where treated*

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting -

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous ?

Duration of Existing Attack 2 days.

Other Facts or Remarks

Facts of Medical Certificates

I 5th Melancholia (a) Delusions, ideas unreasonable. Watch self. Cuts

(b) Ideas impulses Dangerous

II 5th Certified (a) Voices - attacking people ideas unreasonable. Watch self. Cuts

(b) Ideas etc

NAME. Thomas Mc Evan.

STATE ON

Mental.

Exaltation —

Depression stupid - confused.

Excitement nothing

Enfeeblement —

Memory ?

Coherence clear Can answer questions? Simply.

Delusions —

Other Abnormalities -

Bodily

Appearance stalwart, healthy-looking.

Skin healthy. Hair black.

Eyes grey. Pupils equal & react.

Muscularity good Fatness fair.

Nervous System—*Motor* Tongue & hands trembling markedly

Sensory —

Reflex Action equal Special Senses deaf(?)

Retina

Lungs Healthy.

Heart Sounds clear & regular. Sounds very indistinct.

Tongue clean. Bowels

Other Organs, Abnormalities, Bruises, &c.

Incised wound (½ cm long) on forehead. Right side of face scratched.
Bruise on right arm. & wrist ankles.

Appetite

Urine 1030 acid turbid to clear Deposit of urates.

Menstruation

Pulse 86 Temp. 98

Height 5ft 5 Weight 105l.

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.

387

NAME, Thomas McEwan

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25th Aug						Confused very restless all night & can give no account of himself.
27th "						Is very much better. Stephen had been drinking at first but for last few days his room is quite a thank. Seems to be all right. Is at working & is in good spirits.
1st Sept.						
27-9-93						Discharged

NAME,

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

389

NAME, Thos Bell No.

Admitted, 29- VIII 93 Pr. Ad.

Sex, M. Age, 61 Marriage, S. Occupation, C. Agent.

Education, Religion, P.

Private or ~~Pauper~~, £25 Where from? J. Bell Carlisle. Excelsior.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Second. Kind

Duration Where treated Carlisle, Carlisle.

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous ?

Duration of Existing Attack 6 weeks.

Other Facts or Remarks

Facts of Medical Certificates

1st Sts. Failing in Resides, confused, repeats question. Memory bad
Thinks he has lost himself.

2nd Sts. Forgetful, repeats statements, depressed. Resides.
Has acted peculiar

NAME, Thomas Bell

STATE ON

Mental.

Exaltation slight.

Depression -

Excitement talkative - very hair like

Enfeeblement -

Memory good

Coherence good Can answer questions? ?

Delusions -

Other Abnormalities -

Bodily

Appearance Stout - pleasant looking man.

Skin healthy Hair grey

Eyes blue Pupils equal

Muscularity good Fatness good.

Nervous System—*Motor* -

Sensory -

Reflex Action equal Special Senses normal.

Retina

Lungs Clear.

Heart 1st sound weak impulse in 5th interspace 1st sound weak 2nd sound with soft murmur. Very

Tongue Clean. Bowels

Other Organs, Abnormalities, Bruises, &c.

None.

Appetite

Urine 1010 acid Healthy No albumen Deposit of Phosphates

Menstruation

Pulse 109 Temp. 98

Height 5.9½ Weight 10.8

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.

391

NAME, Thomas Bell

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30th Aug.						Is dull, listless & confused. Memory very much impaired
1st Sept.						Has had fits. Speech. (very easily flurried & irritable in his manner.) Has no idea how long he has been here, he seems to recognise everybody as old friends. Memory very bad. - if told a thing now he will retain it, & then if conversation is changed for a few minutes he quite forgets it.
10th "						Memory for recent events most markedly affected - many for past events also affected. Cannot remember name for 1 minute if subject is changed in interval. He is quite aware of his weakness, is pleased to converse with.
						Complained to Nurse of pain & hand raised.
24:1:94.						Had a slight fit this morning which was followed by paresis of left side & paralysis of left side of tongue, with loss of power to articulate words.
26:1:94.						Retention of urine, catheterism; Quite bewildered & stupid, less weakness of left side slightly better.
27:1:94.						Cystitis. T. 103. Flushed face, convulsive movements of both arms, (clonic) Boracic Acid Solution (10 gr. ℥ij) injected into bladder, Urine sweeter in the morning.
30:1:94						Gradually getting weaker, takes plenty of milk & stops. Cystitis no better arms very fond
31:1:94						Constantly rolling his head from side to side clonic contractions in his arms. Choreic in character.
2:2:94						Died this morning at 10:30.
						P.M. ascending nephritis left kidney.

NAME,

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

393

NAME, John Smellie — No.

Admitted, 29- VIIIr.93 — Pr. Ad.

Sex, M. — Age, 24 — Marriage, S — Occupation, Porter

Education, — Religion, ?

Private or Pauper, Cashalland — Where from? M 24 Cook Hanbell St. Bangor.

HISTORY.

Disposition

Habits

Previous Attacks—No. Second. — Kind

Duration — Where treated Greenock Feb. '91

Hereal History—*Insanity.*

Other Diseases ?

Predisposing.

Exciting

Causation.

Mental

Bodily

First.

Mental

Bodily

Recent.

Symptoms.

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack Few Days.

Other Facts or Remarks

Facts of Medical Certificates

1/ Dr. Hodgkinson ✓ Satirical & stupid - requires food.
✓ Incapable.

1/ Dr. Dalrymple ✓ Dirty habits. Cognisit Sibi's with Chest pains &c
✓ Requires food.

NAME. John Smellie

STATE ON

Mental.

Exaltation -

Depression marked

Excitement -

Enfeeblement -

Memory /

Coherence ?

Can answer questions? -

Delusions /

Other Abnormalities L state of stupor.

Bodily

Appearance stupor. (vacant)

Skin blamy. Hair fair

Eyes blue Pupils equal.

Muscularity poor Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses normal.

Retina

Lungs Breath sounds feeble. Crepitus at the apex.

Heart is set quick, weak, regular. No murmurs.

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

Several small bruises on knees & feet.

Appetite deficient

Urine 1032 acid Turbid Deposit of Urates

Menstruation

Pulse 135 Temp. 99·5

Height 5-7¼ Weight 8 st

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

395

NAME, John Smellie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30th Aug.						Week, exercised & does not speak. Has the fad with tube.
5th Sept.						Have failed to open mouth & nose-tube has been resorted to. Spoke a little last night. Not to-day is unable so. - Naked struggles
4th Sept.						Still very fed & has not changed since he came here. Spoke a little now again.
15th "						Has nothing again to take his food, but with out speak. Is often going out - twists in mouth in spasmodic walks up & down room.
30th "						Still taking his food - very cruden in his bowels etc. Will speak a few words at time, but very rarely - cries bad.
2nd Oct.						very feeble now. dull & sullen - quite his lips though him from speaking(!) Is taking his food & mind health is very much better than it was

23. 7. 95

NAME,

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

397

NAME, John Hoey No.

Admitted, 31st Aug. 1893 Pr. Ad.

Sex, M. Age, 20 Marriage, S Occupation, Labourer

Education, Religion, ?

Private or Pauper, Newcastle Where from? M/ Greenfield. Cheshire. Cert'fied.

HISTORY.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hereditary History—Insanity. Father in Lancaster Asylum.

Other Diseases

Predisposing.

Exciting

Symptoms. First. Mental

Bodily

Recent. Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack about a week.

Other Facts or Remarks

Facts of Medical Certificates

1/y Dr. Anthony (M) Excited. talks of religious matters - is often in Church

(S) Raving mad - has come from the work

1/y Dr. Alston (M) Excited. Fancies he is down. Ill

(S)

NAME. John Hoy.

STATE ON

Mental.

Exaltation Marked.

Depression —

Excitement Walking & talking

Enfeeblement —

Memory fair

Coherence incoherent Can answer questions? Yes.

Delusions —

Other Abnormalities —

Bodily.

Appearance Restless, emaciated.

Skin healthy. Hair Dark

Eyes Blue Pupils Equal

Muscularity fair Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action Equal Special Senses Normal.

Retina

Lungs Healthy.

Heart Is rather quick, weak, sounds indistinct.

Tongue Clean. Bowels

Other Organs, Abnormalities, Bruises, &c.

Face scratched & shoulders slightly bruised.

Appetite

Urine 1010 acid (faint) albumen Deposit of Crystals

Menstruation

Pulse 112 Temp. 98

Height 5' 6 Weight 8.

Disease *Skae's Classification*

General Bodily Health and Condition Indifferent.

PREDOMINANT FEATURES.

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

399

NAME, John Hoy

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1st Sept.						Very excited & restless. Talks constantly - singing & singing. Takes his food fairly well. Face is badly scratched (self-inflicted)
2nd Sept.						Hypodermic this morn. Night. given ~~Tabloids~~ last night. to be repeated for few hours - he is as restless as ever to-day.
15th "						Quieter - less violent over himself. Is very mischievous at times - will not leave him for one minute. Talks more rationally & seems to know quite well what he is doing.
2nd Oct						Very much better, but seems a case likely to relapse. His bodily health is great improved.
13/1/94						Is still doing well quiet industrious and anxious to get home. He is naturally a little weak minded
3/3/94						Has improved Wonderfully, should soon be able to get home.

24 · 3 · 94

NAME,

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

401

NAME, Alexander Kirkwood. No.

Admitted, 4th Sept. 1893 Pr. Ad.

Sex, M. Age, 69 Marriage, M/P. Occupation, F. Worker.

Education, Religion, R.C.

Private or Pauper, Stranraer. Where from? W. Kirkcaldy Portpatrick

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Second Kind

Duration Where treated S. C. H. '84

Hered History—Insanity.

Other Diseases

Predisposing.

Exciting Religion

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?.

Dangerous ?.

Duration of Existing Attack 2 weeks

Other Facts or Remarks

Facts of Medical Certificates

1. S. Anderson 3rd Excited - Disease - body - lies - spirit.
4 Very excited - refers thro' Christ in excited manner

1. S. Calvert 13 excited & violent.
4 Thinks he is going to heaven.

NAME. Alex. Kirkwood.

STATE ON

Mental.

Exaltation? typing/Klaeren

Depression -

Excitement restless & talkative

Enfeeblement -

Memory Gone

Coherence incoherent Can answer questions? No

Delusions that he is typing/Klaeren. etc etc.

Other Abnormalities

Bodily

Appearance old - & wasted man

Skin dry. Hair grey.

Eyes blue Pupils equal

Muscularity fair Fatness poor.

Nervous System—*Motor* restless

Sensory

Reflex Action equal Special Senses none?

Retina

Lungs Healthy.

Heart ? extra sounds, systolic. sounds distinct.

Tongue Furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

No Bruises

Appetite

Urine 1022 with Albumin & Deposit

Menstruation

Pulse 87 Temp. 98

Height 5 ft 5 ½ Weight 85 lb 4

Disease General Paralysis *Skae's Classification*

General Bodily Health and Condition Delipidated.

PREDOMINANT FEATURES.

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

403

NAME. Alexander Kirkwood

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5th Sept						Very restless - talks incessantly & inclines his head straight to knee. Is particularly noisy & troublesome at night.
7th Sept						Quieter during the day, but still noisy at night.
9th Sept						Got behind seclusion door in ward last night & took 5 men to force door open. Has got the knee at the back of his trick. Still restless at night.
20th "						Quieter & now sleeping well night. Speaks still when hesitating except at this seems natural to him.
2nd Oct. 93						Is not working seems as well as ever he will be. Discharged

NAME,

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

405

NAME, Andrew Reid *No.*

Admitted, 4th Dec. 1893 *Pr. Ad.*

Sex, M *Age,* 26 *Marriage,* S. *Occupation,* F. Servant.

Education, *Religion,* P.

~~*Private or* Pauper,~~ Kirkdm *Where from?* Peterculter. Kirkdm.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Second *Kind*

Duration *Where treated* S.C.A. '90

Hereditary 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

1 Dr. Hamilton (a) excited, violent, incoherent.

(b) Restless for 2 or 3 days. wanders from home

2 Dr. Easton (a) as in 1

(b) Objects gathers control.

NAME, Andrew Reid.

STATE ON

Mental.

Exaltation

Depression

Excitement restless talkative

Enfeeblement

Memory fair

Coherence clear Can answer questions? Yes.

Delusions unchanged.

Other Abnormalities

Bodily.

Appearance very ruddy complexion

Skin healthy Hair black

Eyes brown Pupils dilated & inact.

Muscularity fair Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action Special Senses dull.

Retina

Lungs Percuss into normal - Breath rales pulmonic bronchus.

Heart is the seat of - valve. No Murmur.

Tongue clean. Bowels

Other Organs, Abnormalities, Bruises, &c.

No injuries

Appetite

Urine 1020 acid to chem No deposit

Menstruation

Pulse 92 Temp. 98

Height 5ft 6 Weight 9st 4½

Disease Chronic Mania *Skae's Classification*

General Bodily Health and Condition Fair.

PREDOMINANT FEATURES.

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

407

NAME, Andrew Reid

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5th Sept.						Quiet & industrious & rather reserved, but is giving no trouble.
7th Sept.						Very much same as -
20th "						Restless & excitable but injuring. In my medicine still has been admitted. Is at work.
2nd Oct.						Mildly excited. Easily in manner & inclined to be irritable if spoken to. Reading little if any papers.
3/3/94						Is rather exacted in his behaviour always happy and boisterous - he is noisy and incoherent at times.
3/4/95						Patient who had been very restless & talkative for several days lately today escaped from a working party.
8.4.95						Patient was discovered at Dumbarton brought back today. He is in very good health & seems to be none the worse of his long walk.
9th Oct 1899 -						Escaped today from 3rd Div. Slipping attendant was shaking hands.
10th Oct:						was brought back today having been picked up by the police at Saughton.
From January 10th 1900 :-						In fair health: abroad mischief not active: He is as a rule not a very active worker. He is always easily excited and very foolish. Talk. incoherent & quiet, is easily made very irritable. He is as a rule easily managed but is every now & again anxious to escape: Needs watching.
April 28th 1900:						Transferred today to Stirling Combination Poorhouse.

Transferred

NAME,

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

409

NAME, David Lindsay No.

Admitted, 6th Sept. 1893

Sex, M. Age, 40 Marriage, M. Occupation, Labourer

Education, Religion, ?

Private or Pauper, Cantonville Where from? W. Smith's Land Hill St. Listowel.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hered History—Insanity.

Other Diseases

Predisposing.

Exciting Alcoholism

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous ?

Duration of Existing Attack four weeks.

Other Facts or Remarks

Facts of Medical Certificates

1 Dr. Livingston Insanity alcoholism. Relevant.

2 Attacks trifling attacks.

NAME. David Lindsay.

STATE ON

Mental.

Exaltation –

Depression marked.

Excitement very restless.

Enfeeblement ·

Memory dazed stuck

Coherence ↓ Can answer questions? –

Delusions ↗

Other Abnormalities

Bodily

Appearance weak & exhausted

Skin dry Hair black

Eyes blue Pupils equal – (reacts to light & accom.)

Muscularity poor Fatness poor.

Nervous System—*Motor* restless. · will not walk. lies on floor if tried to walk.

Sensory ·

Reflex Action knee jerks easily elicited Special Senses ↓ (seem normal)

Retina

Lungs dullness.

Heart ↑ rate rapid, ↑ rhythm slightly irregular. 2nd sound inaudible.

Tongue clean. Bowels

Other Organs, Abnormalities, Bruises, &c.

no injuries

Appetite

Urine

Menstruation

Pulse 96 weak. irregular Radials thickened Temp. 97.5°

Height – Weight –

Disease – *Skae's Classification*

General Bodily Health and Condition poor.

PREDOMINANT FEATURES.

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

411

NAME, David Lindsay

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5th Sept.						Confused - very restless - tries to pull his clothes off in every direction. As at Aston. Is fed with feeding spoon
9th "						Still restless & no change. Is kept in bed.
12th "						Very restless, cannot give any account of himself & resists every thing done for him. Has to be fed with feeding spoon.
17th "						A little quieter. Is confused, restless & resistive as ever. Speaks a little. Is extremely emaciated.
23rd "						Is sinking fast in coma - right hip, right calf, & left side of face. Taking food fairly well, & bowels improving very little.
30th "						Coma & emaciation & bed sores looking. Is now on hips has left very gaps. He is taking food well & is looking fresher. Takes nutrients & sleep well. He is as a rule very restless.
3rd Oct.						Sores looking. Taking food well (spoon-fed) & he is beginning to put on a little flesh. Still restless.
20th Oct.						Is improving somewhat but is restless & tosses. Sores on hips not yet healed. Cotton wool dressings & bandages can be kept with great care. The sores the cotton seem to run in superficial crevices & sometimes can be seen dividing at ulcers & could scarcely be kept to wrist. Has developed right inguinal hernia.
30th "						Mental confusion - unable to speak. Getting weaker. Large carbuncle(?) developing over left buttock.
12/11/93						Died 10. day after a series of convulsions at 11.45 pm

NAME,

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

413

NAME, James Ferguson No.

Admitted, 6 - IX - 93

Sex, M. Age, 32 Marriage, S. Pr. Ad. Occupation, Wm.

Education, Religion,

Private ~~Patient~~, £55 Where from? Thos Ferguson 24 Douglas St. Newcastle.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Four. *Kind*

Duration 2 6 years. *Where treated*

Hereditary History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities Epileptic.

Suicidal No

Dangerous No

Duration of Existing Attack 2 6 years

Other Facts or Remarks

Facts of Medical Certificates

J. P. Thom & Melvin

& Newcastle.

NAME, James Ferguson.

STATE ON

Mental.

Exaltation –

Depression –

Excitement noisy (dirty)

Enfeeblement marked.

Memory ? confused

Coherence / Can answer questions ?

Delusions

Other Abnormalities

Bodily

Appearance a demented idiot.

Skin clammy Hair dark.

Eyes normal. Pupils equal.

Muscularity poor Fatness poor.

Nervous System—*Motor* weak

Sensory

Reflex Action elicited with difficulty Special Senses

Retina

Lungs dull front & back upper. (difficult to examine from restlessness).

Heart ? extra beat sounds faint & distant - no murmurs.

Tongue – Bowels –

Other Organs, Abnormalities, Bruises, &c.

very depressed (left) eyelid & forehead ecchymosed. right parietal ecchymosed - Both lips bruised & swollen - walks with difficulty - has broken 7 ribs.

Appetite

Urine 1015 acid pale albumen deposit ++++.

Menstruation

Pulse 75 Temp. –

Height — Weight —

Disease Idiocy (Epileptic) *Skae's Classification*

General Bodily Health and Condition very poor.

PREDOMINANT FEATURES.

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

415

NAME, James Ferguson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7th Sept.						Amissville Dict. Holds fairly well if interfered with. Can't speak. Seems to have no intelligence.
9th "						Has quietened a bit. Let gets very irritable if anyone goes near him
15th "						Is getting a little stronger generally a very helpless boy. Other patients are getting accustomed to him, due to them & he is not showing his teeth so much.
23rd "						Has fallen about face. Put on quite a little flesh rather than has admitted. Thought at least he must be a most disagreeable age-sore.
2nd Oct.						Seems to have & he is getting along wonderfully
13/1/94						Mental condition the same he is present in bed with an ulcer on the right hip.
2/3/94						Abscess on sacrum which was very large is now quite healed as also the above trochanteric ulcer. He takes his food well And when dressing him all he could say was in a childish manner "Blankets" meaning that he was to be covered by the blankets.

Died

21. 10. 94

NAME,

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

417

NAME, John McKinlay No.

Admitted, 9th Sept. 1893 Pr. Ad.

Sex, M. Age, 38 Marriage, S. Occupation, Coalminer.

Education, Religion, ?.

~~Private~~ or Pauper, old Auckland Where from? B. 1 Causeway Side 5 years.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Yes — Kind

Duration Where treated

Hered. History—*Insanity.* Uncle (paternal) ~~Father~~ in Parnell

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack about 8 days.

Other Facts or Remarks

Facts of Medical Certificates

1. Mr. Wills (Police) take him melancholy. Hears voices. Dazed with hallucinations. Case is in first Asylum attack. Sees people & devils.

2. Mr. Hesketh (Police) talks with strange expression. Sat here in fire. Attack unmanageable. Believes devils are trying to murder him.

NAME. John McKinlay

STATE ON

Mental.

Exaltation Nil

Depression ?3

Excitement -

Enfeeblement Yes.

Memory impaired

Coherence -

Can answer questions? Yes

Delusions Thinks sees devil in all forms &c

Other Abnormalities

Bodily.

Appearance heavy & weak-minded

Skin healthy. Hair fair

Eyes blue Pupils react

Muscularity flabby. Fatness excessive

Nervous System—*Motor* -

Sensory -

Reflex Action - Special Senses

Retina

Lungs healthy

Heart ? extra sounds, faint systolic - Slight syphilitic hoarseness of voice.

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Right leg wasted slightly.

Appetite

Urine 1015 acid no albumen Deposit of urates.

Menstruation

Pulse 89 Temp. 98

Height 5 ft 9½ in Weight 13 st.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

419

NAME, John McKinley.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
11th Sept.						Has been quiet & reserved & quiet in habits. Sleeps well at night. Has frequent delusions - sees devils in clothes & the different windows.
14th "						Quiet. Sleeps well at night. Still sees devils & sees them in corners.
25th "						Stiff - semi-paralysed features not human with no energy & no power to do anything. Will lunge out & eat his food. Sees still active in delusion of seeing devils.
2nd Oct.						Same stiff stupid lump of clay with little if any animation or energy.
12/1/94						Is stupid and confused in mind speaks little and takes little interest in what is going on around him.

23. 7. 95

NAME,

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

421

NAME, John Glencorse *No.*

Admitted, 15th. Sept. 1893 *Pr. Ad.*

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

Education, *Religion,*

Private or Pauper, *Where from?*

HISTORY.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Causation. Hereal 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 Florence

STATE ON

Mental.

Exaltation None

Depression -

Excitement Subject to fits of restless excitement.

Enfeeblement

Memory good

Coherence Incoherent at times Can answer questions? Yes.

Delusions None elicited.

Other Abnormalities -

Bodily

Appearance Native, slender, general debility

Skin healthy. Hair fair.

Eyes Blue Pupils good

Muscularity fair Fatness fair

Nervous System—*Motor* -

Sensory -

Reflex Action Special Senses

Retina

Lungs Healthy

Heart Is extra weak, irregular. Systolic murmur audible.

Tongue clean. Bowels

Other Organs, Abnormalities, Bruises, &c.

Recent abrasion on top of head

Appetite -

Urine 1030 acid Contains Deposit of Urates

Menstruation

Pulse 82 Temp. 98

Height 5 ft 10½ in Weight 9 st.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

423

NAME, John Clemence.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16th Sept.						Was quiet when admitted, but last evening became very excited & required several men to prevent his doing harm to himself
18th "						still excitable, but seems to make himself very much worse than he really is. Is always worst at night. Taking his food well, but superficials never be better.
24th "						very much better, though he will not admit it. Speaks very hesitatingly as if afraid he were to make at every minute forgetting.
4th Oct.						Discharged recovered

NAME,

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

425

NAME, Hamilton Hall No.

Admitted, 19-IX-93 Pr. Ad.

Sex, M. Age, 37 Marriage, S. Occupation, Watchman

Education, Religion, P.?

Pauper or Pauper, Clerkenwell Where from? H Kirk of Hackney.

HISTORY.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated Cyp. since June 24th '93

Hered History—Insanity.

Other Diseases

Predisposing.

Exciting

Mental

Bodily

Mental

Bodily

Insane Habits and Propensities

Suicidal Refuses food & till very recently

Dangerous No.

Duration of Existing Attack since June 20th. 1893

Other Facts or Remarks

Facts of Medical Certificates

Dr. Hee [illegible] delusions - that he receives messages from God commands to take no food &c. Hallucin. of hearing & vision

NAME. Hamilton Hall

STATE ON

Mental.

Exaltation None

Depression None.

Excitement -

Enfeeblement -

Memory fair

Coherence Short

Can answer questions? Yes.

Delusions Suspicion Thinks &c

Other Abnormalities -

Bodily

Appearance Dirty, spit appearance.

Skin badly

Hair fair

Eyes blue

Pupils equal & react

Muscularity fairly good

Fatness fair

Nervous System—*Motor* -

Sensory -

Reflex Action equal

Special Senses Normal

Retina

Lungs Healthy

Heart Sl. irregular. fairly strong. No murmur.

Tongue clean.

Bowels

Other Organs, Abnormalities, Bruises, &c.

No marks of injury

Appetite -

Urine Acid No albumen or deposit

Menstruation

Pulse 85

Temp. 98

Height 5.7

Weight 11.4

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.

427

NAME, Hamilton Hall

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20th Sept.						Seems to have got over the worst of his attack. Appears to be very sensible – thinks he may be concealing some delusions – wd can be elicited. Talking his grandfather seem to make himself at home
25th.						Slightly depressed & inclined to be introspective but no definite signs of insanity have been shown. Is industrious working & endeavours to get home.
4th Oct						Still keeping well.

Discharged

NAME,

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

429

NAME, Robert Wotherspoon No.

Admitted, 24th Sept. 1893 Pr. Ad.

Sex, M. Age, 35 Marriage, M. Occupation, Labourer

Education, Religion, P

~~Private~~ or Pauper, Pauper. Where from? B/ 75 Bain St. Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated Workhouse (Inverness)

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting Intemperance

Symptoms. First.

Mental

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal ?

Dangerous yes.

Duration of Existing Attack 3-4 wks.

Other Facts or Remarks

Facts of Medical Certificates

Dr. McHenrick Thinks he is — a hypothesis & that his wife is in asylum.

NAME, Robt. Witherspoon.

STATE ON

Mental.

Exaltation Stat.

Depression -

Excitement restless & talking

Enfeeblement -

Memory fair

Coherence Chat. Can answer questions? Yes.

Delusions Wandering & unconscious.

Other Abnormalities

Bodily

Appearance Silly. smiling man.

Skin healthy Hair fair

Eyes blue Pupils equal

Muscularity fair Fatness fair

Nervous System—*Motor* -

Sensory -

Reflex Action equal Special Senses normal.

Retina

Lungs Healthy.

Heart & skin normal.

Tongue - Bowels

Other Organs, Abnormalities, Bruises, &c.

Marks grips

Appetite

Urine 1015 straw. neutral Chlorides deficient

Menstruation

Pulse 89 Temp. 98

Height 5.6 Weight 9st.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

431

NAME, Robert Wotherspoon

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25th Sept.						Facile, smiling ~~weakly~~ man. Thinks he is being detained by necessity & is in good spirits over it. Evidently is this case. Has taken very well to his new surroundings.
27th "						Same smiling simple simpering man. Is at work. & taking food well
4th Oct.						Talks rationally if kept off delusions. Knows on them he talks not incoherently.
25th "						a silly laughing creature. easily pleased. Symptoms not likely to last than a simple
13/1/94						Condition unchanged. His wife visited him about New Year but it did not put him into any unusual state, he showed the utmost indifference to her or to getting home.
8. 3. 95						Condition is unchanged. He is still a silly smiling indifferent man.
15. 4. 95						Discharged to the care of his wife on a Requisite of the City Parochial Board Glasgow.

NAME,

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

433

NAME, Henry Morgan — No.

Admitted, 26th Sept. 1893 — Pr. Ad.

Sex, M. — Age, 30 — Marriage, M. — Occupation, Collier

Education, — Religion, R.C.

~~Private~~ or Pauper, Cold Rutland — Where from? W/ 97 Lowfield Crag Cathedge.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First — *Kind*

Duration — *Where treated*

Hereal History—*Insanity.* Father was Sentenced.

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack few days.

Other Facts or Remarks

Facts of Medical Certificates

1. Dr. Wheeler (1) assaulted - fought when his wife a wife.
   (2) Slight tic fits of excitement
2. Dr. Simpkins (1) Cerebro, mania, delusions, depression about
   (2) Bodily weakness.

NAME, Henry Morgan.

STATE ON

Mental.

Exaltation -

Depression -

Excitement very excited at times

Enfeeblement -

Memory fair

Coherence clear Can answer questions? Yes

Delusions -

Other Abnormalities

Bodily

Appearance Restless. wild excited appearance.

Skin healthy Hair dark

Eyes brown Pupils equal

Muscularity good Fatness fair

Nervous System—*Motor* -

Sensory -

Reflex Action good Special Senses normal

Retina

Lungs healthy

Heart 1 extra faint stm. - valve sounds muffled

Tongue clean. Bowels

Other Organs, Abnormalities, Bruises, &c.

Wounds & old injury on left pinna.

Appetite -

Urine

Menstruation

Pulse 88 Temp. 98

Height 5 ·· 3 Weight 9 ·· 8

Disease - *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

435

NAME, Henry Slagar

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
27th Sept.						Is very down & sullen at times but is subject to periods of excitement & restlessness. Was violent last night. This morning is back to sullen state.
29th "						When at tea last night. fell down on floor apparently (in an epileptic fashion) but he had fainted. Very restless all night
4th Oct.						Is not improving. Morose & sullen. refuses to speak & seems best when left alone.
14th "						Has been sleeping in dormitory for last few nights. but last night became excited - jumped upon tables & broke a pane of glass. then thrown himself on his bed & worked himself into excited state - smelling similar to that on 28th
25th "						At this still very excited & restless. & is not improving in the least.
13/1/94						Is excitable, threatening in his language and actions at times. He speaks in a silly loose fashion, but is much improved.

27. 4. 94

NAME,

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

437

NAME, Hugh Lamlie No.

Admitted, 30th Sept. 1893 Pr. Ad.

Sex, M. Age, 58 Marriage, M. Occupation, Weaver

Education, Religion, P.

~~Private or~~ Pauper, Pauper. Where from? W/ Main St. Larkhall.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack 2 weeks.

Other Facts or Remarks

Facts of Medical Certificates

1. Dr Wilkinson (1) restless, sleepless, excited, & hurts. Hurts his wife & (2) My throat & head & he struck

NAME, Hugh Lawrie

STATE ON

Mental.

Exaltation Happy.

Depression –

Excitement very excited & talkative

Enfeeblement

Memory Can't be tested

Coherence incoherent

Delusions Hears voices talking

Can answer questions? No

Other Abnormalities

Bodily.

Appearance old woman man.

Skin dirty

Hair grizzled

Eyes blue

Pupils equal - dilated

Muscularity poor

Fatness poor

Nervous System—*Motor*

Sensory

Reflex Action good

Special Senses normal

Retina

Lungs Pneumonia with rales. Rattling sounds & few constitutional sounds

Heart Is rather feeble & strong - systolic murmur.

Tongue furred.

Bowels

Other Organs, Abnormalities, Bruises, &c.

Bruises & scratches fingers.

Appetite –

Urine 1030 with Hyaline Deposit & Pus

Menstruation

Pulse 82 - Radials atheromatous.

Temp. 98

Height 5ft 6

Weight 7st 1

Disease Acute Mania

Skae's Classification Senile

General Bodily Health and Condition Poor.

PREDOMINANT FEATURES.

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

439

NAME, Hugh Lawrie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1st Oct.						Very restless all last night. This morning is more settled & is able to talk a little. Recognises those around all friends. In poor & emaciated physical condition.
3rd "						Still restless. Talks a little. Taking his food very well & is not quite so noisy as he was.
7th "						A restless delirium - very restive at times & rather artful in his answers. Is improving. Bodily health very indifferent.
15th "						Hughie is still in bed. He is taking his food better & is not so restless. Talks more sensibly & is somewhat amusing at times
25th "						Hugh is able to be up & says he has been taking out his. Quiet, rather pleasant to speak to. Very stupid expression. Is improving.
13/1/911						Is stupid and silly. He cannot answer simple questions properly and is easily contented if he exists"

29.5.95

NAME,

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

441

NAME, Hugh Robertson No.

Admitted, 5th Oct. 1893 Pr. Ad.

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

Education, Religion, Re

Pr~~isoner~~ or Pauper, City, Glasgow. Where from? W 29 Norman St.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 3 *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 few days.

Other Facts or Remarks

tried to throw himself in Dr. this wh ct at attn a month.

Facts of Medical Certificates

1. Dr. Johnstone. ✝ Home - ab tries excited. Suicidal.
   ✝ tried to go out window & road.
2. Dr. Robertson ✝ Is excited to commit suicide
   ◯ required rather treatment.

NAME. Hugh Robertson

STATE ON

Mental.

Exaltation –

Depression marked.

Excitement –

Enfeeblement None.

Memory good

Coherence clear Can answer questions? Yes

~~Delusions~~? tired of life.

Other Abnormalities

Bodily

Appearance anxious - depressed

Skin healthy Hair black

Eyes Both. Sight of left eye bad - right eye fair. Pupils Right eye dilated. Left not regular

Muscularity fair Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses sight?

Retina

Lungs Healthy.

Heart Is action weak, regular. 1st sound indistinct at apex -

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

None.

Appetite

Urine 1026 acid albumen Deposit Mucous

~~Menstruation~~ missing

Pulse 86 Temp.

Height 5. 5" Weight 8 - 9

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.

443

NAME, Hugh Robertson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6th. Gds.						Quiet - depressed - suicidal - says he tried to poison himself & hanged himself, would like to do it again. Slept a little last night. Has been sleepless for some nights.
9th. "						Quiet. Works quite sensibly when spoken to. Seems brighter than before.
12th. "						Outside working & took this ad. exp.
16th "						Seems quite at home. is depressed & still suicidal. Is not retrieved so. speaks sensibly.
27th. "						Was very depressed yesterday & did not treat himself suicidally but refuses to do anything.
15/1/94						Is still taken to depressed fits and then takes pleasure in nothing. In the intervals he is quiet and industrious though never cheery.

3. 2. 94

NAME,

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

445

NAME, Wm. Prentice *No.*

Admitted, 6th Oct 1893 *Pr. Ad.*

Sex, M. *Age,* 14 *Marriage,* S *Occupation,* —

Education, *Religion,* P

~~*Prisoner*~~ *Pauper,* Bothwell *Where from?* 7 Dromiecroft Rows Bothwell.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 7/3. *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 7/3

Duration of Existing Attack indefinite.

Other Facts or Remarks

Facts of Medical Certificates

1/ Mrs. Wilson (1) very excit. incoh. Cannot understand simple questions.
(2) destroys clothes without cause. Smears everything

2/ Dr. Wilson (1) very excit.
(2) Hits about violent indeed.

NAME. Wm Prentice

STATE ON

Mental.

Exaltation -

Depression -

Excitement restless raving

Enfeeblement yes.

Memory confused

Coherence wild (often) Can answer questions? sometimes.

Delusions -

Other Abnormalities

Bodily

Appearance ill-developed body - bald shaved head & low-type of expression

Skin healthy Hair fair

Eyes Nystagmus (Lt. strabis. of Right eye) Pupils equal - dilated & react

Muscularity fair Fatness fair

Nervous System—*Motor* .

Sensory .

Reflex Action normal Special Senses normal.

Retina

Lungs healthy

Heart Is well fair rhythm. good rhythm no murmurs.

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

Both knees have superficial abrasions.

Appetite

Urine 1022 acid alkali micky no albumin deposit of phosphates.

Menstruation

Pulse Temp.

Height 4. 8½ Weight 65.

Disease *Skae's Classification*

General Bodily Health and Condition indifferent

PREDOMINANT FEATURES.

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

447

NAME, Wm. Prentice

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
7th						A miserable. ill. developed boy - crying for his mother. says they have had no education. & has picked up what he knows from street-gossip. Head & body very well developed
9th						Is getting down wonderfully well & thanks to nurses change is still very emaciated. Skin dirty & covered with scabs.
10th	-					He & Archie Welsh are great friends & they are like after the other. Will keep together. Willie is still bedridden is very & does not seem quite to understand where he is
13/12/93						No change.
1st Jan. 94						Discharged as recovered

NAME,

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

449

NAME, James Watson No.

Admitted, 7-X-93 Pr. Ad.

Sex, M. Age, 59 Marriage, M. Occupation, Hodsman Heaver

Education, Religion, P

~~Private~~ or Pauper, Lunatic Where from? W/H High St. Lanark

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. second Kind

Duration July & Aug '83 Where treated Bothwell '83

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 about month

Other Facts or Remarks

Facts of Medical Certificates

1st. Violent - (a) Excited. Thinks he has several disease
(b) Unmanageable - Tries to strike the Att
2d. Violent (a) excited & violent - Tears with the
(b) Has attempted suicide

NAME, James Watson

STATE ON

Mental.

Exaltation –

Depression very marked

Excitement restless & excitable

Enfeeblement –

Memory fair

Coherence short — Can answer questions? Yes

Delusions that he is damned. that his friends have left him.

Other Abnormalities

Bodily

Appearance very dark set. depressed type of anaemia

Skin pallid. — Hair grizzled

Eyes blue — Pupils equal & react

Muscularity good — Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action active — Special Senses normal.

Retina

Lungs healthy

Heart ♡ action feeble & irregular. systolic murmur.

Tongue clean. — Bowels

Other Organs, Abnormalities, Bruises, &c.

anaemia of red cells. throat injected.

Appetite

Urine 1025 acid no albumen & deposit of urates.

Menstruation

Pulse 79 — Temp. 98

Height 5.4½ — Weight 10 St 6.

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

451

NAME, James Watson.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
8th Oct.						Is going well to-day & slept a little last night. Is very delusive thinks he has red dirt under skin. Thinks that accounts for "hot spots" on each side of his head. Feels most afraid morning, as great voices as can be.
10th "						Was very excited yesterday & would not allow anyone with him except himself to-day quieter.
11th "						Last night he suddenly got out of bed, made most desperate attack on night attendant. Thinks they had tried to kill him. Required 3 men to restrain him. Seems quite worn out to-day.
18th						Still excited & delusive as ever. is not improving
27th "						Suspicious & excitable & full of delusions as ever. Thinks hair on fire, wants chop the head off.
13/1/94						Is still a little dull and depressed but is greatly improved. He is quiet well behaved. and answers to questions

16.1.94

NAME,

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

453

NAME, Matthew Costello No.

Admitted, 11th. Oct. 1893 Pr. Ad.

Sex, M. Age, 26 Marriage, S Occupation, Miner.

Education, Religion, R.C.

Pauper, Shotts Where from? Grange Road Dykehead Shotts

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 2nd. Kind —

Duration — Where treated Lodal VCRA.

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes

Duration of Existing Attack 2 Months.

Other Facts or Remarks

Facts of Medical Certificates

1 Dr. Blair (1) Sullen fierce & very dirty. Has been noisy & violent at the police cell

2 Dr. Caldwell (1) Incoherent refuses to answer questions. (2) Refuses food & threatens violence

NAME. Matthew Costello

STATE ON

Mental.

Exaltation –

Depression marked.

Excitement –

Enfeeblement

Memory very much struck

Coherence ↑ Can answer questions ↑

Delusions ? .

Other Abnormalities

Bodily

Appearance heavy clothes

Skin clammy. Hair sandy.

Eyes blue Pupils equal dilated. sluggish

Muscularity fair Fatness fair

Nervous System—*Motor* –

Sensory –

Reflex Action equal Special Senses normal.

Retina

Lungs Healthy.

Heart is active rather. regular. sounds very indistinct.

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

None.

Appetite fair

Urine 1032 with deposit & epithelial flakes.

Menstruation –

Pulse 58 Temp. 98

Height 5.7¼ Weight 10 St 2.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

455

NAME, Matthew Costello

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12th						Dull - sullen. refuses to speak. r is restless. talks to himself. at times quite alert to his surroundings. Has state of mania decidedly
14th						Still very much as above. Still quiet & refusing to speak
16th						Is taking very little proper - groaning & rocking himself. At times talks.
27th						Very confused when talks. Laughs to himself & sports with hands in pockets. Seems harmless. Is not improving.
15/1/94						Is very stupid, and requires to be looked after. he refuses to answer any question addressed to him and speaks to no one

29.5.95

NAME,

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

457

NAME, John Hall *No.*

Admitted, 12th. Oct. 1893 *Pr. Ad.*

Sex, M. *Age,* 72 *Marriage,* W. D. *Occupation,* Dealer.

Education, *Religion,*

Prisoner Pauper, Leavenworth. *Where from?* S. Wm. Asylum Dal. Leavenworth

HISTORY.

Disposition

Habits

Previous Attacks—No. 3rd. *Kind*

Duration *Where treated* Dunfries 4 months '74

Causation. Hereal 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 Months

Other Facts or Remarks

Facts of Medical Certificates

1) Dr. Dawson (1) excited. talks wildly from phrenology. Mind unbalanced

(2) violent when first brought here

2) Dr. Clark (1) excited. excited. full of delusions

(2) Insane talks. delusions & incoherent

NAME. John Hall.

STATE ON

Mental.

Exaltation very marked.

Depression —

Excitement restless & talkative (hoarse).

Enfeeblement —

Memory fair

Coherence incoherent Can answer questions? Yes.

Delusions Thinks is at fight in prison — workmen passing all round.

Other Abnormalities

Bodily

Appearance pale pasty complexion. well-nourished frame.

Skin dry. Hair grizzled

Eyes blue. Pupils contracted equally - react slug.

Muscularity fair Fatness fair

Nervous System—*Motor* —

Sensory —

Reflex Action equal Special Senses normal?

Retina

Lungs Percussion note normal - murmurs rales on back above clavicle.

Heart Sounds feeble - regular. 1st sound indistinct - 2nd sound accentuated.

Tongue furred. Bowels

Other Organs, Abnormalities, Bruises, &c.

Remarks Injuries
Left by scratches

Appetite

Urine 1005 pale neutral No albumin No deposit

Menstruation

Pulse 76 Temp. 98

Height 5ft 9 Weight 10 St.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

459

NAME, John Hall

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13th.						Talks incessantly & is busy arranging all his belongings. Has quite ideas of his own importance & takes delight in parading himself forward.
16th.						John is there in the D of Thursday he is talking as much as ever, he is a phrenologist. He has "reading" rules & rule of a very flattering character.
27th.						Still very restless & is a true "wild boy". Has spoken with them a few days ago.
13/1/94						Is talkative restless and often gets into trouble with the others present by his interference with them though this is kindly meant on his part

24. 6. 95

NAME,

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

461

NAME, Lauchlan McKinnon No.

Admitted, 12th Oct. 1893 Pr. Ad.

Sex, M. Age, 58 Marriage, > Occupation, Labourer

Education, Religion, P

Private or Pauper, Delpit. Where from G. Mt Cranston 18 Fiddes St Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Hereditary History—Insanity.

Other Diseases

Predisposing.

Exciting Drink

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack one week

Other Facts or Remarks

Facts of Medical Certificates

1. Mr. Jones (1) Has due senility Dt is ind. K. Macpherson
(2) Cut his throat latly

2. Dr. Hyslop (1) Is hurt & dirs to die. suicidal
(2) Dirs to kill himself = insane.

NAME, Lauchlan McKinnon

STATE ON

Mental.

Exaltation —

Depression marked.

Excitement —

Enfeeblement ?

Memory seems impaired

Coherence clear Can answer questions? Yes & good education

Delusions that earthly & spiritual are against him.

Other Abnormalities —

Bodily.

Appearance exhibition — looks debilitated. Long - dry aspect.

Skin dark Hair grey

Eyes grey Pupils small. Reacts

Muscularity fairly good Fatness fair

Nervous System—*Motor* —

Sensory —

Reflex Action good Special Senses normal?

Retina

Lungs healthy

Heart is extra sick. Sounds indistinct. Valves diseased.

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Hankerchief cut throat.

Long cicatrix on right side - which is greatly deformed.

Appetite —

Urine 026 acid No albumin Sediment

Menstruation

Pulse 78 Temp. 98

Height 5ft 6 Weight 9st 8.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

463

NAME, Lauchlan McKinnon

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13th Oct.						Dull & listless. grows away & himself & seems in a very miserable state. Talks to himself quite rational & does not seem in a very good state
16th						He seem getting more miserable during last few days & last night became quite unmanageable, & to-day is in a restless excited yet very depressed state. His refused food was fed this morning. Pulse respirations 92 & temp. 98 & three drops Opt. Cast night. Slept for 6 hours & to-day is more settled & taking his food himself.
23rd						Has been going well since 17th, up till yesterday when he got restless & excitable. Today has refused food & is very restless & confused.
27th						Is better again. taking his food & not so restless. Leg is not improving.
13/1/96						Is able now to get up out of bed. where he was being treated for chronic indolent ulceration of the foreleg. He is quiet answers questions quietly and well but is stupid and dull still. His bodily health is weak.

23. 7. 95

NAME,

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

465

NAME, Alexander Dobson No.

Admitted, 13th Oct. 1893 Pr. Ad.

Sex, M. Age, 44 Marriage, M. Occupation, Miner.

Education, Religion, P.

Pauper, Not Admitted Where from? U/89 Bothwell Parkhouse Bellshill.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. First *Kind*

Duration *Where treated* Surgie

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting Drinking

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous Yes.

Duration of Existing Attack Months or Past

Other Facts or Remarks Got 4 yrs hard imprisonment for assault on father in law.

Facts of Medical Certificates

Yes. Chronic Alcoholism. Thinks he is possessed of great wealth. G.P.

NAME, Alexander Dobson

STATE ON

Mental.

Exaltation marked. quick suicidal. Tries for a pipe & tobacco etc etc.

Depression —

Excitement marked. talkative & destructive

Enfeeblement marked.

Memory confused

Coherence incoherent Can answer questions? simple ones

Delusions of an extravagant character.

Other Abnormalities —

Bodily

Appearance very elated.

Skin clammy. Hair fair

Eyes blue. Pupils left eye larger than right - both react slug.

Muscularity fair Fatness fair

Nervous System—*Motor* Skilled bodily & life. tongue tremb. Gait impaired. Speech slow & halting. understands no regn

Sensory unimpaired.

Reflex Action ? Knee & Plantar reflex increased. Special Senses —

Retina

Lungs Healthy.

Heart 1st sound reduplicated & soft systolic murmur.

Tongue furred. tremulous. Bowels

Other Organs, Abnormalities, Bruises, &c.

Does not sleep. (Appetite should state)

Appetite —

Urine 1022 acid pale No albumen Sediment

Menstruation .

Pulse 82 Temp. 98

Height 5. 4½ Weight 8 St 6.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

467

NAME, Alexander Dobson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14th Oct.						very talkative & restless. Hates crowded appointments, walks about. Has rather crazy idea with regard to [illegible] going to blow up Chains etc. But – few minutes after was to give me a new suit of gold &c. Delusions most extravagant. Is worth 40 millions. I will give £1000 for a piper threepence. &c &c. Was very violent & troublesome last night.
18th -						Is getting accustomed to place & giving very little trouble.
27th -						Gets very excited every 2nd or 3rd night, but sulphonal gr 40 every 2nd or 3rd night keeps him quiet. giving no trouble. Delusions as previous to ever. Is giving no trouble
13/1/94						Is restless, troublesome, talkative and has delusions of a grandiose nature he can do impossibilities and is sorry great man you could mention his usual assumed name is "Captain Osborne" He is a typical G. P.

19.7.95

NAME,

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

469

NAME, Dennis Gibbon No.

Admitted, 17th. Oct. 1893

Sex, M. Age, 28 Marriage, S. Occupation, Miner

Education, Religion, R.C.

~~Private~~ or Pauper, Bothwell Where from? 39 Newland Ave Bothwell.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. 2 *Kind*

Duration *Where treated* Bothwell & Gartnavel

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 Two weeks

Other Facts or Remarks

Facts of Medical Certificates

I. S. Wilson (1) Hallucinations of sight & hearing. Excited

(2) Dirty in habits

J. S. Clark (1) Excitable manner & conduct. Hears voices telling him

(2) What to do with his wife.

NAME, Dennis Gribbon

STATE ON

Mental

Exaltation No

Depression -

Excitement restless & excited

Enfeeblement -

Memory good

Coherence incoh

Can answer questions? Yes

Delusions Fights with spirits etc

Other Abnormalities -

Bodily

Appearance peculiar cyanosis - pectus incavatus.

Skin clammy.

Hair fair

Eyes blue.

Pupils equal react

Muscularity fair

Fatness fair

Nervous System—*Motor* -

Sensory -

Reflex Action equal

Special Senses Normal.

Retina

Lungs Dullness with impaired at right base, no bs expansion. Shallow breathing hard, rhonchi & rales at both lungs.

Heart ds rate quick, irreg, regular no murmurs - 2nd sound (Pulmonic) +

Tongue -

Bowels

Other Organs, Abnormalities, Bruises, &c.

No marks of injury

Appetite

Urine sp gr acid trace albumin Deposit of crystals.

Menstruation -

Pulse 98

Temp. 99.2

Height 5'.. 6½

Weight 8 St 6.

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.

471

NAME, Dennis Gribbon.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18th Oct.						very restless. tossing this evening about & speaking in a jerky rambling way. can clap answer quite readily tongue a little coated. skin cool. His face seems drawn to left side when he speaks.
20th						Outside working. injection about rather freely. Is as restless as ever.
27						No change.
12th/11/94						Is still stupid and confused - with no ambition or surplus energy. He is apparently quite contented as he is

23.7.95

NAME,

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

473

NAME, William Craik No.

Admitted, 26- X-93 Pr. Ad.

Sex, M. Age, 61 Y Marriage, S Occupation, Soldier

Education, Religion, P.

~~Inmate~~ Pauper, Yelton Where from? M St. Andrews St Cuthbert's Hospl.

HISTORY.

Disposition

Habits

Previous Attacks—No. First Kind

Duration Where treated

Causation. Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting Paralysis

Symptoms. First. Mental

Bodily

Recent. Mental

Bodily

Insane Habits and Propensities

Suicidal No

Dangerous No

Duration of Existing Attack several weeks.

Other Facts or Remarks

Facts of Medical Certificates

1 C. C. Insane ~~&~~ Cert. was again signed, first letter is dim
2nd Thinks Case is Hemiplegic

1 C. C. Insane ~~&~~ Partial general Paralysis. Case in District
2nd Recently resident. Thinks he is imposing in Hemiplegic.

NAME, William Craik

STATE ON

Mental.

Exaltation

Depression Stupid.

Excitement restless. resigned.

Enfeeblement marked.

Memory Bad

Coherence incoherent Can answer questions? No

Delusions State of restless confusion - counting money etc.

Other Abnormalities

Bodily.

Appearance Old decrepit

Skin dry Hair grey.

Eyes grey Pupils equal - contracted

Muscularity fair Fatness fair

Nervous System—*Motor* restless.

Sensory

Reflex Action equal & easily excited Special Senses Deaf. Sight?

Retina

Lungs Respiration rate raised & jerky - Expirat. prolonged & moist sounds heard.

Heart is rate rapid, irregular. Sounds almost inaudible. Artery atheromatous.

Tongue clean - Bowels

Other Organs, Abnormalities, Bruises, &c.

None.

Appetite

Urine 1015 acid Albumen & deposit

Menstruation

Pulse 72 Temp. 98

Height 5' 9" Weight 9.

Disease Senile Mania *Skae's Classification*

General Bodily Health and Condition Poor.

PREDOMINANT FEATURES.

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

475

NAME, Wm. Craik

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24th Oct						Very restless confused. Sister here in Manchester. Died at Strangeways to-day. Seems to have little appetite for his food.
13/1/94						Is confined to bed by general nutri weakness. He is stupid and confused Speech slow and difficulty in articulation. Tremor of the muscles brought out on the right hand insertion, pupils unequal fair feeble reflexes abolished. He has little appetite, and dribbling urine

21. 11. 94

NAME,

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

477

NAME, Dennis Mc Vey No.

Admitted, 3rd November, 1893 Pr. Ad.

Sex, M. Age, 49 Marriage, married Occupation, Labourer

Education, Religion, R.C.

~~Private or~~ Pauper, Old Monkland Parish Where from? Coatbridge

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered History—Insanity. No friends known to have been insane

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental 2 fits the unconscious stage of which was succeed by complete incoherence.

Bodily Paralysis of left side.

Symptoms. Recent.

Mental Enfeblement with complete incoherence

Bodily Paralysis of left side.

Insane Habits and Propensities

Suicidal -

Dangerous -

Duration of Existing Attack Some days

Other Facts or Remarks

Facts of Medical Certificates

I Wm Mc Cracken { He lies in bed, takes no interest in anything or anyone around him, is unable to answer any questions put to him. He is incoherent.

Wm Whyte. He takes no notice of things around him cannot understand questions put to him His talk is quite unintelligible.

NAME. Dennis H: Vey

STATE ON

Mental.

Exaltation

Depression

Excitement

Enfeeblement He is in a state of Dementia evidently from organic disease of the brain.

Memory a blank

Coherence Completely incoherent. Can answer questions? No.

Delusions None.

Other Abnormalities He walks about aimlessly, when seated is listless and apathetic

Bodily.

Appearance Dull

Skin healthy Hair Greyish brown

Eyes Areas Senilis slightly developed Pupils equal, ovoid in shape. Sensitive

Muscularity fair Fatness average

Nervous System—Motor He suffers from partial paralysis of the left side of the face & trunk and limbs

Sensory Diminished slightly

Reflex Action Slightly exaggerated in Left Side Special Senses —

Retina —

Lungs Apex of Left lung Diminished Respiratory movement Jerky respiration with Mucous Rales Slight dulness & depression below Clavicle

Heart Mitral Systolic murmur at aortic area & Epigastric Pulsation

Tongue coated. Bowels —

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine C

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.

479

NAME, Dennis McVey

DATE. 1893	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5th Nov.						Is able to be up out of bed, is quite rational in his talk and answers in manner and conduct. He is tidy in his habits
15/11/93						Has brightened up considerably able to answer simple questions correctly and unhesitatingly is not yet capable of giving any account of himself.
24/11/93						Quite contented with himself and his surroundings at times he is dreamy
13/1/94						Has had several congestive attacks & threatened attacks during the latter the half (right) of the body is subject to clonic spasms. The superficial reflexes are exaggerated, and easily excited to action the slightest touch is sufficient to cause this
3/3/94						Has had another slight shock. after this he became very restless and was always Chasing some imaginary object his delusions were transitory at one time he saw fires at other times tigers &c
14/5/94						He has been in bed for 3 days. General twitching of all the muscles. He speaks in a hesitating & jerking manner & sees all manner of strange things This morning he told me he saw a lion at his bed post.

23.7.95

NAME,

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

481

NAME, John Lewis No.

Admitted, 7th Nov. 1893. Pr. Ad. has previous ad.

Sex, M. Age, 40 Marriage, Single Occupation, Vagrant

Education, none Religion, R.C.

Private or Pauper, Pauper Parish Where from? Inverness.

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 Smoker & Heavy Drinker

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

A vagrant previous history unknown
He states that he was born in Swansea and has been wandering through Scotland for 5 years.
The only illness he acknowledges having had was venereal but whether this was gonorrhoea or Syphilis there is no proof.

Facts of Medical Certificates

Dr. Robertson — Calls himself Lord John Lewis a member of the House of Lords. Incoherent and talkative. He has written letters to the Duchess of Buccleuch whose daughter he imagines he is to marry.

Dr. Dunlop — He believes himself to be a Lord and a member of the Upper House. He has rolls of paper which he imagines show his right to landed property.

NAME,

STATE ON

Mental.

Exaltation He imagines himself to be everything great, shows a roll of dirty newspaper which he states is his marriage license

Depression

Excitement he is excited

Enfeeblement ?

Memory Fair

Coherence Partial Incoherence Can answer questions? Yes.

Delusions He thinks he is to be married to the Duchess of Buccleugh and has other delusions of grandeur and wealth.

Other Abnormalities

Bodily

Appearance Skin complexion good.

Skin Marks of old injuries rodent ulcer Hair Skin black.

Eyes injected conjunctivae Pupils unequal. left being dilated

Muscularity indifferent. Fatness Thin.

Nervous System—*Motor* Defective, He is generally weak. but the left right side is of anything weaker He walks with a slight dragging foot

Sensory normal

Reflex Action Exaggerated Ankle Clonus Special Senses normal

Retina

Lungs

Heart

Tongue Furred dry when protruded deviates to right side Bowels Regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine contains nothing abnormal

Menstruation —

Pulse normal Temp. normal

Height Weight 9 st. 10

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13/11/93						Still full of delusions of great grandeur and wealth. He is better and very silly in his talk. No change in his bodily condition.
15/11/93						No change in his mental condition — if anything he is more settled.
24/11/93						Is working out. No change mentally. Still has delusions and calls his mother "Lady Lewis"
13/1/94						Mental condition unchanged.
						Discharged recovered

NAME,

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

485

NAME, John Levi Morland — No.

Admitted, 13th November, 1893. — Pr. Ad. 1st attack of Ins.

Sex, M. — Age, 40 — Marriage, Single — Occupation, Clerk

Education, — Religion, Protestant

~~Private~~ or Pauper, Parish of Inch. — Where from? 13 Dalrymple St Stranraer

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hereditary History—Insanity. Father was insane & a patient in this Asylum

Other Diseases Son has been in Gloucester Asylum & Dumfries

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Said by his father to be a masturbator

Facts of Medical Certificates

Dr Scott — Talks incoherently is easily excited, has a cunning look. Refuses to answer questions He attacked his father and mother

Dr Munro — He is restless and excited in his appearance Cannot answer questions correctly and changes suddenly from one subject to another.

NAME. John Levi Morland.

STATE ON

Mental.

Exaltation

Depression

Excitement Got so excited that he attacked his mother and father

Enfeeblement His mind is greatly weakened. When asked his name in full he looks stupid and says "19"

Memory Very defective

Coherence Incoherent Can answer questions? With difficulty Simple ones

Delusions —

Other Abnormalities

Bodily

Appearance Dull heavy and fatuous

Skin healthy Hair brownish plentiful

Eyes — Pupils unequal

Muscularity indifferent Fatness very fat

Nervous System—*Motor* Nothing abnormal generally weak.

Sensory sluggish

Reflex Action normal Special Senses Nothing special

Retina

Lungs Apparently healthy

Heart V.S. + V.D murmurs

Tongue furred breath foul Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite good.

Urine large watery deposit no albumen.

Menstruation

Pulse 70 & 8 beats irregular Temp. normal

Height 5ft 6½ Weight 13 St.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15/11/93						Very stupid. He repeats questions addressed and seems as a rule not to understand. Stand Mute. Sometimes he understands the questions and jerks out an answer which is only correct when the question put is very simple. His mental operations are very slow.
24/11/93						He is a little more active, & more ready to tell about himself but his talk is extremely silly and childish
31/12/93						Is very silly. When asked a question he mockingly repeats part of the question with a silly leer. He does no work and requires constantly to be looked after.
13/1/94						Is very silly foolish and childish in his talk - and very incoherent.
29/3/94						Mental condition unchanged

5. 7. 94

Discharged

NAME,

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

489

NAME, John Agnew No.

Admitted, 25th November 1893 Pr. Ad.

Sex, Age, 19 Marriage, Single Occupation, Stonebreaker

Education, Religion, Protestant

~~Private or~~ Pauper, Auchencairn Parish Where from? Auchencairn Kirkcudbright

James Gibson Inspector.

HISTORY.

Causation.

Disposition /

Habits drink? supposed cause.

Previous Attacks—No. / Kind /

Duration / Where treated /

Hered History—Insanity. finds None known. to be or have been insane

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes

Duration of Existing Attack 5 days

Other Facts or Remarks

Facts of Medical Certificates

Dr Johnstone { Is sleepless, will answer no questions & refuses food. He has been smug and hearing spirits talk to him.

Dr McIntyre { Sleeplessness, rambling incoherence of speech mistaken identity of people has delusions

NAME,

STATE ON

Mental.

Exaltation –

Depression Yes. Some depression exists

Excitement Was excited at first.

Enfeeblement In a stuporous condition, sleepless, speechless and refusing food.

Memory

Coherence Incoherent Can answer questions? Yes.

Delusions Numerous he sees Spirits + talks to them, he mistakes the identity of those around him.

Other Abnormalities

Bodily

Appearance Dull and heavy

Skin normal Hair light brown

Eyes Grey Pupils unequal right larger than left

Muscularity average Fatness average

Nervous System—*Motor* normal

Sensory blunted

Reflex Action good Special Senses normal

Retina –

Lungs Healthy weakly developed chest

Heart First sound booming, action slow and irregular, epigastric pulsation

Tongue Coated Bowels Costive

Other Organs, Abnormalities, Bruises, &c.

Appetite bad.

Urine normal?

Menstruation –

Pulse 60 slow, irregular compressible Temp. normal

Height 5ft 6. Weight 8 st. 9.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

491

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24/11/93						He is in a stuporose condition yet. He only speaks when pressed hard for an answer. His answer is always given some time after the question is addressed to him and is monosyllabic. He only takes his food under compulsion
31/12/93						Up till date he has improved very much, been industrious, quiet and well doing. To night he is quite stupid and confused, dribbling from the mouth will not answer questions addressed to him or take any interest in his surroundings He requires to be fed
13/1/94						Is very stupid requires to be fed and sits all day in one attitude, careless about his personal appearance, the saliva trickles from his mouth over onto his clothes.
29/3/94						Chilblains from which he has been suffering in both legs are now better he is more active but is quite rambling and disconnected in his talk and aimless in manner.
11/8/94						Today patient was discharged, recovered.

NAME,

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

493

NAME, John Richardson No.

Admitted, 29th Nov. 1893 Pr. Ad. In this Asylum before

Sex, M. Age, 39 Marriage, Single Occupation, mason

Education, — Religion, protestant

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

HISTORY.

Causation.

Disposition

Habits Intemperance in drink

Previous Attacks—No. Kind of similar nature

Duration Where treated Southern Counties Asylum

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities Intemperance in drink

Suicidal -

Dangerous Yes

Duration of Existing Attack few days

Other Facts or Remarks

Gland enlargement are swollen
marks of old glandular
abscess in this region are
present on the left side

Facts of Medical Certificates

Dr Grange { He is in a cataleptic state eyes staring he does not speak nor does he recognize anyone

D. Hutchie { Face fixed expression stupid eyes vacant he will not speak Hearing very dull

NAME,

STATE ON

Mental.

Exaltation

Depression

Excitement Very excited struggles violently and aimlessly with the attendants

Enfeeblement –

Memory

Coherence Incoherent Can answer questions? No

Delusions Numerous based on illusions & hallucinations

Other Abnormalities

Bodily.

Appearance wild and sallow

Skin tinged yellow Hair brown sparse

Eyes grey Pupils unequal sluggish left larger

Muscularity good Fatness average

Nervous System—*Motor* normal.

Sensory normal.

Reflex Action good Special Senses good

Retina /

Lungs healthy

Heart Vent. systolic murmur heard best at apex

Tongue furred & moist fair appetite good Bowels Costive

Other Organs, Abnormalities, Bruises, &c.

Appetite good.

Urine cannot be obtained

Menstruation

Pulse small wiry Temp. normal.

Height 5 ft 6 Weight 104 8

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

495

NAME, John Richardson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4/12/93						Is still excited though much quieter than on admission. He takes his food well and seems to realize his position though in a dim sort of way.
21/12/93						Is now almost well, only confused a little about a week ago he was still troubled by his old delusions.
4/1/93						Is quite well and likely soon to be discharged.
8/1/94						Discharged as recovered.

NAME,

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

497

NAME, James Lithgow No.

Admitted, 4th December 1893 Pr. Ad. 2

Sex, M. Age, 40 Marriage, Occupation,

Education, Religion, Protestant

~~Private or~~ Pauper, Parish of Lanark Where from? Lanark

HISTORY.

Causation.

Disposition

Habits Intemperance in drink

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 Intemperance in drink

Suicidal Yes

Dangerous Yes

Duration of Existing Attack A few days

Other Facts or Remarks

Facts of Medical Certificates

Dr Watson — Vacant fatuous appearance he hears voices constantly speaking to him and that threatening him terrorize him.

Dr Adams — Excited and vacant expression of countenance Hears voices and noises in the air and is in a great state of alarm. He has attempted suicide.

NAME. James Lithgow

STATE ON

Mental.

Exaltation

Depression

Excitement He is a little excited and very excitable

Enfeeblement Partial through chronic alcoholism

Memory defective

Coherence Coherent Can answer questions? Yes.

Delusions numerous formed on illusions and hallucinations

Other Abnormalities

An old mark on neck where suicidal wound had been made.

Bodily

Appearance dull and pale

Skin yellowish tinge Hair light brown scanty

Eyes gorey Pupils normal in size

Muscularity poor Fatness disappearing.

Nervous System—*Motor* he suffers from general weakness and slouching strength feeble cramps in the calves

Sensory slightly disordered. Sensation of numbness in limbs & pricking. hyperaesthesia

Reflex Action exaggerated reflexes Special Senses /

Retina /

Lungs chronic bronchitis muco crepitant rale hacking cough.

Heart Action very weak

Tongue pulse 86. full and compressible Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine —

Menstruation /

Pulse 86 Temp. normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

499

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
31/12/43						James is improving very much. He is still very confused at times and has delusions, but in the direction he is better.
13/1/44						Is improving, very quiet industrious and contented — he shows no anxiety to get home. He is still somewhat confused in mind.
24/2/44						Tells quite rationally he is not yet himself but feels a little dull and slightly impaired in memory.
29/3/44						Works well outside does a little but is anxious for home
6.6.45						Transferred to Ashwood.

NAME,

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

501

NAME, Peter McDonald No.

Admitted, 13th December 1893 Pr. Ad. 0

Sex, M. Age, 26 Marriage, M. Occupation, Shopkeeper

Education, Religion, RC.

Private or Pauper, Forfarshire Dundee? Where from? Beattock

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities None known

Suicidal No

Dangerous No.

Duration of Existing Attack Six weeks

Other Facts or Remarks

Facts of Medical Certificates

Wm Hueston — Found naked in a railway carriage at Beattock afraid of people doing him an injury says there are people following him He was very violent throughout the night he broke windows threw things about

Wm Munro — Found naked in a railway carriage he has delusions He smashed the furniture of a room and was very violent

NAME,

STATE ON

Mental.

Exaltation

Depression

Excitement somewhat excited restless

Enfeeblement a little stupid

Memory good

Coherence fair Can answer questions? Yes.

Delusions numerous.

Other Abnormalities

Bodily

Appearance pale and dull

Skin Hair black

Eyes grey Pupils unequal and irregular

Muscularity indifferent Fatness indifferent

Nervous System—*Motor* Gait somewhat ataxic staggering. He is subject to tremor general on the least excitement.

Sensory

Reflex Action Exaggerated knee and ankle clonus. Special Senses /

Retina /

Lungs Healthy

Heart action weak, regular Sounds cannot be distinctly made out

Tongue furred. (Tonsils & pharynx) Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite good.

Urine

Menstruation

Pulse weak and regular, Temp. normal.

Height 5ft 9 Weight 9 St. 8

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

503

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21/12/93						He is now settled down a little, is stupid and silly. He still has numerous delusions
1/1/94						Has greatly improved and shows no delusions. The bodily health is still far from well
10/1/94						Discharged recovered

NAME,

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

505

NAME, Robert Armstrong *No.*

Admitted, 18th December 1893 *Pr. Ad.* one!

Sex, M. *Age,* *Marriage,* *Occupation,*

Education, *Religion,*

Private or Pauper, *Where from?*

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME,

STATE ON

Mental.

Exaltation has a grandiose ? style of talking

Depression /

Excitement he is very excited - noisy - restless. destructive and deluded his habits.

Enfeeblement very stupid and confused in appearance manner and speech.

Memory defective

Coherence rambling & disconnected speech Can answer questions? Yes simple ones

Delusions delusions.

Other Abnormalities

Bodily

Appearance dull and worn.

Skin Hair black

Eyes grey Pupils equal, right irregular

Muscularity poor Fatness indifferent

Nervous System—*Motor*

Sensory

Reflex Action equal Special Senses /

Retina /

Lungs Healthy

Heart Heart sounds weak A ventr. Systolic murmur heard best at apex

Tongue furred. Speech rough Bowels Constipated

Other Organs, Abnormalities, Bruises, &c. He has a catarrh of larynx

He states that he was completely paralyzed on one side about 9 months ago

Appetite good.

Urine /

Menstruation /

Pulse 99 moderate strength irregular Temp. normal

Height 5ft 8½ Weight 116-4

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.

507

NAME, Robert Armstrong

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
20/12/93						On admission he presented a most miserable appearance. He sat with head bent on chest, hair tangled, dirty and rough, face pale and unpassive. He is only roused by the excessive irritation of the vermin about him. To-day he seems a different man and can give with quite some details as his history. His speech is husky and weak. He states he was at one time quite paralyzed on the left side of the body.
13/1/94						Has been very noisy at times, restless talkative and incoherent in his talk destructive in his tendencies tearing his clothes to shreds, and of filthy habits. has developed haematoma of left ear.
29/3/94						Very stupid and filthy in his habits. He is always fumbling his bed clothes. To-day he complained of cramps in his limbs chiefly experienced at night. His limbs are drawn up quite suddenly. His tongue is clean - bowels regular.
10.7.95						Patient is weaker than he has been for a considerable time, and is troubled with considerable diarrhoea
17.7.95						is still troubled with diarrhoea and is breathless was given a bismuth & dover powder ~~[illegible]~~ to night.
18.7.95						Patient is worse today but he has had no diarrhoea since he got the powder noted above.
						Died about 7.30 pm:

NAME,

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

509

NAME, Robert Cowan No.

Admitted, 20th Dec. 1893. Pr. Ad. 1.

Sex, M. Age, 24 Marriage, Single Occupation,

Education, - Religion, Protestant

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

HISTORY.

Causation.

Disposition

Habits Over indulgence in alcoholic Stimulants

Previous Attacks—No. one Kind of similar nature to present

Duration Short Where treated C.R.I.

Hered History—*Insanity.* Mother insane.

Other Diseases

Predisposing. Steadily

Exciting Drink.

Symptoms. First.

Mental Excited in manner and appearance, walks about in a consequential way & is threatening in his answers to questions

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous Yes?

Duration of Existing Attack One week

Other Facts or Remarks

Facts of Medical Certificates

I He is excitable - elated - he has numerous Grand delusions. He threatened to strike his mother.

II Says he has a new religion looks excitable & irritable and is elated

NAME,

STATE ON

Mental.

Exaltation He imagines himself to become great person. His fleabites is not fixed in one particular direction but his ideas are variable as the state.

Depression –

Excitement He is excited and threatening in his behaviour

Enfeeblement Slightly through alcoholism & heredity

Memory Good

Coherence partial incoherence Can answer questions? Yes

Delusions Numerous grandiose in character and variable.

Other Abnormalities –

Bodily.

Appearance He is excited and his face yellowish tinged

Skin Hair brown

Eyes Grey. Pupils equal light irregular slight opacity of cornea due to injury

Muscularity Fatness

Nervous System—*Motor* –

Sensory –

Reflex Action equal Special Senses –

Retina

Lungs Healthy

Heart action weak, irregular a Sent. diastolic murmur at aorta

Tongue furred Bowels constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine

Menstruation

Pulse 90 Irregular, febrile Temp. normal

Height 5 ft 8½ Weight 9 St 4.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

511

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21/12/93						On admission he was excitid, stalked jauntily about the waiting room with his clos turned outside in when asked who he was he said he was a number of well known persons. and was capable of doing numerous great things especially in Telugu matters. To-day he is a little better answers questions addressed to him readily
13/1/94						Has improved very much is quiet and industrious, cheerful and contented He shows no trace of his former delusions
						Discharged recovered

NAME.

DATE. Temperat. Morn.

NAME,

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

513

NAME, Thomas Johnston No.

Admitted, 25th December 1893. Pr. Ad.

Sex, M. Age, 32 Marriage, Single Occupation, Ex Traveller

Education, Religion, Protestant

Private or Pauper, Dumfries Where from? Nithbank

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 a few days

Other Facts or Remarks

Facts of Medical Certificates

I He has a wild insane appearance talks incoherently imagines he is haunted by spirits & is very violent at times

II Insane appearance and numerous delusions he states that he is continually annoyed by the Devil & many others

NAME,

STATE ON

Mental

Exaltation

Depression He is very depressed in appearance and manner, his delusions are of a miserable nature

Excitement Showed none since admission

Enfeeblement Somewhat

Memory good.

Coherence Fair Can answer questions? Yes

Delusions Numerous. He believes that phelgm enters into his body and thus tends to destroy him.

Other Abnormalities

Bodily

Appearance depressed and dull in appearance

Skin Hair brown sparse

Eyes grey Pupils equal

Muscularity good Fatness average

Nervous System—*Motor* Gait shaky – He gets very easily agitated and all in a tremble on the least surprise

Sensory –

Reflex Action Equal Special Senses

Retina –

Lungs Healthy

Heart There is a V.S. and also V.D murmur action weak irregular. He complains of palpitation

Tongue furred breath foul. Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

He is evidently a masturbator

Appetite

Urine

Menstruation

Pulse 84 irregular, small, compressible Temp. Normal.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

515

NAME, Thomas Johnstone

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
25/12/93						He is the picture of abject misery – he is very depressed and holds his hand over his heart. He states that people put phlegm into his body and thus injure him.
13/1/94						Still very depressed. He sits all day with his hand over his heart nursing his misery. His bodily health has slightly improved.
29/3/94						No change mentally or physically he still depressed holds his hand on his left bosom and has delusions He is easily satisfied when he asks home by telling him he will get Soon.
February 10th 1900:-						In good health. Mentally idle and will not work. Hypochondriacal and has delusions that his acts are by influences. He get down home about once a fortnight & people come for him. He frequently leaves home & goes to the Provost & others asking them to help the influences & also to get him out of here as he want away the place not being good for his health. Sleeps & eats well
July 28th 1900:-						No change: in good health but very hypochondriacal: He is allowed home for an afternoon & occasionally writes a rambling incoherent letter demanding his liberty as the influences are keeping him here. Idle and will not work: always slipping up & down the ward & on the pillows to get home.
January 26th 1901:						No change: In good bodily health Mentally much imperfect and hypochondriacal: He goes round the Councillors or Men to get their influence to his release from the influences —

NAME, Thomas Johnstone.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
Feby 14th 1902						No change in any way. In good health.
1902 July 10th						Shows no change: still very Delusional. Constantly asking for his release - Says in Good health! refuses to employ himself. Much the same. Constantly asking to get home to his mother. In fair health.
1903 July 10th						No Chang. Restless. Discontented & weak-minded man - In fair health.
1904 March 1st						Case continued in Male Hospital Case Book. page. 55.
14 June 1909.						Medical Certificate for Boarding out:- He has Hallucinations of Hearing & is Hypochondriacal and weak minded - He is quiet & orderly and is in fair bodily health and able to work in the Gardens -

517

NAME, John Winnie No.

Admitted, 29th December 1893. Pr. Ad. D.

Sex, Age, 36 Marriage, married Occupation, Miner

Education, Religion,

~~Private~~ or Pauper, Dalziel Parish Where from? Fever Hospital Motherwell

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hereal 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 Age on first attack 33 years.

Facts of Medical Certificates

I He calls out loudly to the Doctor I am the British lion. You are a beast Sir. He is dangerous and impulsive.

II He rushed at me shouting out abusive language. and was with difficulty prevented from attacking those around him

NAME. John Winne

STATE ON

Mental.

Exaltation a little

Depression none

Excitement excitid on admission

Enfeeblement partial

Memory a little defective

Coherence, partial incoherence Can answer questions? Yes.

Delusions No specific delusions

Other Abnormalities

Bodily.

Appearance pock marked - dull and excited

Skin Hair black sparse

Eyes Pupils unequal - left larger

Muscularity Fatness

Nervous System—*Motor* gait ataxic

Sensory

Reflex Action absence of knee jerks Special Senses

Retina

Lungs

Heart Sounds feeble and regular

Tongue coated and furred Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 75 feeble and weak Temp. normal

Height 5 ft 4 Weight 9 St.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

519

NAME, John Winnie

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29/12/93						He is stupid and confused. He answers questions in a silly, laughing and careless fashion, and is foolish in his conduct
13/1/94						Has improved greatly works well eats sleeps well and altogether is well conducted. His mind is still somewhat confused.
						Discharged Recovered

NAME,

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

521

NAME, David Brown — No.

Admitted, 4th January, 1894. — Pr. Ad. Visit.

Sex, M. — Age, 30 — Marriage, single — Occupation, Farm Servant

Education, — Religion,

~~Inmate~~ Pauper, Lanark Parish — Where from? Bloomgati Lanarke

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Hereal 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 — Cannot give an account of himself – if left alone knocks things about — takes fits of singing and laughing He was found in a Stable by the Police

II — Generally restless, does not give a coherent account of himself he imagines people are about to cut his throat

NAME,

STATE ON

Mental.

Exaltation: Laughs and sings without apparent reason, and at most improper times

Depression:

Excitement: He is restless and excited

Enfeeblement: Somewhat.

Memory: Very defective

Coherence: Incoherent — Can answer questions? Yes simple ones.

Delusions: numerous. chiefly of fear and mistrust

Other Abnormalities:

Bodily.

Appearance: dull and pale

Skin: numerous acne spots on face — Hair: brown plentiful

Eyes: grey. — Pupils: unequal right dilated

Muscularity: poor — Fatness: indifferent

Nervous System—*Motor*: /

Sensory: /

Reflex Action: Quick — Special Senses: good.

Retina: /

Lungs: Chest weakly developed.

Heart: Sound healthy — There is epigastric pulsation

Tongue: Coated — Bowels: Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite: good

Urine:

Menstruation: /

Pulse: regular mod. strong 72. — Temp. normal.

Height: — Weight:

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

523

NAME, David Brown

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5/1/94						He is very weakminded, when asked if anything troubles him he says "They had no right to break into my chest." On account of his father and mother doing this, he states that he ran away from home. He is very silly in his actions and conduct he has no will power, and is deficient in Intellect.
13/1/94						Is stupid, and careless about himself. he does no work nor does he interest himself in anything or anyone about him.
29/3/94						Works well outside is much improved bodily and mentally - is stupid and quiet easily pleased has anxious to get home.
						23. 5. 94
						Discharged

NAME,

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

525

NAME, Joseph Dunn or Gallocher No.

Admitted, 5th January, 1894. Pr. Ad. one.

Sex, M. Age, 42. Marriage, married Occupation, Soldier (Hammerman)

Education, Religion, R. C.

Private ~~or~~ Pauper, Dalziel Parish Where from 57 Bowies Lq. Craigneuk Motherwell

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

I Talks wildly and incoherently – and has been doing a number of insane and foolish actions.

II Talked incoherently stripped himself naked and swore that everybody was annoying him

NAME. Joseph Dunn or Gallocher

STATE ON

Mental.

Exaltation He is happy in all his pitiable looking conditions.

Depression none

Excitement On admission and at times throughout the day he is excited restless and talkative

Enfeeblement In the intervals between excited fits he is very silly and stupid

Memory defective very.

Coherence Incoherent. Can answer questions? No.

Delusions Numerous of an exalted nature.

Other Abnormalities

Bodily

Appearance worn and dull

Skin Knows stigmata on the cheeks Hair Sparse black

Eyes Pupils Unequal Left larger than right

Muscularity Fatness

Nervous System—*Motor* gait shuffling

Sensory

Reflex Action equal Special Senses Speech slow and hesitating

Retina

Lungs

Heart There is a V.D. murmur at aorta heart sounds rapid & feeble

Tongue furred and coated Bowels regular

Other Organs, Abnormalities, Bruises, &c.

He has a slight catarrh Chest poorly developed.

Appetite

Urine

Menstruation

Pulse 114 small weak Temp.

Height 5 ft. 8 in Weight 9 St.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

527

NAME, Joseph Dunn or Gallocher

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5/1/94						He is very excited in appearance and conduct. His actions are those of an insane person he lifts money which does not belong to him and then laughs unmoderately at his feat. His speech is incoherent, he shouts out loudly and is very restless.
8/1/94						To night is very noisy and restless he gets out of bed and is jumping about through the ward
13/1/94						Mental condition unchanged - if anything he is a little less restless
29/1/94						Quiet but very stupid
24/3/94						Restless, stupid and confused, works out of doors he has become much thinner cannot give coherent answers to anything said to him.
16.2.95						Patient who has been getting slowly worse had what appeared to be General convulsion early this morning. More con- -tinued at intervals during the day & he died this afternoon evening about 7.45.

NAME,

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

529

NAME, Peter McWhirter No.

Admitted, 8th January 1894 Pr. Ad. a number

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

Education, Religion,

~~Private or~~ Pauper, Inch Where from? Wigtownshire Combt. Poorhs.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration *Where treated*

Hereal 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 Vacant expression - forgetful cunning in answering - dirty in his habits and dangerous to others

II His countenance is that of a weak minded person - his answers to questions very marked

NAME, Peter Mc Whirter

STATE ON

Mental.

Exaltation /

Depression he has a "sinking at the heart" which he says makes him very miserable.

Excitement /

Enfeeblement He is weakminded. dull, stupid and slow in his mental operations.

Memory fair

Coherence Coherent. Can answer questions? Yes.

Delusions no specific delusions

Other Abnormalities /

Bodily

Appearance dull and expressionless

Skin / Hair Sparse grey and black

Eyes grey Pupils Slight inequality of pupils

Muscularity indifferent. Fatness fair

Nervous System—*Motor* Gait feeble dragging

Sensory /

Reflex Action equal Special Senses /

Retina /

Lungs good

Heart Area of cardiac dulness increased to left A distinct thrill Booming heart sounds — over apex V.S. murmur at apex V.Doubtful some to right side of body

Tongue furred when protruded lips Bowels Regular

Other Organs, Abnormalities, Bruises, &c. -

Appetite bad

Urine

Menstruation

Pulse 90 regular weak Water-hammer Temp. Normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

531

NAME, Peter McWhirter

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
9/1/94						He says he is very miserable and can give no reason save "a sinking at the heart" He is stupid and dull. He can answer Questions very well but his answers are short in Morosy Mania.
13/1/94						Mental condition as above he takes his food well and makes the best of other surrounding circumstances - is still simply stupid depressed.
29/1/94						Is very depressed, quiet and inoffensive
24/3/94						Very dull and stupid, his face lights up a little when spoken to he does no work takes an interest in nothing and is quite listless -
5.11.96						This patient is at Kinmount where he has been for a considerable time. He is dull and reserved but he is in good health and able to work about.
27th Oct 1899:-						Sent to day to Farm Annexe (10)
April 6th 1900:-						Returned to 2nd House to day.
July 28th 1900:-						No change: In fair health: He is dull mildly morose + depressed resents any conversation + becomes mildly abusive: idle and never occupies his time in any way. He becomes irritable with the others at times.
January 26th 1901:-						In good health: Is becoming slowly demented.
July 14th 1902						No change: in excellent health. demented + lazy
1903 July 10th						No change in this old demented man. In fair health.
1904 March 1st						In 3rd Div. old + inactive. In fair health
June 20 1904.						Transferred today to Male Hospital. He is an idle lazy demented old man of wandering habits. In excellent health

See Chronic Case Book
P 217.

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 Peter Mc P. Whitter.

Died on 21st June at 6.50 p.m. P.-M. on 23rd June at 12.0 noon.

Mental Disease Epileptic Insanity with Dementia.

Cause of Death

General Survey.

P.-M. Lividity Slight

P.-M. Rigidity Average

Nutrition Poor Pupils Equal

Integumentary, Locomotory, and Hæmopoietic Systems.

Skin

Subcutaneous Fat

Bones

Joints

Muscles and Fasciæ

Lymph Glands

Thyroid Gland

Spleen (M. 6 oz., F. 5½ oz.)

Blood

Nervous System.

Peripheral Nerves

Spinal Cord and Column

Sympathetic Chain

Sense-Organs

Brain.

Scalp

Skull—Measurements

Vault of Cranium

Floor of Cranium Hard Palate

Dura Mater

Pia-Arachnoid

Fluid in Cranial Cavity Weight of Encephalon (M. 49 oz., F 44 oz.)

Arteries at Base of Brain

Cerebrum

Cerebellum

Pons-Medulla

Ventricles

Choroid plexuses

Pineal body

Pituitary body

Circulatory System.

Pericardium

Heart (M. 11 oz., F. 9 oz.) 14 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.) No valvular incompetence.

Muscle Left ventricle thick + hypertrophied.

Aorta and Vessels. Slight fibrous patches. Atheroma on one aortic cusp.

Respiratory System.

Left Pleura Adhesions at apex.

Left Lung (M. 21 oz., F. 15 oz.) 16 ozs. Early bronchiectasis at the apex. Marked congestion at base.

Right Pleura Firm adhesions at apex.

Right Lung (M. 24 oz., F. 17 oz.) 15 ozs. Marked congestion at base.

Respiratory passages.

Alimentary System.

Peritoneum

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

Gall-bladder

Pancreas (M. 3 oz., F. 2¾ oz.)

Large intestine

Small intestine

Stomach

Upper alimentary passages

Urino-Generative System.

Left Kidney (M. 5½ oz. F. 5 oz.)

Right Kidney (M. 5¼ oz., F. 4¾ oz.)

Bladder and ureters

Generative organs and passages

Microscopical Examination.

Signature of Assistant Physician

NAME,

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

533

NAME, William Donaldson No.

Admitted, 10th January, 1894. Pr. Ad.

Sex, Age, 35 Marriage, M. Occupation, Miner

Education, Religion, Protestant

~~Private~~ or Pauper, New Monkland Where from? 270 Clark St Airdrie

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 ?

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

I He hears people whistling and plotting against him and feels them tugging at his arm when he is in bed. He also has delusions regarding his wife

II He has delusions and is violent in his behaviour. He imagines his neighbours affect him injuriously by electricity. He is very jealous of his wife & accuses all around him of crimes

NAME. William Donaldson

STATE ON

Mental.

Exaltation

Depression he is miserably tormented by outside influences

Excitement has a wild unsettled look.

Enfeeblement ✓

Memory defective

Coherence ✓ Can answer questions? Yes

Delusions Numerous. He states that his neighbour has tried to injure him by working on him through a hole in the wall

Other Abnormalities ✓

Bodily

Appearance wild and excited; face pale

Skin ✓ Hair Sparse black

Eyes hazel Pupils Equal - conjunctivae yellow

Muscularity indifferent Fatness indifferent

Nervous System—*Motor* ✓

Sensory ✓

Reflex Action equal Special Senses ✓

Retina ✓

Lungs Healthy

Heart Sounds pure

Tongue Coated and furred Bowels constipated

Other Organs, Abnormalities, Bruises, &c. ✓

Appetite good

Urine 1005 pale in colour acid urate deposit

Menstruation —

Pulse Temp. Normal

Height 5ft 9½ Weight 10 Stone

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

535

NAME, William Donaldson

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10/1/94						On admission he was very restless, had a wild unsettled look and complained about his neighbours influencing him through a hole in the wall by unseen agencies.
13/1/94						This morning he refuses to answer any questions and sits with his eyes shut and face working spasmodically
15/1/94						Still walking about with closed eyes all his attention wrapt in himself.
5/2/94						Is quieter – but still has numerous delusions about electricity
24/3/94						Very desirous to get home depressed in appearance, he still experiences at night twinges from electricity he says works in the grounds
						On opening to general index patient was discharged by Minute of Board on 5. 5. 94.

NAME,

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

537

NAME, James Mc Lean No.

Admitted, 15th January, 1894. Pr. Ad. 0

Sex, M. Age, 32 Marriage, Single Occupation, Labourer

Education, Religion,

~~Private or~~ Pauper, Inch Parish Where from? Clashmahews

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hereditary 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 suffers from religious mania talks incessantly - quoting Scripture sentences. He is violent & dangerous He has not slept for some days nor taken food

II He is very excited - is constantly throwing himself about - talks incoherently quotes Scripture right & wrong & threatening to strike those near him

NAME, James Mc Lean

STATE ON

Mental.

Exaltation

Depression

Excitement Less very excited - noisy incoherent.

Enfeeblement

Memory

Coherence incoherent. Can answer questions? No.

Delusions numerous.

Other Abnormalities

Bodily.

Appearance Wild excited appearance

Skin Hair brown

Eyes Pupils equal

Muscularity Good Fatness good.

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs Healthy R.M.

Heart Heart sounds booming in character V.S. at mitral area

Tongue dry and red Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine

Menstruation

Pulse Temp. Sub-febrile

Height 5ft 9. Weight 11 St.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

539

NAME. James McLean

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
16/1/94						He is very excited struggles violently and ablusively with the attendants he shouts out loudly Scripture phrases in a rambling and disconnected manner. He takes his food well
19/1/94						Is very noisy, restless and talkative
20/1/94						Condition of mind unchanged.
24/1/94						Is much quieter, answers questions at times very reasonably. He has a swollen parotid on both sides of the face.
29/1/94						To-day he is quiet and talked quite rationally, he is however easily excited. Swellings of face diminished slightly in size.
29/3/94						Is in a condition of stupor. Stubborn and resistive when anything is being done for him. He speaks to no one relatives or patients but seems to understand what is said to him.
6/3/95						Patient died about midday today. His death was the result of his cardiac condition, & he had been getting worse & worse for several weeks.

NAME,

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

541

NAME, John Davidson No.

Admitted, 19th January 1894 Pr. Ad. First a5.

Sex, Male Age, 45 Marriage, Widower Occupation, Miner

Education, —f. Religion, R. C.

Private or Pauper, Bothwell Parish Where from? Orbiston Rows Bellshill

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hereal History—Insanity.

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack one month

Other Facts or Remarks

He is stated to have met with a head injury in the coal pit — from this his present illness began!?

Facts of Medical Certificates

Vacant expression, incoherent talk — imagines people are following him.

Expression dazed slow in comprehending & answering questions does not know about his wife, — about — says he cannot get up his spirits

NAME,

STATE ON

Mental.

Exaltation none

Depression none

Excitement none

Enfeeblement Quite demented - cannot speak or comprehend questions.

Memory a blank

Coherence — Can answer questions? No.

Delusions none.

Other Abnormalities

Bodily

Appearance pale and dull

Skin numerous minor marks Hair brown.

Eyes grey Pupils equal

Muscularity poor Fatness poor

Nervous System—*Motor* feet feeble staggering

Sensory blunted.

Reflex Action absence of reflexes. Special Senses

Retina

Lungs chest weakly developed. weak R.L.

Heart

Tongue coated Bowels costive

Other Organs, Abnormalities, Bruises, &c.

Appetite poor.

Urine contains albumen

Menstruation

Pulse atheromatous feeble. Temp. normal.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

543

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19/1/94						He seems quite dazed and confused in mind He cannot comprehend questions and is very feeble in health
22/1/94						To-day after an apoplectic attack death ensued. The right side of body & left side of face was paralyzed. Died

NAME,

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

545

NAME, Anthony Skilland? – Shilland No.

Admitted, 22nd January 1894 Pr. Ad. 1843 in 1883

Sex, M. Age, 48. Marriage, Widower Occupation, Blacksmith

Education, – Religion, Protestant

Private or Pauper, Inchmurn Where from? Edrington village

HISTORY.

Causation.

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

Symptoms. First.

- Mental
- Bodily

Second.

- Mental
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack about 2 weeks.

Other Facts or Remarks

Facts of Medical Certificates

Says he was at the making of the world and of the stars and that he made the devil. He rambles in his talk

He says he was selling in the Corbmuir pit this morning and has numerous delusions of a grandiose – "Heavy hair" variety

NAME,

STATE ON

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily

Appearance dull and pale

Skin — Hair

Eyes opacities of both corneae, arcus senilis of both eyes — Pupils equal

Muscularity Average. — Fatness average

Nervous System—*Motor* gait feeble

Sensory

Reflex Action Equal - but weakened — Special Senses

Retina

Lungs Healthy R. M.

Heart Sound & feeble no dest. murmur.

Tongue Coated — Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine 1022 dep yellow acid urates deposit

Menstruation

Pulse Regular, weak, atheromatous — Temp. normal

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

547

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28/1/94						He is apparently very happy, comes forward and talks in an incomprehensible and incoherent manner, interspersing his remarks with beaming smiles. He is unnaturally garrulous.
29/1/94						Mental condition remains the same sleeps and eats well
5/4/94						Had a slight syncopal attack to-day, but soon recovered his normal condition, he is very happy but no sense can be made out of his incessant garrulity.
20/3/94						Is a most pugnacious man. - always squaring up and wanting to fight. He is very happy and wears a smiling face all day. He chatters in an unintelligible language.
5.11.96						Anthony is a quiet old man for the most part. He sits in his seat usually doing nothing. At times he becomes a little excited however and his speech is incoherent. His health is good.
February 17th 1897.						L.S. continues much as above. Two days ago I mentioned that second was writing about him the was very sensible & talked well for some minutes. He is a quiet done man. Next day he had forgotten all about this & was more rambling again -
4th June 1898:-						He is an easily managed old man done and with lossy memory but easily managed. He was to-day sat to Shannon for bonnet

NAME,

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

549

NAME, Alexander Mc Gowan — No.

Admitted, 23rd January 1894 — Pr. Ad. Fair et Ab43

Sex, M. — Age, 48 — Marriage, Widower — Occupation, Farm Servant

Education, — Religion, Protestant

~~Private~~ or Pauper, New Luce — Where from? New Luce

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack — three days

Other Facts or Remarks

Sister supposed to be weakminded.

Facts of Medical Certificates

I. Vacant expression - has delusions he sees men + women + big boys all dressed in white in his room restless + unable to take care of himself

II. Has a vacant look - There are people in the house he says who should not be there + who warm themselves at his fire

NAME,

STATE ON

Mental.

Exaltation none

Depression a little

Excitement none

Enfeeblement he is very stupid and dull. Is content to sit all day in one place uninteresting and uninterested

Memory

Coherence Can answer questions?

Delusions

Other Abnormalities

Bodily

Appearance dull and florid

Skin Hair

Eyes arcus senilis of both eyes Pupils equal

Muscularity . average Fatness Fat.

Nervous System—*Motor* Gait feeble /

Sensory Blunted.

Reflex Action equal Special Senses /

Retina /

Lungs Expiratory murmur as long as the inspiratory / resonant note on percussion Sonorous sibilant rhonchi / mucous rales

Heart V. I at apex V. D at base. Sounds regular

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite Good

Urine No albumen present, heavy amount deposit

Menstruation

Pulse 87 irregular feeble athermal Temp. Normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24/1/94						He is very dull and stupid, is content to sit in one place if allowed speaking to no one and taking a little or no interest in his surroundings He answers questions slowly and with difficulty even though these questions are simple
5/2/94						Is in same mental condition and quite content to sit all day beside the fire taking a mild interest in things around him but doing nothing himself
29/2/94						Mental condition unchanged he is weak minded and childish his memory is defective – he imagines this is Wigtown
5.11.96						McGowan is becoming distinctly frailer, and less able to walk. He suffers from time to time from cardiac dyspnoea and he is very fat.
10.11.96						McGowan suffered from cardiac dyspnoea last night. This morning I examined his circulatory system and found him suffering from cardiac failure. Heart sounds 1st sound at the apex muffled, there is an aortic systolic and a suspicion of a diastolic at the base. Pulse is of the corrigan variety and occasionally intermits. He was given some whisky and a heart tonic containing Digitalis
January 30th 97						McGowan was yesterday sent to bed in the sickroom. He has considerable swelling of the legs thighs + abdomen not strictly oedematous but rather brawny. Heart's action weak + irregular. Mentally confused stupid dull demented.
February 8th 1897						Has been getting more stupid + confused. The swelling has risen in other parts = still very considerable If any thing the heart = more irregular

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
	16th					he is on a heart tonic McGowan became worse yesterday. bumps are now occasional. heart is failing.
						Died 11th February 1897

553

NAME, Hugh Roddie No.

Admitted, Pr. Ad. Just?

Sex, Male Age, 24 Marriage, Single Occupation, Coal miner

Education, Religion, R. C

Private or Pauper, Lanark. Where from? Lanark Hospital
mother resides at Holytown Bridgeburn

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates

I Howls like a wild beast from time to time and struggles violently – is sulky and incoherent

II He laughs and cries like one out of his senses he is dull sulky and incoherent He is quite violent at times

NAME. Hugh Roddie

STATE ON

Mental.

Exaltation at times he laughs immoderately

Depression yes - a little depressed

Excitement sometimes

Enfeeblement Yes.

Memory poor.

Coherence partial Incoherence Can answer questions? Yes.

Delusions Suspicious delusions

Other Abnormalities

Bodily

Appearance dull and stupid

Skin Hair brown

Eyes grey Pupils unequal.

Muscularity indifferent Fatness indifferent

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.

555

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29/1/94						He is at times depressed in appearance at times he laughs unmodulately and without any apparent reason. He answers questions slowly as if he were unable to understand them import for a long time.
5/2/94						Is a little more settled - weakminded and silly in his actions and in his behaviour.
14/2/94						Speaks quite rationally, is quiet and well behaved. His bodily health is very feeble. Still has delusions
29/3/94						Complained of a tooth which was cutting his tongue - not wanting it pulled he had it filed - he is apparently rational save when delusions are broached.
						20. 11. 94
						Discharged

NAME,

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

557

NAME, John Hutcheon — No.

Admitted, 24th January 1894 — Pr. Ad. First P

Sex, M. — Age, 23 — Marriage, Single — Occupation, Lithographer

Education, — Religion, Protestant

Private or Pauper, Govan Parish — Where from? 153 Mathison Strut Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hered History—Insanity. mother insane has been in Govan

Other Diseases Asylum.

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack four or five months

Other Facts or Remarks

Facts of Medical Certificates

I dirty and slovenly in his person, abrupt and exasperating in speech and manner, keeps the house and will not work. He imagines we watching him and talking about him

II Is vain and conceited, very untidy in his person threatens to injure his father he has delusions, illusions and hallucinations

NAME,

STATE ON

Mental.

Exaltation he is very vain talks in a happy go lucky style

Depression /

Excitement Somewhat

Enfeeblement partial.

Memory good.

Coherence partial incoherence Can answer questions? Yes.

Delusions numerous

Other Abnormalities /

Bodily

Appearance pale

Skin Hair brown long

Eyes grey Pupils equal

Muscularity indifferent Fatness indifferent

Nervous System—*Motor* /

Sensory /

Reflex Action equal Special Senses /

Retina /

Lungs numerous rales at both apices?

Heart Sounds pure, action at this irregular epigastric pulsation

Tongue Coated Bowels constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite good.

Urine

Menstruation /

Pulse Full but weak Temp. normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

559

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29/1/94						He is weak minded. He is very vain of his appearance and grows his hair long on account of as he says "Genius". He is easily made happy & the reverse. His talk is at times incoherent he cannot carry on a long conversation in a proper manner. Thus he makes foolish digressions and remarks very much out of place. He answers questions lightly and in a gay, elevated manner.
5/2/94						Condition of mind unchanged – he is Medically quite pleased both himself and his surroundings
4/2/94						Is working outside mental condition unchanged
29/3/94						Is quieter, not so elevated and wants a desire to get home and do some work.
7.11.96						There is not mental improvement in Hutcheon's condition. He is as a rule quiet but at times excitable. He does nothing in the way of work, and is dirty and untidy in his habits. His health is fairly good.
February 8th 1897						Hutcheon about a fortnight ago escaped from a Lunacy party but was captured at Annan & brought back. He is to a slight degree excitable. Talks "as if he could tell you a thing or two if he wanted" Is quiet & seldom reads. A fairly adroit at one's understanding a question he does not want to answer.
23rd July 1898:—						Transferred to Dr Markhead's

NAME,

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

561

NAME, Robert Porteous No.

Admitted, 1st February 1894. Pr. Ad. First

Sex, M. Age, 22 Marriage, Single Occupation, Baker

Education, — Religion, Protestant

Private or Pauper, Bothwell Parish Where from? Bothwell

HISTORY.

Causation.

Disposition

Habits

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 about a week

Other Facts or Remarks

Facts of Medical Certificates

I His conduct and talk shews is incoherent very violent – has not slept for some time Menacing behaviour

II Very violent requires to be forcibly held down is dangerous incoherent does not realize his position

NAME,

STATE ON

Mental.

Exaltation

Depression

Excitement She is very excited noisy, restless and dangerous to others

Enfeeblement

Memory

Coherence quite incoherent Can answer questions? No.

Delusions numerous he talks to imaginary persons and sees strange things

Other Abnormalities

Bodily.

Appearance pale and confused in appearance Temp. febrile

Skin Hair

Eyes Pupils equal

Muscularity indifferent Fatness indifferent

Nervous System—*Motor* fair feeble

Sensory

Reflex Action normal Special Senses

Retina

Lungs Apparently healthy R. M. Actions of heart cannot be heard Chest weakly developed

Heart heart's action irregular

Tongue dry Coated and furred Bowels constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height 5 ft 4 3/4 Weight 8 St.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

563

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1/2/94						Is very excited noisy restless and dangerous to others, he is very impulsive and makes a sudden rush at the person nearest him.
2/2/94						Is still excited, shouting out snatches of scriptural phrase in a disconnected manner.
5/2/94						Excitement not so marked – he easily relapses however into his old condition he takes his food well – but does not sleep well.
16/2/94						Is much quieter now, not so restless but is still so confused in mind as to be unable to comprehend the simplest questions When spoken to he responds with something quite irrevelant, he takes his food well.
14/2/94						Seems not to understand when he is spoken to, as he speaks on quite a different tract from the question put.
29/3/94						Is quiet, stupid and confused mentally, can answer only the simplest questions, and merely exists
February 10th 1897						Is now a quiet stupid demented. He sits in the room at the end of 3rd Div. Never reads, never amuses himself. Seldom speaks & only replies correct & simple questions. He looks white & delicate & very anaemic.
23rd July 1898:–						Transferred today to Hawkshead.

NAME,

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

565

NAME, John Boyd No.

Admitted, 2nd February 1894 Pr. Ad. First.

Sex, M. Age, 57 Marriage, Widower Occupation, Master Gardener

Education, / Religion, Protestant

Private or Pauper, Wigtown. Where from? Wigtown

HISTORY.

Causation.

Disposition

Habits

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 one day

Other Facts or Remarks

Facts of Medical Certificates

I He is excitid in manner – has hallucinations of hearing and sight and delusions he sees people doing queer things, he hears them shouting names at him & imagines they want to injure him

II He has delusions that people want to entrap him by nets, he is rambling in his talk

NAME,

STATE ON

Mental.

Exaltation

Depression

Excitement He is excitid

Enfeeblement

Memory

Coherence Can answer questions?

Delusions of suspicion and fearfulness

Other Abnormalities

Bodily

Appearance pale Venous stigmata are present on the cheeks

Skin Hair

Eyes Pupils equal

Muscularity average Fatness average

Nervous System—*Motor* gait feeble and staggering, he has a sensation of coldness in Lumbar region of spine Genral

Sensory tremor esp. on exertion, cramps of muscles of back of thigh, Absence of deep reflexes.

Reflex Action abnormal deep reflex Special Senses

Retina

Lungs Chest barrel shaped, he has a harsh cough Spit bronchitic cough Mucous râles and pain in side.

Heart

Tongue coated. Bowels Medicine to purge

Other Organs, Abnormalities, Bruises, &c.

Appetite bad.

Urine 1022 acid no albumen.

Menstruation

Pulse Temp. normal

Height 5 ft 6 3/4 inches. Weight 8 stone 6

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

567

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2/2/94						On admission he is restless, fidgety and despondent. He has numerous delusions and hears voices speaking to him. He is fearful of impending danger and suspicious
4/2/94						His state of mind is much improved he sleeps well and is not troubled by the voices. He talks quite rationally
14/2/94						Is employed out of doors with the gardener. He is still troubled with bronchitis – but is improving in this respect
29/3/94						Talks quite rationally and is now desirous of getting home.

T. H. 94

Discharged

NAME,

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

569

NAME, Hugh Rowbiggning — No.

Admitted, 5th February 1894 — Pr. Ad. one

Sex, M. — Age, 31 — Marriage, Single — Occupation, Labourer

Education, — Religion, Protestant

Private or Pauper, Crawford Parish — Where from? Blackcraig Newton Stewart

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated

Hereditary History—Insanity.

Other Diseases

Predisposing.

Exciting Religion ?

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal He asked the engine keeper at Leadhills to throw him into the furnace

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

I He has delusions i.e. he is full of electricity he thinks his manhood is taken from him and that he has a separate life in his eyes, chest and side

II He has delusions that voices call him to injure people that there is electricity in him which attracts the devil into his body

NAME,

STATE ON

Mental.

Exaltation

Depression Slightly depressed

Excitement is excitable

Enfeeblement Sparsally

Memory Good.

Coherence Incoherent Can answer questions? Yes.

Delusions Numerous Chiefly about electricity

Other Abnormalities

Bodily

Appearance Pale and expressionless

Skin Hair black

Eyes grey Pupils equal

Muscularity average Fatness average

Nervous System—*Motor* healthy

Sensory healthy?

Reflex Action normal. Special Senses /

Retina /

Lungs healthy R. M.

Heart Sounds pure but weak

Tongue coated fair fibrillar tremor Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

There is a blue line at junction of teeth + gums
has he worked amongst leads.

Appetite good

Urine

Menstruation

Pulse Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
5/2/94						He has numerous delusions about electricity and told me this morning that everything he took into his body was charged with electricity. He cannot carry on a connected conversation, he is irrevelant and rambling in his talk
12/2/94						Always laughing and cheerful looking when addressed or taken notice of and asks in a childish manner when he can get away. He is quite pleased no matter what answer is given to the question
24/3/94						Mental condition unchanged he is quite happy and works out of doors in the grounds - he never expresses a desire for home converses in a simpering and devil me care manner — is rambling and disconnected in talk He says when speak to him through his side and when asked how this affects him he says "I wish you would stop it: I like to be clear."
14/5/94						Mental condition unchanged still very silly & nonsensical in his talk he has not got rid of his numerous delusions which are mainly of a fleeting character
February 11th 1897						Hugh N. is now a case of delusional insanity in which the delusions appear to be fixing. He is still anxious at time to make away with himself but, he may not do so at once eg. on one occasion he ran off & went home ward crossing several bridges but he talks about his opportunity & impulse might at any time come together. He has had a crop of boils but is

1903

NAME, Mrs. Mulligan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Otherwise in fair health.
1903 July 10th						This man has been discharged Something after last July and has since been readmitted.

573

NAME, William Dickson No.

Admitted, 6th February 1894 Pr. Ad. First

Sex, M. Age, 40 Marriage, Married Occupation, Coal Miner

Education, Religion, Protestant

~~Private~~ or Pauper Legbranock Sq. Holytn Where from? Bothwell Parish

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered History—Insanity.

Other Diseases

Predisposing.

Exciting unknown

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack two months duration

Other Facts or Remarks

Facts of Medical Certificates

I Silly and vacant expression — restless excitable — incoherent — he has delusions of suspicion and fear he is dangerous to others and suicidal

II He is incoherent weak and childish in expression and manner stupid and confused and has delusions

NAME,

STATE ON

Mental.

Exaltation

Depression

Excitement restless a little and fidgety

Enfeeblement greatly confused

Memory defective

Coherence partial Can answer questions? Yes simple ones

Delusions

Other Abnormalities

Bodily

Appearance Face pale and worn – naso-labial fold less dev.

Skin dry Fissure inside tongue when protruded points to the right

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor* Fine fibrillar tremor of tongue – difficulty in pronouncing labials

Sensory

Reflex Action Equal – exaggerated Special Senses Speech thick and slow

Retina

Lungs

Heart V. S and V. D murmurs at apex + aorta respectively

Tongue Coated and furred Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine No albumen.

Menstruation

Pulse Full compressible Vessel athero. Temp. Normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

575

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
6/2/94						He is stupid and confused in mind. On account of stupidity and bodily weakness he cannot take care of himself – he cannot give a rational account of himself and is incoherent in his talk.
8/2/94						Is if anything more stupid - and can do nothing for himself.
10/2/94						Is quite stupid and unable to give a rational account of himself he is unable to do anything for himself.
29/3/94						Mental and bodily condition unchanged Though paralyzed he says he never was so well and is quite fit to be sent home + go back to his work.

19.7.95

NAME,

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

577

NAME, James Henderson No.

Admitted, 13th Feb. 1894 Pr. Ad. Yes. 4.

Sex, M. Age, 44 Marriage, Single Occupation, Disc Soldier

Education, Religion, Protestant

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

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

I He is morose – of suicidal and homicidal impulses and stated that he wanted to wreck the train.

II He sits in a brooding and melancholy state suicidal -

NAME,

STATE ON

Mental.

Exaltation

Depression he is very depressed

Excitement

Enfeeblement

Memory

Coherence Yes. Can answer questions? Yes

Delusions

Other Abnormalities

Bodily

Appearance dull and pale

Skin Hair

Eyes Pupils equal

Muscularity average. Fatness average

Nervous System—*Motor*

Sensory

Reflex Action normal Special Senses

Retina

Lungs he has a slight catarrh

Heart accentuated second sound at aorta

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c. He says he had a sunstroke in India — 24 years ago and has had venereal disease

Appetite

Urine

Menstruation

Pulse weak compressible Temp. normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
13/2/94						This man converses quite intelligently — but has a depressed sullen look. He has been 12 years in Asylums. First in Inverness then Inverurie and at one time he was Dunfermline. He is suspected of malingering by Dr Clouston & the Kings. His present conduct which resulted in his detention here. Is similar to his previous outburst which necessitated his detention. When asked why he conducted himself in such an insane manner he said he was desperate and didn't care what he did — He has tramped the country since he left Inverurie that is for three months — Whether he was one who was "not willing to work" or previous history militated against him cannot be said.
14/2/94						He sits at the dance though wearing his same expression as on admission when spoken to he brightens up and says he is enjoying himself. He is very industrious
						Discharged

NAME,

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

581

NAME, John Cooper Marshall — No.

Admitted, 19th February, 1894. — Pr. Ad. Just —

Sex, M. — Age, 45 — Marriage, Single — Occupation, Moulder

Education, — Religion,

Private or Pauper, City Parish — Where from? Central Police Office Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack — Of a few days duration

Other Facts or Remarks

Facts of Medical Certificates

I — Incoherent in speech — has numerous delusions that he is Christ - the Pope and has the keys of heaven. He imagines he is immortal

II — Is incoherent believes he is Pope & has the keys of heaven &.

NAME.

STATE ON

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily

Appearance

Skin — Hair

Eyes — Pupils

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action — Special Senses

Retina

Lungs

Heart

Tongue — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse — Temp.

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

583

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE
14/2/94						On admission is very excited and uses his hands and feet towards those taken charge of him he also shouts out loudly in the same manner. He was very noisy all night, but slept from 3 am well on - he was sleeping when I saw him noisy next at 9-30 am.
20/2/94						To night he told me he was very happy and imagined he knew me calling me by a fictitious name, he is quiet but quite unconscious of his present surroundings
20/3/94						Is now quite free from delusions. has been Suffering from a large ulcer on outside of right thigh. the result of abscess. This ulcer had a slough over it at first is now clean looking and healthy
29/3/94						Talks quite rationally - the ulcer on his leg is improving gradually under treatment
						28. 7. 94 Discharged

NAME,

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

585

NAME, Robert Colquhoun — No.

Admitted, 20th February 1894. — Pr. Ad. First

Sex, M. — Age, 68 — Marriage, Widower — Occupation, Carter

Education, — Religion, Protestant

~~Private or~~ Pauper, Old Monkland — Where from? 158 North Square Garlsherrie Coatbridge

HISTORY.

Causation.

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

Symptoms. First.

- Mental
- Bodily

Recent.

- Mental
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack — about two weeks

Other Facts or Remarks

Facts of Medical Certificates

I — He is under the impression that Orangemen are going to murder him and other people he tried to set his house on fire Suicidal

II — Has imaginary grievances – has no idea of supporting himself Suffers from delusions and is threatening in his behaviour

NAME,

STATE ON

Mental.

Exaltation '

Depression delusions of a depressing nature

Excitement '

Enfeeblement Is confused through old age

Memory

Coherence Can answer questions!

Delusions fancied about orangemen killing his friends — hears this at night he says.

Other Abnormalities

Bodily

Appearance healthy looking but worn.

Skin blackened & yellow Hair '

Eyes Pupils unequal left larger

Muscularity good Fatness Stout

Nervous System—*Motor* Gait feeble lameness right leg shorter than left caused by injury and chronic rheumatism

Sensory '

Reflex Action normal Special Senses '

Retina '

Lungs R.M. healthy complains of hoarseness.

Heart action weak and irregular, pulse sounds pure

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 90 feeble compressible irregular Temp. normal

Height 5 ft 10 ½ Weight 131 lb

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

587

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
21/2/94.						This morning he told me that fearful work was going on at Coatbridge. During the night he saw the orangemen going to the works where he was employed and killing some of the workmen. He was sleepless and restless last night.
23/2/94						Is very depressed in appearance, and stupid in the manner in which he answers questions he is troubled with diarrhoea.
25/2/94						Still has the delusions about the Orangemen this depresses him. He sits all day in an attitude of deep dejection. His diarrhoea has yielded to treatment
						23. 7. 95 Discharged

NAME,

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

589

NAME, William Grier No.

Admitted, 28th February. 1894. Pr. Ad. Yes.

Sex, M. Age, 65 Marriage, Widower Occupation Seaman

Education, Religion, Protestant

~~Private~~ or Pauper, Where from? Portrose
Kirkcudbright.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hereditary 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 Incoherent unintelligible Wanders in his mind - cannot fix his mind Sees numerous forms before the fire - has constant headache

II Incoherent in speech - subject of delusions wanders from subject to subject

NAME,

STATE ON

Mental.

Exaltation

Depression

Excitement

Enfeeblement demented

Memory

Coherence Can answer questions?

Delusions

Other Abnormalities

Bodily.

Appearance pale and dull

Skin Hair

Eyes Pupils Equal – areas Irides of both eyes

Muscularity Fatness

Nervous System—*Motor* Gait feeble Grasp feeble

Sensory

Reflex Action Equal. Special Senses Speech slow Articulating – blurred Hearing

Retina

Lungs Am. healthy

Heart Sounds pure and feeble

Tongue Slightly furred & coated Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 99 feeble compress. mod full Temp. normal.

Height 5 F 4 3/4 Weight 95 lbs

Disease Senile decay. *Skae's Classification* Senile decay

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

591

NAME, William Grier

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
28/2/94						Is very stupid and confused in mind he cannot give a rational account of himself. He is quite content to sit all day in one place doing nothing and but little interested in his surroundings
2/3/94						Is still very stupid and childish in manner. If he gets tobacco he is satisfied and desires nothing more for the day.
4/3/94						Mental condition unchanged
February 10th 1897						Is a quiet decent old done man. He is in the 3rd division & never obtrudes himself. He occupies himself breaking sticks when able. He appears to have very atheromatous vessels & his whole aspect is that of the senile heart.

Disch

NAME,

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

593

NAME, John Dailly — No.

Admitted, 1st March 1894. — Pr. Ad. –

Sex, M. — Age, 44 — Marriage, Single — Occupation, Sailor & Navvy

Education, — Religion, RC.

Private or Pauper, Shotts — Where from? Shotts Sisters Royal Radcliffe 18 Albert St. Stathill

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Herod 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

I — Morose - incoherent General appearance and behaviour indicate insanity - he ran out of the house thinking he was being Chased

II — Angry and sullen expression, rude in answering questions - Screaming in manner mind confused. memory impaired

NAME,

STATE ON

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily

Appearance Face dull and sullen

Skin — Hair

Eyes — Pupils unequal - left larger

Muscularity very indifferent — Fatness poor

Nervous System—*Motor* fibrillar trembling of tongue pupil of eyes and weak

Sensory

Reflex Action equal somewhat exaggerated — Special Senses

Retina

Lungs

Heart sounds feeble and indistinct

Tongue moist clean — Bowels

Other Organs, Abnormalities, Bruises, &c. Scars of old suppurating glands of groin -

Appetite Voracious

Urine

Menstruation

Pulse 81 feeble and compressible — Temp. normal

Height 5 ft 6 — Weight 10 st.

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

595

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2/3/94						Is rough in his manner – always speaking the same thing "Let me out of this" he talks incoherently and in a rambling way – is irritable and bad tempered.
4/3/94						Is uneasy and restless, and can never give a proper account of himself – his version of the reason for his confinement varies every day
6/3/94						Is unchanged in manner and continually asking to be dismissed as "there is no insanity about him" he works outside

T. H. 9th

Discharged

NAME,

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

597

NAME, David Lindsay No.

Admitted, 1st March 1894 Pr. Ad. First

Sex, M. Age, 61 Marriage, Widower Occupation, H. Polisher

Education, Religion, Protestant

~~Prisoner~~ or Pauper, City Parish Glasgow Where from? 5 Shamrock St Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

I Melancholic - incoherent conversation - has delusion that she is persecuted by enemies does not sleep - and refuses to eat

II He is melancholic and delusional in ayres he is no tradesman but only a pretender that he is to be punished in this world & the next. restless & violent in behaviour

NAME.

STATE ON

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily

Appearance pale and depressed

Skin — Hair

Eyes — Pupils equal

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action normal — Special Senses

Retina

Lungs R.M. healthy

Heart Sounds feeble and indistinct

Tongue coated & furred — Bowels Constipated

Other Organs, Abnormalities, Bruises, &c. There is a history of Syphilis

Appetite

Urine

Menstruation

Pulse 84 full arteries slightly rigid — Temp. normal

Height — Weight

Disease — *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

599

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
1/3/94						He is very depressed in mind and is disturbed in his sleep by hearing voices and seeing strange things - he is fearful of some impending danger
3/3/94						Is still depressed - but says he sleeps better and is not so much disturbed he suffers from diarrhoea.
6/3/94						Mental condition unchange d - diarrhoea better.
29/3/94						Still greatly depressed he can do nothing but brood over his misery

4. 4. 94

Discharged

NAME,

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

601

NAME, Thomas Lacy — No.

Admitted, 3rd March 1894 — Pr. Ad. Irish

Sex, M. — Age, 44 — Marriage, M. — Occupation, Theatrical Player

Education, — Religion, Protestant

~~Private~~ or Pauper, Hamilton Parish — Where from? 12 Holmes St Hamilton

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting unknown

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

I Talks incoherently - behaves in idiotic manner - wanders about the streets

II He is restless in manner cannot answer questions - has an excited look in his face. runs about streets half naked & excited

NAME,

STATE ON

Mental.

Exaltation: he has a flighty manner - and is elated in demeanour an actor exaggerated

Depression: ,

Excitement: restless and offensive to others by pushing them &c

Enfeeblement: '

Memory: good.

Coherence: incoherent Can answer questions? Yes.

Delusions: numerous

Other Abnormalities: -

Bodily

Appearance: Confused and Sallow

Skin Hair

Eyes Pupils: equal

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action: normal Special Senses

Retina

Lungs: R. & L. healthy

Heart: action weak and irregular no murmur

Tongue: coated and moist- Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse: 90 irregular feeble Temp. Normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

603

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3/3/94						Is very peculiar in his behaviour, he sits in his seat & goes through a number of pantomimic gestures, he will then rise and walk about in an aimless and flighty manner.
6/3/94						Condition of mind unchanged - to day he refuses to speak and only nods his head and screws up his face in an insane manner when asked questions. He eats any filth he can lay his hands on and is very restless
29/3/94						Has improved greatly talks more rationally and seems to have come to himself. His expression is imbecile his manner childish.

17 . 5 . 94

Discharged

NAME,

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

605

NAME, Charles Green No.

Admitted, 4th March, 1894. Pr. Ad. one.

Sex, M. Age, 40 Marriage, M. Occupation, Stone Mason

Education, Religion, Protestant

Pauper or ~~Private~~ Pauper, Lochmaben Where from? Old Toll Bar Lochmaben

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. one Kind

Duration Where treated C. R. I March 16th

Hereditary History—Insanity. a brother 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

Facts of Medical Certificates

I He has a suspicious sullen look, cannot speak in a rational manner or give any reason for frequent form of drunk - he has religious delusions Warranted to injure his relations

NAME,

STATE ON

Mental.

Exaltation is very conceited and pleased with himself

Depression

Excitement restless

Enfeeblement

Memory good.

Coherence incoherent Can answer questions? Yes

Delusions numerous

Other Abnormalities

Bodily

Appearance Stupid healthy looking

Skin Hair

Eyes Pupils unequal - left larger

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action equal + normal Special Senses

Retina

Lungs

Heart Sounds pure action fierce and quick

Tongue fib. trembling furred + moist Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 102 regular good. full + weak Temp. normal

Height 5 ft 6. Weight 8 St. 9.

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

607

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2/3/94						He has numerous insane delusions and always wears the bonnet he has on at present because he says it keeps him perfect and makes him communicate with Heaven. He is restless and insane in his behaviour - he will sit for a long time with his chair close to the wall and stare at the wall
10/3/94						Is out of doors working - is apparently quite contented and happy - absorbs himself
12/3/94						Is very peculiar in manner and conducts himself in a strange way. He is an host to himself and makes himself perfect he says by sitting opposite a wall and staring into it
14 Nov 1899						Sent today to Farm Annexe.
						This man's Case is Continued in Farm Annexe Case book although he lives in 2nd Storey.
1904 March 1st						No change. delusional & deluded. Work at Stanmore field when he commands the garden squad. In excellent health.
June 12th						Escaped today.
13						Came back of his own accord.

Dec Farm Annexe

Case Bk. p 58

NAME,

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

609

NAME, William Alexander No.

Admitted, 10th March 1894 Pr. Ad. First.

Sex, M. Age, 18 Marriage, Unmarried Occupation, Baker

Education, Religion, Protestant

Private or Pauper, City Parish Where from? 135 Bellfield St Port Glasgow.

HISTORY.

Causation.

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

Symptoms. First.

- Mental
- Bodily

Present.

- Mental
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates

I he is melancholic and taciturn - will not speak or answer questions - very dangerous to others tried to stab his father

II He has a dull wandering expression will not speak or do any thing for himself Stupefied

NAME,

STATE ON

Mental.

Exaltation –

Depression –

Excitement was excitid prewvous to admission

Enfeeblement Is in a stuporous condition

Memory good.

Coherence Coherent at times Can answer questions? Yes.

Delusions –

Other Abnormalities

Bodily

Appearance Pale and Stupid

Skin Hair

Eyes Pupils dilated Sluggish equal

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Normal Special Senses

Retina

Lungs Chest weakly developed. R. in healthy.

Heart Sounds Booming and pure

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Mark of electric is present on the neck

Appetite

Urine

Menstruation

Pulse 102 Moderate fulness Temp. Normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
10/3/94						Admitted in a condition of stupor - refuses to speak and unconscious of his surroundings and everything else. He refused to take food. The stomach tube was passed - but this caused so much irritation as to bring back the food immediately it got into the stomach. He was then fed through the nose - the food remaining down quite easily.
11/3/94						In condition of stupor fed twice by nose tube
12/3/94						Bills fed 2ce morning evening
13/3/94						Bills " " " "
14/3/94						Same condition
15/3/94						Same condition
16/3/94						" " Fed in the morning by tube. In the evening after a bath he took his food and seemed to have wakened up a little
17/3/94						Up out of bed talks a little in a slow stupified way, is very confused in mind this was shown by his trying to strap the bed clothes on a pillow when the effort was kindly interfered but failed miserably he put the clothes in every direction but the right one.
29/3/94						Is very stupid and refuses to speak. He sits in a chair with hands by his side, and the saliva trickling from his open mouth. His look is vacant he is quite passive and cannot be roused from the condition described

3. 8. 94

Discharged

NAME,

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

613

NAME, Alexander Mc. Auley No.

Admitted, 15th March 1894. Pr. Ad. First

Sex, M. Age, 39 Marriage, Single Occupation, Mason

Education, Religion, Protestant

~~Private~~ or Pauper, City Where from? Police Off. Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates

I Delusional of imagines he is persecuted by his brother who follows him about wishes to shoot him – Inadvertent.

II Has delusions of persecution – Syphilophobia & other delusions

NAME,

STATE ON

Mental.

Exaltation '

Depression '

Excitement '

Enfeeblement he is very stupid and confused

Memory good.

Coherence incoherent at times. Can answer questions? Yes

Delusions Yes.

Other Abnormalities

Bodily.

Appearance Jeond and stupid

Skin Hair

Eyes Pupils Equal

Muscularity Fatness

Nervous System—*Motor* fair steady + somewhat staggering

Sensory

Reflex Action deep are absent. Special Senses

Retina

Lungs moist rales are present all over the lungs.
Cough hacking + accompanied by bronchitis Epis.
sense of constriction in chest

Heart Sounds pure but weak pulse 60 feeble dicrotic

Tongue Coated and moist. Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 60 feeble dicrotic Temp. normal.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

615

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15/3/94						He has a very stupid expression and manner and confused in mind. He is fearful of people going to injure him, and gets excited and annoyed about this
18/3/94						Is more settled - very stupid and confused but working in the grounds has still his numerous delusions
22/3/94						He has numerous delusions about voices which he hears at night saying and telling him to do all manner of strange things. He is dull and confused mentally.
5/4/94						Is quiet & industrious and brighter & clearer in conversation He says he is almost suffocated at night by strange smells and gases which fill the room in which he sleeps.
						13 4 94
						Discharged

NAME,

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

617

NAME, Archibald Taylor — No.

Admitted, 15/3/94 — Pr. Ad. Several times

Sex, M. — Age, 49 — Marriage, Married — Occupation, Carpenter

Education, — Religion, Protestant

Prisoner or Pauper, City — Where from? 160 Piccadilly St. Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — Kind

Duration — Where treated Dundee Royal 15 Aug. & 22 Nov. 94.

Hered. History—*Insanity.*

Other Diseases

Predisposing.

Exciting Intemperance

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

Maniacal - incessantly talking incoherent rambling - uses foul language and is violent at times
Wild reckless eyes & scabs his hands incoherent. Has delusions of fear & suspicion

NAME,

STATE ON

Mental.

Exaltation very happy and boisterous in manner.

Depression

Excitement he is excitable and noisy

Enfeeblement dull in mind somewhat

Memory impaired

Coherence incoherent Can answer questions? Yes.

Delusions numerous

Other Abnormalities

Bodily

Appearance pock marked raised thymata on cheeks.

Skin Hair

Eyes Pupils unequal. left larger.

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action equal but dull Special Senses

Retina

Lungs He has a slight catarrh

Heart V. S. murmur at apex. booming 2nd aortic sound.

Tongue furred + coated moist. bulk bad. Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 63 strong regular small Temp. normal.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15/3/94						Is incoherent in his talk worry and excitable - is very dirty in his habits, eating all the faeces and dirt he can lay hands on.
18/3/94						Is out working in the grounds - talks a great deal of nonsense and has numerous delusions about people whom he sees walking about.
21/3/94						Condition of mind unchanged. Works well outside is careless and rough in manner and dirty in his habits he will pick dirt off the ground and chew it.
29/3/94						Goes on with numerous fantastic and absurd capers wears his hat inside out. is boisterous and rough in manner and always picking up dirt from the road and chewing it
11/4/94						Is quiet and more settled - still talks nonsense.
						31. 10. 94
						Discharged

NAME,

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

621

NAME, John McDonald No.

Admitted, 15th March 1894 Pr. Ad. Asst

Sex, M. Age, 40 Marriage, M. Occupation, Labourer

Education, Religion, Protestant

Private or Pauper, City Where from? 222 Castle St Glasg.

HISTORY.

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

Symptoms. First.
- Mental
- Bodily

Symptoms. Recent.
- Mental
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates

I Incoherent. restless unsettled. restless aimless and unhappy.

II Hears imaginary voices - and thinks there is a charge against him - he is unsettled and depressed

NAME,

STATE ON

Mental.

Exaltation

Depression he is always crying and feeling miserable

Excitement excitable

Enfeeblement confused in mind.

Memory Fairly good

Coherence Incoherent Can answer questions? Yes.

Delusions numerous of a melancholy nature

Other Abnormalities

Bodily

Appearance Pale and dull looking

Skin ' Hair '

Eyes ' Pupils unequal left larger

Muscularity fair Fatness fair

Nervous System—*Motor* '

Sensory '

Reflex Action Equal. Special Senses '

Retina '

Lungs Rm. bronchy

Heart Sounds pure

Tongue white coated & dry Bowels constipated

Other Organs, Abnormalities, Bruises, &c. '

Appetite good.

Urine '

Menstruation '

Pulse 90 med full & compressible Temp. Normal.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

623

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
15/3/41						Is very depressed and cannot account for the feeling of utter misery which he suffers from. His talk is quite rational He is very emotional and cries to get home
18/3/41						Still depressed and restless his constant cry is "send me home"
21/3/41						Not so depressed - a little more settled
29/3/41						Speech thick and slurred. he is still very emotional and talks incoherently is restless and excitable
						M'Handyside is Insane

NAME,

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

625

NAME, John Hawkins No.

Admitted, Pr. Ad. First

Sex, Age, 54 Marriage, M. Occupation, Engineer

Education, Religion, Protestant

~~Private~~ or Pauper, Govan Where from? 6 Linhall Ter. Glasgow - wife's Residence.

HISTORY.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Causation. Hereal 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 Delusions e.g. imagines he is being followed by men wherever he goes. they try to get at him and kill him by shooting Restless Delusions of suspicion

II Delusions famous men are after him to shoot him Restless and noisy at night.

NAME,

STATE ON

Mental.

Exaltation

Depression

Excitement

Enfeeblement

Memory

Coherence — Can answer questions?

Delusions

Other Abnormalities

Bodily

Appearance healthy looking

Skin — Hair

Eyes — Pupils Rt pupil left larger

Muscularity — Fatness

Nervous System—*Motor*

Sensory

Reflex Action normal — Special Senses

Retina

Lungs Rm healthy

Heart sounds pure feeble

Tongue coated + moist teeth bad — Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 87 moderately full + regular — Temp. normal

Height 5 ft 5 — Weight 9 St. 6

Skae's Classification

Disease

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

627

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						does not sleep well at night and is disturbed by people whom he says want to shoot or injure him in some way. He says he has lost 1 stone in weight since he left Morningside
20/3/94						Is still suspicious and fancies he hears voices each night outside his window - people were conspiring against him.
22/3/94						Slept well last night. Is quiet and industrious throughout the day and is able to converse rationally.
14/4/94						Is very excited and restless at night. He will jump from his bed in great fear he imagines people are seeking to shoot him and blow him up by dynamite
30/4/94						Mental condition unchanged. He ran away to Dumfries last week but was brought back the same night

14. 5. 94

Discharged

NAME,

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

629

NAME, Andrew W. Ivor a Aitken — No.

Admitted, 18th March 1894 — Pr. Ad. Frost

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

Education, Religion, Protestant

~~Private~~ or Pauper, City Where from? Father Markes Bays Perth

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates

I Behaves in outrageous way - tears bed clothes threatening to chase around. - delusions of persecution

II He wishes money to buy any books he likes his wants are many and unnatural - he is restless + excitid

NAME,

STATE ON

Mental.

Exaltation rather excited.

Depression

Excitement excited and restless

Enfeeblement

Memory defective

Coherence Can answer questions?

Delusions

Other Abnormalities

Bodily

Appearance Flond and dull looking - average? build Venous Stigmata in abdomen

Skin Hair

Eyes Pupils unequal - left larger

Muscularity Fatness

Nervous System—*Motor*

Sensory Sensorial tremor - left side of face expressionless

Reflex Action left knee jerk almost abolished Special Senses

Retina

Lungs B.S. healthy

Heart Sounds pure regular

Tongue Lips prone to get white when protruded Bowels regular

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 84 regular full compressible Temp. normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

631

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
18/3/44						Is excited and restless jumps about in a foolish and childish manner, and shouts out in an incoherent language something very strange and fanciful He has delusions that he is a horse K.
20/3/44						Has general furuncular tumor specially noticeable in the face when he begins to speak is able to work outside quiet and well behaved Has still numerous strange delusions
						Discharged by Transfer

NAME,

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

633

NAME, John Mc Vey

Admitted, No. Inv Dundas

Sex, M. Age, 30 Marriage, Single Pr. Ad. 11/4/93 - 0493

Education, Religion, Protestant Occupation, Labourer

Private or Pauper, City Where from? Mother 60 Rose St S.S.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—*Insanity.*

Other Diseases

Predisposing.

Exciting Intemperance in drink and Women.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates

I Morose - melancholy - taciturn - refuses to answer questions readily - will not work or look after himself.

II Is very melancholic and taciturn. Takes no interest in his surroundings - cannot take care of himself

NAME.

STATE ON

Mental.

Exaltation

Depression

Excitement irritable

Enfeeblement

Memory good

Coherence coherent Can answer questions? Yes

Delusions -

Other Abnormalities

Bodily

Appearance pale dull apth.

Skin Hair

Eyes Pupils unequal - left large

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action normal Special Senses

Retina

Lungs mucous & bubbly rales heard all over lungs slight cough

Heart sounds feeble a vent syst. murmur at apex

Tongue Pt. trembles coated & furred Bowels Constipated
coughs to. side

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 90 regular weak Temp. Normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

635

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						Is dull looking and apparently confused in mind - complains of headache and sleeps badly. He is inactive and with difficulty is got to answer simple questions
24/3/94						Is quiet and conducts to [illegible] are daily allowed in one place.
14/4/94						Talks quite rationally but appears dull and confused, he works sleeps and eats well.
30/4/94						Is quite well bodily and mentally at present.
						19. 5. 94
						Discharged

NAME.

DATE. Temperat. Morn. Even.

NAME,

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

637

NAME, James Hardie No.

Admitted, 22nd March 1894. Pr. Ad. Second.

Sex, M. Age. 56 Marriage, M. Occupation, Bookbinder

Education, Religion, Protestant

Private or Pauper, Where from? 96 Houston St Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Nil. Kind -

Duration Where treated Woodilee, Lenzie.

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack 12 months

Other Facts or Remarks

Facts of Medical Certificates

I Exatid - delusions that his wife and children are against him and that he is shadowed wherever he goes irritable dangerous to others

II Exatid - delusions that he is a son of the Almighty he is illuminated from head to foot. Above delusion I uncontrollable dangerous

NAME.

STATE ON

Mental.

Exaltation

Depression

Excitement

Enfeeblement was bruised

Memory defective

Coherence Coherent Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily

Appearance Face pale expression silly and worn

Skin Hair

Eyes arcus senilis of both eyes Pupils unequal left larger, irregular

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Normal Special Senses

Retina

Lungs

Heart sounds feeble & indistinct regular pure

Tongue clean Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

He has Psoriasis

Appetite

Urine

Menstruation

Pulse 69. Mod full Compressible Temp. Normal.

Height Weight

Skae's Classification

Disease

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

639

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
22/3/94						Is weakminded when asked questions he answers in a silly laughing and confused manner. He appears to have no ambition beyond getting food, clothing and comfortable house.
24/3/94						Is quite content to sit all day, listless and inactive smiling in a vacant way when addressed by anyone.
14/4/94						Mental condition unchanged – he is quite contented apparently never asks to get home is pleased with any little attention

27. 7. 94

Discharged

NAME,

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

641

NAME, John Brown — No.

Admitted, 29th March, 1894. — Pr. Ad. First

Sex, M. — Age, 64 — Marriage, Widower — Occupation, Blacksmith

Education, — Religion, Protestant

~~Private~~ or Pauper, Govan — Where from? Wm Dickson's 36 So. Running Place Glasgow

HISTORY.

Causation.

- Disposition
- Habits
- Previous Attacks—No. — *Kind*
  - *Duration* — *Where treated*
- Hereditary 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 Delusions fancies he hears voices abusing and threatening him - is afraid of mur and can get no sleep. Is suicidal

II Incoherent has hallucinations and delusions is at times very outrageous

NAME. John Brown

STATE ON

Mental.

Exaltation none.

Depression Slight

Excitement -

Enfeeblement very Stupid, and dull looking

Memory defective.

Coherence partial incoherence Can answer questions? Yes.

Delusions numerous about voices he hears at night.

Other Abnormalities -

Bodily.

Appearance worn and dull looking

Skin Hair

Eyes - Pupils equal

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action knee reflexes equal-easily elicited Special Senses

Retina

Lungs Slight hacking cough, mucous râles in the chest

Heart Sounds pure irregular 1st Sound indistinct at ensiform

Tongue dirty Centrally coated moist- Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 69 irregular arteries Stiff Rigid Temp. normal

Height 5 ft. 9 ½ Weight 9 St. 8.

Skae's Classification

Disease

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

643

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29/3/94						Is very worn and dull looking. He takes a seat near the fire in an attitude of extreme listlessness and stupidity. He is troubled with bronchitis. and is sleepless at nights on account of voices of people who continually he says are annoying him
2/4/94						Mental condition unchanged - he can be roused from above condition and answers questions intelligently. Though in a hesitating and confused manner at times
6/4/94						Still has delusions about voices he hears at night:

27. 8. 94

Discharged

NAME,

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

645

NAME. Robert Gibson *No.*

Admitted, 31st March, 1874. *Pr. Ad.*

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

Education, *Religion,*

Private or Pauper, *Where from?*

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME,

STATE ON

Mental.

Exaltation none

Depression is slightly depressed.

Excitement none

Enfeeblement somewhat stupid and silly

Memory good.

Coherence good. Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily

Appearance stupid pale in colour.

Skin / Hair /

Eyes / Pupils equal

Muscularity average Fatness average

Nervous System—*Motor*

Sensory

Reflex Action normal Special Senses

Retina

Lungs R. in healthy

Heart Sounds pure and regular

Tongue coated moist Bowels regular.

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine

Menstruation

Pulse 63 small and weak. Temp. normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

647

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
31/3/94						Is somewhat depressed and says that on account of this he has never been able to settle steadily at any work, he ascribes this depression to the death of his child and worry in his farm work, and to being employed indoors.
3/4/94						Mentally condition unchanged, he is quiet and employed usefully out of doors on the grounds he sleeps well, and takes his food in a healthy manner.
6/4/94						More cheerful, works well outside.

Discharged
30. 10. 94

NAME,

NAME,

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

649

NAME, George Graham *No.*

Admitted, 31st March 1874 *Pr. Ad.*

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

Education, *Religion,*

Private or Pauper, *Where from?*

HISTORY.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Causation. Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First. Mental

Bodily

Recent. Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME,

STATE ON

Mental.

Exaltation: is somewhat excited is indifferent about everything useful to himself

Depression: /

Excitement: is excitable restless

Enfeeblement: /

Memory: indifferent

Coherence: Incoherent Can answer questions? Yes simple ones

Delusions: numerous.

Other Abnormalities

Bodily

Appearance: healthy looking man with a dull appearance

Skin: / Hair: /

Eyes: Pupils: equal

Muscularity: fair Fatness: fair

Nervous System—*Motor* /

Sensory /

Reflex Action: normal Special Senses: /

Retina /

Lungs: Rm healthy

Heart: Sounds pure

Tongue: coated slightly moist Bowels: diarrhoea & constipation alternate

Other Organs, Abnormalities, Bruises, &c.

Appetite: good.

Urine

Menstruation

Pulse: 93 bounding full & compressible Temp.: normal

Height: 5ft 2½ Weight: 98 lb.

Skae's Classification

Disease

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

651

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
31/3/44						Is very restless excitable and talks in a loose rambling fashion He says he is mad and has no right to be here.
1/4/44						Slept well last night; is restless talkative he cannot give a rational account of himself and will not answer questions directly. He has numerous queer notions about himself and his condition of body
4/4/44						Mental condition unchanged
12/4/44						Is able to be out of doors working in the fields. Mentally as above.
24:3:46						Transferred to Hawkhead

NAME,

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

653

NAME, Andrew Hill — No.

Admitted, 2nd April, 1894. — Pr. Ad. First.

Sex, M. — Age, 52 — Marriage, M. — Occupation, Bookbinder

Education, / — Religion, Protestant

Private or Pauper, Govan Parish — Where from? 104 Rose St. S.S. Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack 3 months

Other Facts or Remarks

Facts of Medical Certificates

I — He is nervous and excited - has a frightened look imagines people are going to poison him. he hears voices sees visions

II — Dull melancholy has delusions imagines people are conspiring to shoot him that they have telephone connections with his house &c

NAME.

STATE ON

Mental.

Exaltation

Depression Mentally depressed

Excitement Irritable Excitable

Enfeeblement

Memory good

Coherence Incoherent at times Can answer questions? Yes

Delusions numerous

Other Abnormalities

Bodily

Appearance Pale and depressed looking

Skin — Hair

Eyes — Pupils equal

Muscularity indifferent Fatness indifferent

Nervous System—*Motor* —

Sensory —

Reflex Action Normal Special Senses —

Retina

Lungs Resp. healthy

Heart Sounds pure

Tongue Coated Slightly moist Bowels diarrhoea & Constipation alternate

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 93 med full Compressible Temp. Normal

Height Weight

Skae's Classification

Disease

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

655

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
2/4/94						He is depressed in mind. he cannot do any work he says and this is due to the fact that when standing for a vacancy in the place where he was employed he told another man that his opponent was a papist though his opponent got the place he says he cannot get any sleep or rest on account of calling him "a papist"
4/4/94						Is more cheerful, restless and fidgetty at times. he talks quite rationally
6/4/94						Mental condition unchanged
30/4/94						He has delusions about his food that it is poisoned he views every suspicious and magnas people are plotting against him. this prevents undue. position does no work

25. 3. 96

Discharged

NAME,

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

657

NAME. George Neisham *No.*

Admitted, 4th April, 1844. *Pr. Ad.*

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

Education, *Religion,*

Private or Pauper, *Where from?*

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME,

STATE ON

Mental.

Exaltation

Depression

Excitement

Enfeeblement very much enfeebled

Memory very defective

Coherence incoherent Can answer questions? No.

Delusions

Other Abnormalities

Bodily

Appearance has face a flushed expression depressed

Skin Hair

Eyes Pupils unequal right larger

Muscularity fair very flaccid Fatness fair

Nervous System—*Motor*

Sensory

Reflex Action equal but dull Special Senses

Retina

Lungs R.M. healthy

Heart Sounds feeble but pure

Tongue Coated furred moist fibrillar tremb Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 84 fine feeble arteries L & R Temp. Normal

Height 5 ft 4 in Weight 8 St

Skae's Classification

Disease

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

659

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4/4/94						Is quite stupid unable to do anything for himself. He does not understand the simplest questions put to him. He is very restless and continually working amongst his bed clothes and undoing all that has been done by those attending him for his comfort
9/4/94						Is restless and fidgety and often takes long snatches of sleep throughout the day, cannot be got to utter a word of sense.
11/4/94						Mental condition the same.
20/4/94						Is quite speechless. - restless and uneasy working amongst his bedclothes and muttering constantly to himself he requires to be fed. and looked after carefully
5.6.96						Took an attack this evening and died in a few hours.

NAME,

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

661

NAME, John White

Admitted, 14th April, 1894. No.

Sex, M. Age, 74 Marriage, Single Pr. Ad. Not Halt One at Coast

Education, – Religion, Protestant Occupation, Labourer

Private or Pauper, Half. Morton Where from? Chapel Knowe Half. Morton

HISTORY.

Causation.

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

Symptoms. First.

- Mental
- Bodily

Recent.

- Mental
- Bodily.

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

I. Patient has a vacant expression - cannot apply himself. is rambling in his talk. has hallucinations

II. Rambles in his talk Wandering in his mind is excited restless has delusions

NAME,

STATE ON

Mental.

Exaltation none

Depression Slightly

Excitement Excitable + excited

Enfeeblement

Memory defective

Coherence Incoherent Can answer questions? Yes. Simple ones

Delusions Numerous about women + theft.

Other Abnormalities

Bodily

Appearance Face flushed + dull

Skin Hair

Eyes Pupils Equal

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Equal but dull Special Senses

Retina

Lungs Rhs + crackling

Heart Normal sounds

Tongue Clean moist Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 78 full but feeble Temp. Normal

Height 5 ft. 4. Weight 9 St. 12.

Skae's Classification

Disease

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

663

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14/4/94						Is talkative very rambling and disconnected in his talk, when spoken to he answers the question asked but immediately off to another and remote subject. He is emotional And excitable Has been in Garlands Asylum
16/4/94						Is restless and excitable, he cannot continue a conversation is very incoherent and talks chiefly of women + sex. He says he ran away from Garlands Asylum is peculiar in his manner. To day when walking outside he called on me to come to me and let him out.
18/4/94						She talks a great deal of nonsense And to day asked me if he got home worked a certain "Mary" marry him. Her talk is quite incoherent
28.4.94.						Patient now appears to be perfectly well both mentally + physically.
30.4.94						Discharged Today recovered.

NAME,

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

665

NAME, George Peart *No.*

Admitted, 19th April, 1894. *Pr. Ad.*

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

Education, *Religion,*

Private or Pauper, *Where from?*

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME,

STATE ON

Mental.

Exaltation

Depression

Excitement

Enfeeblement R weak-minded

Memory poor

Coherence Coherent Can answer questions? Yes

Delusions numerous

Other Abnormalities

Bodily

Appearance Face pale - expression dull numerous minor marks on face

Skin Hair

Eyes Pupils Equal

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Normal superficially deep absent × Special Senses

Retina

Lungs Rm. healthy

Heart Sounds pure but feeble.

Tongue Clean Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Remarks of injury

Appetite

Urine

Menstruation

Pulse 69 mod. full + feeble Temp. Normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

667

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
19/4/94						Is stupid and confused in mind. restless and fidgety. He cannot answer questions in a proper manner nor give a rational explanation for his apathy and indifference to matters affecting his interests. He hears voices at night.
21/4/94						Is working out of doors has to be asked for some answers questions in a stupid + careless way
25/4/94						Mental condition unchanged. He is in good bodily health + makes no complaint.

11. 9. 94

Discharged

NAME,

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

669

NAME, ~~Eleanor~~ William Muirhead *No.*

Admitted, 24th April, 1894. *Pr. Ad.*

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

Education, *Religion,*

Private or Pauper, *Where from?*

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms.

First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME.

STATE ON

Mental.

Exaltation

Depression

Excitement

Enfeeblement is very weak minded & silly

Memory Of ecchi

Coherence Incoherent Can answer questions? Yes. Confusedly

Delusions Numerous

Other Abnormalities

Bodily

Appearance healthy looking expression silly.

Skin Hair

Eyes Pupils equal

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Normal Special Senses

Retina

Lungs Rhs healthy

Heart Appears pure.

Tongue flabby coated & furred Bowels

Other Organs, Abnormalities, Bruises, &c.

Left leg has been amputated about part of right foot

Appetite

Urine

Menstruation

Pulse 86 small jerky Temp. Norm.

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.

671

NAME. William Muirhead

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
24/4/01						Is very silly when asked reasonable questions he laughs in a silly way and said he wouldn't tell anything. He hears voices at night but will not tell what these say.
29/4/01						Smiles in a weak minded way when addressed. Easily pleased and seems quite at home with Asylum. He never tries to do any work.
30/4/01						Mental condition unchanged - Still will not answer questions about what he hears at night sleeps & takes his food well.
February 9th 1900:-						Infirm health: He looks as if he might have phthisis but he resents any examination: He is unfit for work: sits idle all day and pays no attention to those about him unless they come against him when he uses very strong language and would strike them. He is a nasty impulsive irritable man. Memory very poor. Talks incoherently muttering to himself Sleeps well eats well
July 28th 1900:-						No change: In reduced bodily health: Pale anaemic: has a chronic phthisical condition at right apex: He is noisy, chattering impulsive & also hears voices.
January 25th 1901						No change in any way Always idle & much emptied mail as he readily becomes impulsive & is in way of habit.
February 14th 1902						He has chronic phthisis at left apex: no change mentally.
1903 July 10th						No change in this entry. in 3rd Div.
1904 March 1st						In rather indifft. health.
						In indifft health. No change mentally.
						SEE CHRONIC CASE BOOK

NAME,

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

673

NAME, Lewis Brown No.

Admitted, 30th April, 1894 Pr. Ad.

Sex, Age, 30 Marriage, Married Occupation, Cab Driver

Education, Religion, Protestant

~~Private~~ or Pauper, City Parish Where from? 104 Hospital St. Glasgow S.S.

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

Speech tremulous & indistinct – rambling incoherent
in speech amnesia agraphia worse at night

Irritable and resistive – destructive & incoherent and rambling. Memory defective

NAME.

STATE ON

Mental.

Exaltation

Depression

Excitement

Enfeeblement weak minded

Memory defective

Coherence incoherent Can answer questions? Yes simple

Delusions Persecution

Other Abnormalities

Bodily.

Appearance face pale Appearance excited Venous Chymata on cheeks

Skin Hair

Eyes Pupils unequal Right large

Muscularity Fatness

Nervous System—*Motor* gait ataxic staggering

Sensory no facial tremor

Reflex Action Equal easily excited Special Senses Hearing hallucinated & blunted

Retina

Lungs Are healthy

Heart Sounds weak but pure

Tongue protruded with apoth Coated & fissured Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 48 full feeble irregular Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

675

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30/4/94						He is very stupid and confused in mind he talks in a slow, hesitating and defective way. his memory is very bad. He is unable to do anything - but attend to his own bodily wants
2/5/94						Mental condition unchanged - is very stupid his talk is rambling and disconnected.
4/5/94						His appetite is good. and he sleeps fairly well at night.
10/5/94						Is very stupid memory defective he cannot tell me when he was admitted here. or where he is
2/6/94						Had a bad hemiplegic attack left sided hemiplegia - stertorous breathing and convulsive twitching of affected side but chiefly of side opposite
3/6/94						had 3 apoplectic attacks of an convulsive nature last night. Stertorous breathing and flushing of face again noticed. The nurse he is much better is able to converse under quite conscious. His urine required to be drawn off the bowels moved well after use of croton oil.
28.4.95						Patient had an apoplectic attack yesterday but this morning seemed to be going to recover. In the afternoon however he became worse & he died this evening.

NAME,

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

677

NAME, Ann Harkins John Blacks No.

Admitted, ~~3rd April~~ 14th May 1894 Pr. Ad. First

Sex, Male Age, 12 11/12 Marriage, Single Occupation, Nil

Education, Religion,

~~Private~~ or Pauper, Dumfries Where from? 9 Burns St.

HISTORY.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity.*

Other Diseases

Causation. Predisposing.

Exciting

Symptoms. First. Mental

Bodily

Second. Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack a few days

Other Facts or Remarks

Facts of Medical Certificates

I Insane wild look. refuses to answer questions
fells violent courageous - tried to cut his throat

V Insane look refuses or is unable to answer questions tries to swallow spoons &c is dangerous

NAME.

STATE ON

Mental.

Exaltation is talking always out in a lively way

Depression

Excitement is excited rather unmanageable.

Enfeeblement yes

Memory defective

Coherence yes incoherent Can answer questions? yes.

Delusions

Other Abnormalities

Bodily

Appearance face pallid expressionless

Skin Hair

Eyes Pupils equal

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action natural Special Senses

Retina

Lungs are healthy

Heart sounds pure

Tongue slightly coated Bowels constipated

Other Organs, Abnormalities, Bruises, &c.

Both hands covered with small blisters

Appetite

Urine

Menstruation

Pulse reg. moderate full Temp. normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

679

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
4/5/94						On admission is very dull looking – refuses to answer any questions save when pressed he is very restless cannot sit for any time in a chair but roves about the room jumping into every one he is suffering from delusions of his relatives.
6/5/94						Is very restless and excitable jumps up on to the window sill he broke a pane of glass, he gets into very close walls round room and table in the dining room singing snatches of well known songs. He seizes every opportunity to escape from the charge of his attendants – and undresses himself whenever he can.
8/5/94						
						26. 7. 94
						Discharged

NAME,

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

681

NAME. Andrew Mc. Keand *No.*

Admitted, 14th May, 1894. *Pr. Ad.*

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

Education, *Religion,*

Private or Pauper, *Where from?*

HISTORY.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Causation. 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.

STATE ON

Mental.

Exaltation is slightly exalted & happy. in demeanour.

Depression

Excitement excitable

Enfeeblement weak & subdued

Memory fair

Coherence Coherent Can answer questions? Yes

Delusions numerous

Other Abnormalities

Bodily.

Appearance Weakly developed generally face healthy looking

Skin Hair

Eyes Pupils equal

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Normal Special Senses

Retina

Lungs Non heard

Heart Sounds pure

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

A small aneurism exists over the external carotid artery. - marks of blindness on left leg.

Appetite

Urine

Menstruation

Pulse 98 good fullness & strength Temp. Normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14th May						He is excited in appearance and manner and talks in a boasting way. He has exalted notions of himself and boasts of malignant acts which he has done
16th May 94.						He is extremely restless and talkative he seems to be very happy expressing not the least concern for the future He rambles from one subject to another. In manner & conduct he is silly and childish
14/4/94						Is much improved. Talks quite rationally and is able to work well and steadily outside. His general health has also improved.
3.7.95						Andrew is simple and childish but he goes out with a work party daily. He is not strong but very well
6.11.96.						Andrew has complained for a day or two of pain in the neck probably the result of the cold weather. He is very frightened for himself and is not going out to work.
February 11th 1897:-						Andrew is a case of partial recovery from repeated recurrent attacks of adolescent insanity His voice sounds as if it had never 'broken' & his face is almost hairless. Childish & simple in many ways. He recognises now he was ill & 'is not' the man he was'. His appearance gives one the idea of a much overgrown boy of 15 or so. He looks weakly but has no definite sign of disease.
February 10th 1900:-						In good health: Mentally he is very enfeebled: He is a case of arrested development. Penis small & stunted: Testes & skin not abnormal in appearance. He is an idle good for little fellow

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He is always irritable and rusty and complaining of all sorts of things says he is neglected: keeps no right to keep him. He worked well for sometime but abuses his habits posting letters &c. He is idle in the house and drinks & eats well.
July 28th 1900:-						Andrew is at present recovering from an attack of mild mania with very marked impulsiveness. He is reduced in health and very thin but has no definite disease & is recovering again his todiy condition. When he was excited about 2 months ago he became at first very talkative, read a good deal, and repeated the story he had been reading. Then became headachy and restless. He suddenly scratched N the St. is which guard one day & then walked up & down the gallery angry & excited. Two days later he had a cut on his wrist evidently a clean cut & was asked how he did it: He said "this way" & pushed a wire nail through a fold of skin & then pulled it out: making a wound about 1 inch long. There was no excitement it was a pure impulsive act done deliberately. There seemed to be almost no pain. He has gradually settled from above condition:
January 28th 1901:-						He has been "off & on" since last note speaking too much & doing too little. He is very excitable now & can readily be made to talk of the wonders he has done & the shooting live &c

→ 805

685

NAME, James Scott — No.

Admitted, 19th May 1894 — Pr. Ad. 2nd ad.

Sex, M. — Age, 49. — Marriage, Married — Occupation, Labourer

Education, — Religion, Protestant

~~Private~~ or Pauper, Cummerbies — Where from? Cummerbies Barrasgali.

HISTORY.

Causation.

- Disposition
- Habits
- Previous Attacks—No. — *Kind*
- *Duration* — *Where treated* GR. I.
- 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

Age on Pr. admr 39.

Facts of Medical Certificates

I Incoherent in ideas - want of memory + general intelligence - he has a wild look

II Wild look incoherent in ideas + delusions

NAME.

STATE ON

Mental.

Exaltation none

Depression none

Excitement very excited

Enfeeblement

Memory poor

Coherence incoherent Can answer questions? yes

Delusions

Other Abnormalities

Bodily

Appearance healthy appt

Skin Hair

Eyes Pupils equal

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action normal Special Senses

Retina

Lungs Rhs healthy

Heart sounds pure fully regular

Tongue thickly coated moist Bowels constipated

Other Organs, Abnormalities, Bruises, &c.

He has had syphilis

Appetite

Urine

Menstruation

Pulse good Temp. normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

687

NAME, James Scott.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						On admission he has an excited appearance talks quickly and excitedly and seems worried about some imaginary danger which he says pursues him.
21/5/14						Is quieter than on admission but restless and uneasy. He says he was ordered by the devil to break all the windows in the village of Cummertrees
23/5/14						Is quiet and well behaved but still has the above delusion.
14/6/14						Works well outside talks quite rationally and cannot be induced to speak of his delusion he says when he had spoken of it he must have been talking nonsense.
8 Dec 1899						Sent to Farm Annexe.

Farm Annexe.

NAME,

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

689

NAME, John Ryan *No.*

Admitted, 16th May 1892 *Pr. Ad.*

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

Education, *Religion,*

Private or Pauper, *Where from?*

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME,

STATE ON

Mental.

Exaltation

Depression

Excitement unexcited

Enfeeblement weak minded

Memory Defective

Coherence Incoherent Can answer questions? Yes

Delusions Numerous

Other Abnormalities

Bodily

Appearance Unhealthy looking

Skin Hair

Eyes Pupils equal

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action normal Special Senses

Retina

Lungs Mucous rales, heard all over chest
cough + Spit blood

Heart 2nd Sound accentuated at aortic

Tongue white coated dry Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse 66 water hammer rad full + big Temp. Normal

Height 5 ft 4½ Weight 84 lb 10

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

691

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						On admission he is restless and excited. He cannot sit steadily in one place for any time but must be interfering with another patient who has been brought with him He is very talkative & cannot be got to speak in a rational way.
28/4/94						Is very restless continually clattering boots and wanders in an aimless manner about the ward interfering with every other patient Sleeps & takes his food well Mental condition unchanged
30/4/94						
1/4/94						He is able to work out of doors - restless nonsensical in his talk but is not so restless He has many insane particularities and fancies. To-day he cut his eye slightly by coming in contact with the handle of a rake.
						M. 1. 95 Discharged

NAME,

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

693

NAME, William Westbury. No.

Admitted, 26th May 1894. Pr. Ad.

Sex, Age, Marriage, Occupation,

Education, Religion,

Private or Pauper, Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered. History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. *First.*

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME.

STATE ON

Mental.

Exaltation

Depression

Excitement

Enfeeblement weak minded

Memory

Coherence Can answer questions?

Delusions

Other Abnormalities

Bodily

Appearance healthy but dull

Skin Hair

Eyes natural squint of left eye Pupils Equal

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action normal Special Senses

Retina

Lungs Has health chest weakly developed

Heart Sounds pure feeble and indistinct

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

no marks of injury are seen.

Appetite

Urine

Menstruation

Pulse 66 slow feeble and soft Temp.

Height 5 ft 4 Weight 9 st 6

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						On admission is appearance is dull he will not speak, but laughs immoderately at the senseless talk of another patient admitted along with him.
28/4/14						He speaks to-day in a whispering voice but gives very unsatisfactory monosyllabic replies to questions addressed to him. He has bursts of immoderate & causeless laughter
30/4/14						Is able to give a little of his history but in an most untrustworthy and unlikely manner
14/4/14						Is now working outside He does not speak much but answers questions addressed to him
11/8/14						Today patient was transferred to Ayr District Asylum.

NAME,

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

697

NAME, John Mc Glasson No.

Admitted, 10th June 1894 Pr. Ad. One.

Sex, M. Age, 59 Marriage, Single Occupation, Stonebreaker

Education, Religion, Prot.

~~Private~~ or Pauper, Hallow Corrie Parish Where from? Corrie Common

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hereal 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 Much depressed in mind - has inflicted serious wound in his throat transversely to the air passages has been in low spirits for several weeks

II Has attempted suicide - is much depressed

NAME,

STATE ON

Mental.

Exaltation none

Depression very depressed

Excitement none.

Enfeeblement

Memory good

Coherence coherent Can answer questions? Yes.

Delusions no specific delusions

Other Abnormalities

Bodily

Appearance dull listless

Skin Hair

Eyes Pupils equal

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action normal. Special Senses

Retina

Lungs

Heart

Tongue furred Bowels constipated

Other Organs, Abnormalities, Bruises, &c.

a suppurated wound is present on the throat 4" in length resulting upon the air passages

Appetite

Urine 1075 pale. no sugar

Menstruation

Pulse Temp. subfebrile

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
						On admission he is very depressed in appearance and his clothing is covered with blood. A large wound which has been stitched represents over the pomum Adami It is about three inches in extent and penetrates into the air passages. This wound has been self inflicted
11th June 94.						Has no difficulty in breathing and the wound looked fairly well he has a slight hoarseness & swallows liquid food.
12th June 94						Died accidently to day from Oedema Glottidis.

NAME,

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

701

NAME, John McIntosh — No.

Admitted, 19th June 1914 — Pr. Ad. First

Sex, M. — Age, 76 — Marriage, single — Occupation, Gentl

Education, — Religion, Protestant

Private or Pauper, City Parish — 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 — Intemperate

Suicidal

Dangerous

Duration of Existing Attack — a few days

Other Facts or Remarks

Facts of Medical Certificates

I — Confused Spell of delusions says he has come to the Poorhouse to be married to a nurse that is represented all over the city &c.

II — has delusions as above confused

NAME,

STATE ON

Mental.

Exaltation none

Depression none

Excitement restless runaway

Enfeeblement demented

Memory bad

Coherence incoherent Can answer questions? yes

Delusions numerous of are extreme silly type

Other Abnormalities

Bodily

Appearance dull

Skin Hair

Eyes Pupils unequal left larger

Muscularity av. Fatness av.

Nervous System—*Motor* normal

Sensory normal

Reflex Action healthy. Special Senses healthy

Retina

Lungs

Heart

Tongue white coated moist Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite good.

Urine normal.

Menstruation

Pulse Temp. normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

703

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						On admission he has a dull stupid appearance and talks in a slow childish manner
21/6/94						Is restless and uneasy - he is anxious to get away he says because he is losing money in here. He is easily put off - being quite childish in mind.
23/6/94						Mental condition unchanged he is out working, he talks in a slow, unintelligible manner
14/7/94						Mental condition unchanged.
8-6-95						Discharged recovered.

NAME,

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

705

NAME, James Mc Gowen. *No.*

Admitted, 20th June 1894. *Pr. Ad.*

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

Education, *Religion,*

Private or Pauper, *Where from?*

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. *Kind*

Duration *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Second.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack

Other Facts or Remarks

Facts of Medical Certificates

NAME,

STATE ON

Mental.

Exaltation none

Depression none

Excitement Has excited

Enfeeblement —

Memory Good

Coherence Coherent Can answer questions? Yes

Delusions Numerous.

Other Abnormalities

Bodily

Appearance stupid confused

Skin normal Hair

Eyes Pupils equal

Muscularity fair Fatness fair

Nervous System—*Motor* normal

Sensory do

Reflex Action — Special Senses —

Retina —

Lungs Resp. healthy

Heart Sounds pure

Tongue — Bowels —

Other Organs, Abnormalities, Bruises, &c.

Appetite good

Urine

Menstruation

Pulse Temp.

Height 5 Ft. 6. Weight 10 St 1

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

707

NAME, James McGowan.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE
						On admission he is very dull in appearance but seems to be clouding a manner Rapport will cast eyes. He is very quiet and uncommunicative he imagines people are after him and intend to do him an injury perhaps kill him
21/6/94						
25/6/94						He is quiet takes his food well he still has delusions of suspicion he works out of doors
14th Nov 1899						Sent to Farm Annexe.
						Farm Annexe.
1902 July 10th						Has been returned to 2nd House & now in 3rd Div working with Stratton. No change mentally.
1903 July 10th						Mentally he shows no change. delusional rambling in his statements & mentally unfolded. In fair health.
1904 March 1st						Lies in fair health. works with Stratton. No change mentally. In 3rd Div.
						SEE CHRONIC CASE BOOK.

NAME,

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

709

NAME, James McGill No.

Admitted, 23rd June 1894 Pr. Ad. 31st August

Sex, M. Age, 63 Marriage, Widowed Occupation, Joiner

Education, Religion, Prot.

Private or Pauper, Kirkinner Where from? Kildarrock & Kirkinner

HISTORY.

Causation.

- Disposition
- Habits
- Previous Attacks—No. *Kind*
- *Duration* *Where treated* Dumfries Asy.
- 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 About a fortnight

Other Facts or Remarks

Facts of Medical Certificates

I He rambles on constantly about snowy roads about preaching & going to various places he has delusions

II He is rambling incoherent and deceitful dangerous to others

NAME,

STATE ON

Mental.

Exaltation none

Depression none

Excitement very excited

Enfeeblement Hopelessly demented

Memory very defective

Coherence Incoherent. Can answer questions? Yes.

Delusions numerous.

Other Abnormalities

Bodily

Appearance Worn & pale

Skin Hair

Eyes arcus senilis of both eyes Pupils unequal & irregular, left is larger

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart Vent Syst Murmur at apex, arteries stiff & rigid

Tongue Coated white Bowels Constipated.

Other Organs, Abnormalities, Bruises, &c. has left inguinal hernia.

Appetite

Urine

Menstruation

Pulse feeble Temp.

Height 5ft 7 ins Weight 9 st

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

711

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He is excitable - raving constantly off his rear + throwing out some words connected to an imaginary audience
24/6/94						When not employed at this task he is very noisy, restless and uneasy. His talk is quite unintelligible
26/6/94						Is expanding a little quicker but still unnaturally talkative + foolish in manner + conduct
3/9/94						He night James struck Dr. Ord finding quite weak + feverish. On examination the Temp was 105° Fah in the Rectum cough hacking + accompanied by a clear frothy spit. No dulness perceptible on percussion. Mucous and bubbling rales are present with the bronchial sounds which are harsh + loud. Breathing quick + difficult. Prostration great
3/9/94	at 9.30 am.					Respirations 36 Pulse 120 P.R.R. 1 in 3⅓ Temp 103.4° Fah. in Rectum Slight Subsultus Cough + difficult. Breathing mucous + bubbling rales + thirst + great prostration
						Died 8. 9. 94

NAME,

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

713

NAME, John Leyburn — No.

Admitted, 25th June 1894. — Pr. Ad. First

Sex, M. — Age, 29. — Marriage, M. — Occupation, Clerk.

Education, — Religion, Protest.

Pauper or Pauper, City Parish — Where from? 2/3 John St, Glasgow.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Hered History—*Insanity.*

Other Diseases

Predisposing. out of work for 18 months

Exciting

Symptoms. First.

Mental

Bodily

Symptoms. Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack A few days.

Other Facts or Remarks

Facts of Medical Certificates

I He is forgetful - at times morose violent & screaming in action Supposes he has seen me several times before in his house has hallucinations and delusions

II He says he saw King David with his harp His suicidal & dangerous

NAME,

STATE ON

Mental.

Exaltation none.

Depression Slight

Excitement Very excitid Ungovernable & noisy

Enfeeblement –

Memory Defective

Coherence Incoherent Can answer questions? Yes.

Delusions numerous

Other Abnormalities

Bodily

Appearance very emaciated, worn, ~~bump, febrile~~ –

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs Mucous & Sonorous Rales are present all over lungs.

Heart Is greatly enlarged, a Vent Systolic Murmur is heard at apex.

Tongue White & furred. There is a fibular trembling of the tongue. Bowels Constipated

Other Organs, Abnormalities, Bruises, &c. He has numerous bruises all over body & a self inflicted, superficial & small wound on the wrist –

Appetite

Urine 1021 Contains albumen

Menstruation

Pulse Temp. febrile

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.

715

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						On admission he is very excited & struggles wildly & vigorously with everyone coming near him. His bodily health is very feeble he is very emaciated but will not take any food.
21/6/94						He is excited & very restless noisy & refusing to answer any questions & will not say anything about himself. He has to be fed by the stomach tube
29/6/94						To-day he took his food himself for the first time he sleeps better at night & is much quieter & composed
1/7/94						He gets out of bed, but is very shaky he walks quite steadily but is easily worried has been working outside for some time now.
29/7/94						

Discharged

7-12-94

NAME,

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

717

NAME, James King — No.

Admitted, 25th June 1894 — Pr. Ad. Ayr

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

Education, Religion, Protest.

Private or Pauper, Cay. Glasgow. Where from? Sailor's Home Glasgow

HISTORY.

Causation.

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

Symptoms. First.

- Mental
- Bodily

Recent.

- Mental
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

I { he says he way is acted on by electricity from women.

II { has hallucinations of hearing voices haunts him reviewing all his past life and accusing him by numberless crimes

NAME,

STATE ON

Mental.

Exaltation none

Depression none

Excitement excited noisy & restless

Enfeeblement –

Memory Fair

Coherence Incoherent Can answer questions? Yes.

Delusions –

Other Abnormalities

Bodily

Appearance Dull & Stupid

Skin Hair

Eyes Pupils Equal

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action dull but equal Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine 1023 No alb - acid –

Menstruation

Pulse Temp. Normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

719

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14·6·95						Patient works with the painters and is useful. He still loses voices talks to himself.
16·12·95						Transferred to Aberdeen Asylum.

NAME,

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

721

NAME, Hugh Kelly — No.

Admitted, 28th June, 1894. — Pr. Ad. Unknown

Sex, M. — Age, 35 — Marriage, Widower — Occupation, Labourer

Education, — Religion, R. C

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

HISTORY.

Causation.

- Disposition
- Habits
- Previous Attacks—No. — Kind
- Duration — Where treated
- Hereal 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

I — he says while saying his prayers he was arrested by 2 policemen & 3 devils - that his inside is burned out. he has no heart &

II — he has delusions of suspicion & other dangerous delusions

NAME,

STATE ON

Mental.

Exaltation none

Depression none

Excitement has excited - irrepressible & shouting incessantly

Enfeeblement slight

Memory bad.

Coherence incoherent. Can answer questions? yes.

Delusions numerous

Other Abnormalities

Bodily

Appearance Worn & stupid

Skin Hair

Eyes Pupils unequal, left larger

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs mucous rales present

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine 1021 No Alb

Menstruation

Pulse Temp. normal

Height 5ft 6½ Weight 9 St

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

723

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
30/6/44						He sits talking rapidly and for hours together. His talk is chiefly an iteration of Biblical phrases & is very senseless. When asked questions he simply look at the questioner and goes on in a singsong voice with his nonsensical talk.
2/6/44						To-day he is much quieter but more restless he is easily induced to fall back into the above mentioned talk about Christ
16/6/44						Is much quieter but when talked to soon he becomes incoherent & rambling. He has many strange fancies eg that people talk to him from Glasgow & say he has there is nothing wrong with him & that he should get home
18.6.44						Discharged Today recovered.

NAME,

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

725

NAME, William Johnstone — No.

Admitted, 28th June 1894 — Pr. Ad. Scots. 28.

Sex, M. — Age, 22 — Marriage, Shoemaker — Occupation, Sailor.

Education, — Religion,

~~Private~~ or Pauper, Asylum — Where from? Scots L. Asylum

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Hereditary 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

Other Facts or Remarks

Facts of Medical Certificates

I. Restless in look & manner incoherent hallucinations & cannot care himself in any way.

II. He is restless uneasy in manner and speech. talk rambling at night he says he hears voices & other sounds at night.

NAME.

STATE ON

Mental.

Exaltation none

Depression none

Excitement he is excited. Laughs noisy & restless

Enfeeblement demented Slightly

Memory very defective

Coherence Incoherent Can answer questions? Yes

Delusions numerous

Other Abnormalities

Bodily

Appearance Imbecile

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs Mucous & sonorous râles heard over both.

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine 1025 acid No Alb

Menstruation

Pulse Temp. Normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
29/6/94						He is a pale looking boy with an anxious expression. He seems not to understand what is said to him but talks to himself in a whispering voice laughing all the while and rubbing his knees with his hands.
1/7/94						Is still restless and uneasy. He cannot settle down at anything and still talks nonsense a great deal
3/7/94						Is quieter but quite stupid & confused.
30/7/94						He is now working an endless ops. in connection with the electric light he imagines he is in a quarry, cannot tell where the quarry is what month or day of the year it is or where he came from.
6 March 1897						Discharged to day to care of friends.

NAME,

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

729

NAME, Hugh Duffy No.

Admitted, 30th June 1894. Pr. Ad. Frost

Sex, M. Age, 42. Marriage, M. Occupation, Iron Driller

Education, Religion, R.C.

~~Private~~ or Pauper, City Parish Where from? Talbot. 91 Brown St Geelong.

HISTORY.

Causation.

- Disposition
- Habits
- Previous Attacks—No. *Kind*
- *Duration* *Where treated*
- Hereal 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

1/ Is excited in his talk says people look in at his windows & annoy him &c

1/ He believes unseen men & women follow him

NAME.

STATE ON

Mental.

Exaltation none.

Depression slight

Excitement slight expression very talkative

Enfeeblement -

Memory defective

Coherence Incoherent Can answer questions? Yes.

Delusions numerous

Other Abnormalities

Bodily.

Appearance Dull

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Equal Special Senses

Retina

Lungs He has a slight catarrh.

Heart A Vent Systolic murmur is present at aortic area

Tongue Slightly Coated Bowels Constipated

Other Organs, Abnormalities, Bruises, &c. He is blind of the right eye.

Appetite

Urine 1015 acid, slight albuminuria —

Menstruation

Pulse Temp. Normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

731

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
31st January 97						He is excitable, when spoken to he immediately begins talking nonsense & gesticulating loudly & restless and uneasy. At times he speaks to imaginary people hearing as he says voices from the other side of the sitting room wall.
2/4/97						
4/4/97						He is much quieter and though dull & stupid looking, he talks rationally, though he cannot sustain prolonged conversation
14.6.97						Usually quiet though dull & stupid. Still hears voices speaking to him & replies to them though he knows they are imaginary
February 10th 1897:-						A case of delusional insanity - by no means a demented though there is considerable enfeeblement in some directions. He still has many hallucinations of hearing & is very much under the influence of them. He at any time might become dangerous from these. He lacks however energy in the directions. - Physical health good.
18th 97						Removed today to Sartlock by Transfer

NAME,

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

733

NAME, John Rodger Anderson — No.

Admitted, 2nd July, 1894. — Pr. Ad. First

Sex, M. — Age, 35 — Marriage, Single — Occupation, Draper

Education, — Religion, Protest.

Private or Pauper, City Parish (Transfer) — Where from? Talbot St. 70 Fisher St. Glasgow

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack about 10 years.

Other Facts or Remarks

Facts of Medical Certificates

I His aspect is favourable when God means insane him to the asylum. He is weak & childish in mind

NAME.

STATE ON

Mental.

Exaltation none.

Depression slight.

Excitement none.

Enfeeblement considerable

Memory defective

Coherence incoherent Can answer questions? Yes.

Delusions

Other Abnormalities

Bodily

Appearance Pale & Dull.

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Slightly Coated Bowels Constipated

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height 5ft 6½ ins Weight 9 St

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

735

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He is a quiet man with a depressed appearance. He is full of nonsense & cannot talk rationally. He can give no account of himself or being stupid
4/4/94						He works a little in the laundry room but is restless & uneasy. He has delusions & fancies & imagines he can do anything
6/4/94						Mental condition unchanged he is very confused.
February 18th 1897						Removed today to Garlocks by Transfer

NAME,

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

737

NAME. Robert McGimpsey No.

Admitted, 2nd July 1894 Pr. Ad. Frier

Sex, M. Age, 30 Marriage, Single Occupation, Labourer

Education, Religion, Protest.

~~Private~~ or Pauper, City Parish Where from? Brotha. 114 Cosgrove St. Belfast.

HISTORY.

Causation.

Disposition

Habits

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 1 year 3 months

Other Facts or Remarks

Facts of Medical Certificates

He turns up his eyes mildly when addressed suspects is without money and Walkers. pris. He is maniacal

NAME,

STATE ON

Mental.

Exaltation seems to be very hateful.

Depression —

Excitement restless + uneasy. always gesticulating + pacing, talking nonsense

Enfeeblement slightly

Memory defective

Coherence incoherent Can answer questions? Yes.

Delusions —

Other Abnormalities

Bodily

Appearance very stupid + silly —

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c. A small ambrasion is present on left cheek —

Appetite

Urine

Menstruation

Pulse Temp. normal

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3rd July 1894						He is talkative - has talk very constant and very nonsensical he persists in making groundless & extremely silly accusations against his fellow patients
5/4/94						He has many bizarre gesticulations, grimaces - has very dirty in his habits and always talking Nonsense.
7/4/94						Is restless and interferes himself in all that concerns the other patients contradicting statements which some of them are accustomed making daily to me + calling them hard & abusive names. He does all this in a most devil-me-care style
February 13th 1897						Is about to be transferred to Glasgow. Is quiet demeanour and is able to look after himself + work a little.
" 18th "						Removed today to Glasgow by Transfer

NAME,

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

741

NAME, Peter McFarlane Archibald. (James Ferguson No.

Admitted, 2nd July 1894 Pr. Ad.

Sex, M. Age, 29 Marriage, Single Occupation, Hawker

Education, Religion, RC. -

Private or Pauper, City Parish Where from? Cousin 63 Soho Street Glasgow.

HISTORY.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Causation.

Mental

Bodily

First.

Mental

Bodily

Recent.

Symptoms.

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack 18th Sept 1893

Other Facts or Remarks

Facts of Medical Certificates

I he says God is in Murthly Asylum he saw him there - is demented

NAME,

STATE ON

Mental.

Exaltation -

Depression -

Excitement to excitable - hypersthesia of hallucination

Enfeeblement Syphilis

Memory bad.

Coherence coherent Can answer questions? Yes.

Delusions numerous

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 5ft 2 3/4 ins Weight 7 St 9 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,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3/4/94						He is very stupid & can give no account of himself which is connected or reliable he seems to have been in jail often.
4/4/94						Is excitable, remains when he will strike any patient who speaks to him or whom he imagines is speaking to him he has answers that he is a greater man in other places & requires more attention than any other person
6/4/94						Is one of those working his back is shrivelled & foolish in the extreme
February 18th 1897.						A typical degenerate type man. He has an exceedingly heavy face small vault to head high cheek bones, heavy dun chaks, large jaw, prominent ears altogether a face that would have charmed "Lombroso". He often expresses himself in language more forcible than polite regarding his detention here but the prospect of tobacco is sufficient to change the tone to one of whining acquiescence. He is a "remmer" otherwise considerably demented. Health fair bodily To be transferred to Glasgow —
	18th					Removed to day to Carstairs by transfer

NAME,

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

745

NAME, James Hammell — No.

Admitted, 2nd July 1894 — Pr. Ad.

Sex, M. — Age, 49 — Marriage, Single — Occupation, Cattle Driver

Education, — Religion, R.C.

Private or Pauper, City Parish — Where from? —

HISTORY.

Constitution.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Hereal History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack since 24th Jan. 1894.

Other Facts or Remarks

Facts of Medical Certificates

I he says he hears God speaking to him in audible voice

NAME,

STATE ON

Mental.

Exaltation –

Depression –

Excitement is uneasy restless

Enfeeblement very demented

Memory gone.

Coherence Incoherent Can answer questions? No.

Delusions –

Other Abnormalities

Bodily

Appearance Dull & Stupid –

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor* There is a twitching of the facial muscles, fibrillar trembling of the tongue & general murmur.

Sensory

Reflex Action Equal Normal Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height 5ft 6½ ins Weight 8 st 6 lbs

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

747

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight. lbs.	PROGRESS OF CASE.
3/4/94						He is very silly and when asked his name says Ah. Ah. he cannot tell anything about himself where he is or what time of the year it is, he is uneasy always gesticulating and grimacing
5/4/94						He is quiet but very stupid and cannot talk to tell what are the names of some men he has been associated with for some time
4/7/94						He now outside working on the ground mental condition unchanged.
February 18th 1897 :-						Removed today to Glasgow by Transfer

NAME,

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

749

NAME, Donald McLeod. No.

Admitted, 2nd July 1894. Pr. Ad. First.

Sex, M. Age, 44 Marriage, Single Occupation, Cooper

Education, Religion, Protest.

Private or Pauper, City Parish Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered History—Insanity.

Other Diseases

Predisposing.

Exciting Intemperance.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack since 1893

Other Facts or Remarks

Facts of Medical Certificates

He shaves voluntarily when addressed
Cannot take care of himself or
tell where he is

NAME.

STATE ON

Mental.

Exaltation None

Depression None

Excitement None

Enfeeblement demented

Memory defective

Coherence Incoherent Can answer questions? No.

Delusions

Other Abnormalities

Bodily

Appearance Dull.

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs Mucous râles are heard all over the lungs.

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp. Normal

Height 5ft 6 ins Weight 9st 3 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.

751

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3/4/94						He is very stupid and cannot tell his own name he says he is called Gillespie
5/4/94						Still laughing in a silly manner at the foolish sayings of the other patients. He takes no interest in anything that is useful or entails any mental exertion
						He is very confused & bewildered not knowing where he is or
February 10th 1897						Is now a marked case of dementia. He follows the others in to meals &c in an almost automatic way. Is very silent seldom talks only answering rudely & coincidable pressed then automatically & generally wrongly. He is fair health & cleanly. Memory cannot now be tested but the others interest him no longer ———
Feby 18th 1897						Removed to day to Glasgow by Transfer

NAME,

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

753

NAME, Henry Bell — No.

Admitted, 2nd July 1894 — Pr. Ad. Frost

Sex, M. — Age, 56 — Marriage, married — Occupation, Baker

Education, — Religion, Protestant

~~Private~~ or Pauper, City Parish — Where from? 131 Barrack St Glasgow.

HISTORY.

Causation.

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

Symptoms.

First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack — since 1st Oct 1894.

Other Facts or Remarks

Facts of Medical Certificates

I — he charges officials with putting gas into him &c

NAME.

STATE ON

Mental.

Exaltation none

Depression slightly.

Excitement moderate

Enfeeblement -

Memory Good.

Coherence Coherent Can answer questions? Yes.

Delusions Remembers a misapprehension.

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.

755

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3/4/94						He is irritable and when he says he is not insane and has no right to be in this Asylum if contradicted he gets angry and talks incoherently. he imagines that he is being plotted against and people are trying to poison him
5/4/94						He is quiet and uncommunicative if left alone he works in any garden well dressing and eating always by himself in the dining room.
4/4/94						Condition unchanged - he does not. Complain of anything
18 June 1897						Transferred to day to Gailtock.

NAME,

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

757

NAME, David McC Innes

Admitted, 2nd July 1894.

No.

Pr. Ad. Forbes

Sex, M. Age, 35 Marriage, Single Occupation, Labourer

Education, Religion, Protestant.

Parents or Pauper, City Parish Where from? Distn 3 Brownhill Anderston G.

HISTORY.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated

Hered. History—Insanity.

Other Diseases

Predisposing.

Exciting Intemperance

Causation.

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack 28th Dec 1882

Other Facts or Remarks

Facts of Medical Certificates

He says that he is in Campbell town
says aye he answers to many
questions is demented

NAME.

STATE ON

Mental.

Exaltation None

Depression None

Excitement None

Enfeeblement Super recumbent

Memory Defective

Coherence Incoherent Can answer questions? Yes.

Delusions —

Other Abnormalities

Bodily

Appearance

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

759

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3/4/94						He is very stupid and confused he cannot give a rational account of himself, and was stupid as to require constant care & attention
5/4/94						He does not know where he is or where he came from he sleeps - takes food well.
4/7/94						He works outside at the barrows but displays no interest in his new occupation or surroundings
18th June 1897						:- Transferred today to Carlton.

NAME,

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

761

NAME, Stephen Welsh

Admitted, 2nd July 1894. No.

Sex, M. Age, 69 Marriage, Single Pr. Ad. 2nd floor

Education, Religion, Occupation, Labourer

Private or Pauper, City Parish Where from? —

HISTORY.

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

Symptoms. First.
- Mental
- Bodily

Recent.
- Mental
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack August 26th 1894.

Other Facts or Remarks

Facts of Medical Certificates

Mr Jones and his sons are taken out.

NAME.

STATE ON

Mental.

Exaltation none

Depression none.

Excitement —

Enfeeblement Demented.

Memory Defective

Coherence Incoherent Can answer questions? Yes.

Delusions of a foolish nature.

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.

763

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3rd July 96.						He has dull confused appearance and is always saying there is nothing wrong with me. He now begins to talk in a very foolish incoherent & disconnected way.
5/6/96						Is quiet but somewhat restless and uneasy. His mental condition is as above.
4/6/96						Mental condition unchanged
6.11.96						There is no change in Welsh's condition. He is simple and confused able to apply himself at nothing. He wanders aimlessly about his gallery at times talking to himself.
Feby 4th 1897						Steven continues to be in bad bodily health. He has lost the sight of his left eye & of his statements can be trusted sees very little with the right. His delusions are very foolish & are connected with this eg. He says he has blind men walking in his head &c. He will do not work is deed cannot do any & his condition is largely one of dementia.
Febry 18th 1897 :-						Removed today to Larbert by Transfer

NAME,

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

765

NAME, Thomas Steel — No.

Admitted, 7th July 1894 — Pr. Ad. Free.

Sex, M. — Age, 22 — Marriage, Single — Occupation, Roof Finder

Education, — Religion, Prot.

Private or Pauper, City Parish — Where from? —

HISTORY.

Disposition

Habits

Previous Attacks—No. — *Kind*

Duration — *Where treated*

Causation. Hereditary History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First. Mental

Bodily

Recent. Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack 5th Sept 1894

Other Facts or Remarks

Facts of Medical Certificates

he cannot tell where he is —
is demented

NAME,

STATE ON

Mental.

Exaltation none

Depression none

Excitement none

Enfeeblement demented

Memory very defective

Coherence incoherent Can answer questions? Yes simple ones?

Delusions —

Other Abnormalities

Bodily

Appearance

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

767

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3/4/94						He is very stupid and confused in mind says one thing & contradicts it immediately after. He cannot talk coherently & unintelligibly.
5/4/94						Is quiet and able only to dress himself - his habits are dirty and he is slovenly in his dress and appearance
4/7/94						Is not working - but is mindless & mechanical in his work.

February 18th 1897:- Removed to day to Glasgow by Transfer

NAME,

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

769

NAME, William Philips — No.

Admitted, 2nd July 1894 — Pr. Ad. Irish

Sex, M. — Age, 35 — Marriage, Single — Occupation, Engineer

Education, — Religion, Prot.

Private or Pauper, City Parish — 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 72 hrs July 1894

Other Facts or Remarks

Facts of Medical Certificates

he fancies his stomach was taken away tacks incoherently

NAME.

STATE ON

Mental.

Exaltation Slightly. Less unnatural hastiness of gesture & speech

Depression

Excitement Mild & transient

Enfeeblement Demented

Memory Defective

Coherence Incoherent Can answer questions? Yes.

Delusions Numerous.

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.

771

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3/7/94						He is restless + uneasy and volunteers information on every and any subject, concerning people whom he has only seen recently and about whom he knows nothing he talks nothing but nonsense + cannot tell his own name
5/7/94						Is still restless, but quiet + harmless when left alone His replies to questions are quite foolish + unintelligible Mental condition unchanged
7/7/94						
February 18th 1897:-						Removed to day to Glasgow by Transfer

NAME,

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

773

NAME, David Carruthers — No.

Admitted, 2nd July 1894 — Pr. Ad. Yes.

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

Education, — Religion, Prot.

Private or Pauper, City Parish — 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 — July 1st. 1893.

Other Facts or Remarks

Facts of Medical Certificates

He talks incoherently & says many men as strong as God.

NAME,

STATE ON

Mental.

Exaltation None

Depression None

Excitement None

Enfeeblement Dementia

Memory Gone.

Coherence Incoherent. Can answer questions? No.

Delusions of a. Religious kind such as that he has Supernatural strength.

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.

775

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3/4/94						He is a very stupid old man & laughs in a silly childish manner when spoken to he cannot sustain a long connected conversation that many strange delusions arouse his personal fears & physical strength
5/4/94						Is quiet & dull & evidently quite happy & contented in his new surroundings
29/4/94						Mental condition unchanged
29/2/94						Is now working outside
February 18th 1897						Removed to day to Dartford by Transfer.

NAME,

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

777

NAME, Thomas Turley — No.

Admitted, 7th July 1894 — Pr. Ad. Belfast

Sex, M. — Age, 34 — Marriage, Single — Occupation, Shipwright

Education, — Religion, RC.

Private or Pauper, Brij Parish — Where from? Jas Turley Old Globe Harbr

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 — Jan 24th 1882

Other Facts or Remarks

Facts of Medical Certificates

he thinks he is in an evening place
doing plumbers work is demented

NAME.

STATE ON

Mental.

Exaltation none

Depression none

Excitement none

Enfeeblement very demented

Memory Gone

Coherence Incoherent Can answer questions? no

Delusions —

Other Abnormalities

Bodily

Appearance

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

779

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
3/4/94						He is very stupid and confused he knows is unable to say where he came from or where he is at present he has no conception of time &c
5/4/94						Inquiet and takes a much interesting in all that goes on about him. When he speaks he is incoherent & foolish.
21/4/94						Mental condition unchanged
29/4/94						He is now quiet & working
6.11.96						Patient is still very stupid & confused he scarcely ever speaks and he takes no interest in anything. He is not able to do any work owing to his stupidity
8.2.97						In the same condition as above a demented dull stupid patient. When spoken to rambles in an incoherent way seems this he will not do unless occasionally generally refusing to speak.
February 18th. 1897						Removed to day to Sartlock by Transfer

NAME,

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

781

NAME, William Mucholland No.

Admitted, 4th July, 1894. Pr. Ad. Not 12

Sex, Age, 36 Marriage, M. Occupation, Spirit Dealer

Education, Religion, RC

~~Private~~ or Pauper, City Parish Where from? 23 Glenfield St. Glasgow

HISTORY.

Causation.

- Disposition
- Habits
- Previous Attacks—No. Kind
- Duration Where treated In Gartnavel Jan/94 to Mar/94
- Hereal History—*Insanity.*
- *Other Diseases*
- Predisposing.
- Exciting Intemperance

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

I Says he climbed on signal post yesterday at Gorbals station to keeps the officials to get on with the traffic is insane + dangerous

II Facile. haekerini sponish in his actions He is dangerously passionate

NAME,

STATE ON

Mental.

Exaltation –

Depression –

Excitement Severe excitm - very restless, restrictive & noisy.

Enfeeblement –

Memory Fair

Coherence Incoherent Can answer questions? Has hallucinations

Delusions numerous. (D.T.).

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.

783

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						On admission he was very excited shouting out loudly and insulting every person who came near him The Inspector who brought the patient said he had broken the Windows in the railway carriage he was placed in & managed in his excitement to wriggle one of handcuffs he (the Insp.) had put on him
9/4/94						Is still very excited & restless on account of his maniacal state he is confined to bed, where despite attendants care he manages to get all the bedclothes tossed about on the floor. When spoken loudly to he comes to himself for a minute and then goes off into his old excited state.
11/4/94						Is much quieter and able to be out of bed, he talks quite rationally but is dazed and stupid looking
23/4/94						Is outside to day working for the first time since admission.
						Discharged 4. 12. 94

NAME,

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

785

NAME, Alexander Frazer No.

Admitted, 4th July 1894. Pr. Ad. First.

Sex, M. Age, 42 Marriage, M Occupation, Saw Miller

Education, Religion, Prot.

~~Private or~~ Pauper, Where from? Wife Kegg Parish of Auchenleck.

HISTORY.

Causation.

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

Symptoms. First.

- Mental
- Bodily

Recent.

- Mental
- Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack Four weeks

Other Facts or Remarks

Facts of Medical Certificates

He is a lunatic with delusions such as that his wife is unfaithful to him that she conspires against him he melancholic & unsocial

Mental. Bodily.

NAME,

STATE ON

Mental.

Exaltation none

Depression is very depressed.

Excitement none.

Enfeeblement slight.

Memory fair

Coherence Coherent Can answer questions? Yes.

Delusions of a depressing & morbid nature.

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,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						He is very depressed and sits staring vacantly into space. He answers questions only in a monosyllabic way.
9/4/94						He is very quiet; and morose looking sitting all day in one place brooding over his miserable state he takes little or no interest in anything going on about him he imagines his wife has deceived him.
11/4/94						Mental condition much unaltered he never speaks unless when spoken to
13/4/94						He takes his food well & sleeps well
26.4.95						Is distinctly better now & not working daily, though still troubled with 'ideas'
15.3.96						Fraser does not show much change He is still troubled with 'ideas' of various kinds. He usually sits near his brother doing nothing
February 10th 1900:-						In fair health: He does a little polishing: He is now occasionally pleasant and answers reasonably but he is subject to acute exacerbations during which he is difficult to manage easily excitable: He has delusions of suspicion keeps working on his thoughts & so on. He is in 3rd Div: Merbourne Asylum
July 28th 1900						No change: Harry thinks now & does not so subject to attacks of excitement Still suspicious and mild depressed.
January 26th 1901:-						In Good health at present. He sleeps well & is now quiet & amenable to discipline: does good deal of housework

NAME, Alexander Fraser.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
January 31st 1902:						In good health. Much quieter & more settled & now does a fair amount of cabinet work.
1903 July 10th						Continues irritable, impulsive & delusional & irritable at times. In 3rd Div & requires to sleep in single room. In fair health.
1904 March 1st						No change. Keeps in fair health.
						SEE CHRONIC CASE BOOK.

789

NAME, Samuel Russel — No.

Admitted, 11th July 1874 — Pr. Ad. First

Sex, M. — Age, 21 — Marriage, Single — Occupation, Tailor

Education, — Religion, Protestant

Private or Pauper, Troquois. — Where from? Transfer from Asy.

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

Med Certif'ts - He is acutely maniacal or rather subacutely

NAME,

STATE ON

Mental.

Exaltation none

Depression none

Excitement fits very excitable. busy society, laughing immoderately & careless, & insane in his actions

Enfeeblement yes.

Memory gone.

Coherence incoherent Can answer questions? yes

Delusions —

Other Abnormalities

Bodily

Appearance

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

NAME.

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						On admission he has a mild unsettled look – he will not speak but carries on in a most insane manner
13/2/94						He is excited & very noisy talkative and restless when asked a question instead of answering he opened up his trousers & exposed himself
15/2/94						Still very unsettled & restless talks incoherently and in a disconnected way and is quite irrational
19/2/94						Is a little quieter but otherwise unchanged.
24/2/94						Blood was noticed issuing from the urethra to-day in a steady stream. On percussion the bladder was found to be distended. After much difficulty a catheter was introduced and clear urine drawn off – the blood was from a ruptured urethra the site of the rupture being about the membranous portion of the urethra The catheter was kept in the urethra & bladder & fixed in this position The patient is very excited
24/2/94						This morning early the patient pulled out the catheter with such force that the wounded the urethra commenced bleeding again. He was very excited & noisy through the night
31/2/94						Patient has a temp of 102·2 (Rectum) & to-day had a severe epileptic attack after this temp. became normal. Urine is pure & normal
8/3/94						Urine is foul-smelling. but appears to be made

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
12/8/94						with difficulty & in copious amount. A bougie was passed & entered easily. After its withdrawal a quantity of foul smelling purulent matter issued from the urethra. Patient was extremely excited during this procedure.
13/8/94						A catheter was passed & a small quantity of very foul smelling urine was withdrawn - containing flakes of greenish pus & mixed with a little blood. An examination was made for an abscess of this region, but with success. He was then taken into a chamber pot. & allowed to micturate - & that it cannot be examined. He was very excited during the catheterisation.
14/8/94						Patients condition shows no change - urine shows no albumen - but a copious deposit of mucus & pus is present. Temp 99·6·F.
15/8/94						Catheter & bougie passed - small quantity of pretty clear & not foul smelling urine drawn off. Finger per rectum discovers large & firm mass - presumably an hypertrophied bladder - pressing on rectum - no fluctuation can be detected here.
						Discharged
						6·4·95

793

NAME, Archer Cowan — No.

Admitted, 13th July 1894.

Sex, M. Age, 22 Marriage, Single Pr. Ad. Irish

Education, Religion, Protest. Occupation, Passage boy

Private or Pauper, City Parish Where from?

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration *Where treated*

Hereditary History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

I He is incoherent in Speech has hallucinations, delusions magnus that the wards are full of Chinese

I He has no idea where he is – is incoherent.

NAME.

STATE ON

Mental.

Exaltation — he seems elated - keeps unnaturally happy & gay.

Depression — none.

Excitement — he is irritable - when crossed pushes about in a more dangerous manner.

Enfeeblement — slight.

Memory — defective

Coherence — incoherent — Can answer questions? Yes sometimes

Delusions — numerous.

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.

795

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
14/4/94						She is very silly and has numerous insane delusions & imagines she hears voices. She gets very excited and jumps about as high as the table & over the chairs shouting & laughing insanely
16/4/94						Is very foolish in her behaviour & talks arrant nonsense. She is restless & unruly.
18/4/94						Is a source of annoyance to all around on account of her foolish tricks she plays on other patients, she is very silly in fact.

February 18th 1897 :- Removed to day to Gartcloch by Transfer

NAME,

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

797

NAME, John Templeton

Admitted, 14th July 1894

No.

Sex, M. Age, 23 Marriage, Single Pr. Ad. Scotch?

Education, Religion, Protestant Occupation, Labourer

Private or Pauper, Pauper Where from? Q Hanover Sq. Pauper.

HISTORY.

Causation.

Disposition

Habits

Previous Attacks—No. Kind

Duration Where treated C.R.I.

Hereditary History—*Insanity.*

Other Diseases

Predisposing.

Exciting

Symptoms. First.

Mental

Bodily

Recent.

Mental

Bodily

Insane Habits and Propensities

Suicidal

Dangerous

Duration of Existing Attack a few days.

Other Facts or Remarks

Facts of Medical Certificates

I Wild & restless appearance - he answered a question when covered up his head with blankets

II Labours to imaginary people - wild appearance cursing

NAME,

STATE ON

Mental.

Exaltation none.

Depression none.

Excitement none

Enfeeblement he is much enfeebled. - knows very suspicious surroundings

Memory poor.

Coherence incoherent Can answer questions? no.

Delusions -

Other Abnormalities —

Bodily

Appearance

Skin Hair

Eyes Pupils

Muscularity Fatness

Nervous System—*Motor*

Sensory

Reflex Action Special Senses

Retina

Lungs

Heart

Tongue Bowels

Other Organs, Abnormalities, Bruises, &c.

Appetite

Urine

Menstruation

Pulse Temp.

Height Weight

Disease *Skae's Classification*

General Bodily Health and Condition

PREDOMINANT FEATURES.

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

799

NAME,

DATE.	Temperat. Morn.	Temperat. Even.	Pulse. Morn.	Pulse. Even.	Weight, lbs.	PROGRESS OF CASE.
						On admission he has an unmeaning look and smiles in a foolish silly manner when addressed
16/4/94						He is very quiet and harmless he cannot converse in a rational manner - but is able to tell his name in a childish way. He very stupid
18/4/94						Mental condition unchanged. he seems to have settled down is quite happy & contented
30/7/94						No change in physical Condition
26/4/95						In statu quo.
February 16th 1897.						Is now a demented in every sense of the word. He is idiotic no sense of personal appearance or comfort. Cannot work, cannot answer even the simplest question correctly His face is perfectly vacuous. He is content to follow the others to dining room recreation Physical health fair.
17th February 1898:-						To day sent to Stanmore Lunatic Asylum.

Thomas Bowan or Murphy.
v 3. Single
Shoemaker. Protestant
Insane for one week.
First attack.
Cause unknown
Not subject to Epilepsy
Suicidal ?
Dangerous to others
Residence. 74 Brown St Bridgeton. Glasgow
City Parish.
I. Fancies he hears God speaking to him, and other imaginary voices is very confused in mind
II He is mentally confused. and has hallucinations of hearing delusions founded on these
} 16th July 1894 admitted.

George Dunn
48
Married
Baker
Bothwell.
Insane for a few days
Age on 1st attack 34
In Smellie ton asylum Previously from 8/12/93 to 28/4/94
Epilepsy
Not Suicidal
Dangerous to others
wife 136 Caledonia Road, Glasgow.
I He is weakminded, emotional has violent and passionate outbursts
Those attacks are excited by the least unusual occurrences.
II His nerves, excited easily upset is amazed by Empties and unusual doings of other patients
} 16th July 1894.

Alfred Duncan Sinclair
M. AR 30.
Single Labourer Protestant
First attack ? of a few days duration Cause Intemperance
Cut throat
admitted 20th July 1894
I He says he has fallen heir to £125.000. on his being in England. that he is illegally imprisoned &
II He talks incoherently in answer to questions gets violent & escaped without cause

James Robertson died 31st Dec. 1893. Phthisis pulmonalis both lungs: pericardial cavity filled with fluid. Spleen congested. Kidneys large white congested. Bladder enormously enlarged. Rectum small contracted.

P.M. 22/12/93

23rd July 1894 Robert Walson
19
Single Labourer
Protestant
Templand Village
Lochmaben
1st attack of 10 days.
Suicidal
Suicide

He gesticulates & talks incessantly in a rambling manner: he says he has been dead three times he stands in front of an approaching train till he is removed

I

Has delusions about having been dead & in heaven & again returning to the earth

V

Andrew McKeand – 682

January 25th 1901 – continued: He has shot a hare weight 26 lbs saw a man who shot one weighing 35 lbs. Has killed a fox by chasing it over a hill &c: He is very impulsive recently has smashed the glass of the door of lavatory owing but to 1st Div. Here he attempted to hang the cat to a temporary electric wire that was hanging across room: He also recently caught rat in the dining table holding it like a ferret when it bit him he cut off its tail & put it back in its hole. Ready to strike anyone if offer hand. Hands.

July 16th 1902: In good health. Mentally not so settled & he is now always very lazy drawn on his exploits especially on his feats with the gun. Very abusive and easily made impulsive especially when touched on his sexual side.

1902 July 10th Life in Good bodily health & he seems pretty well mentally. At present outside doing a little gardening –

1903 July 31st: was not associating at Golfcamp when he wandered away & managed to make his escape. On the day of the expiry of his warrant by escape he heard that he was working on a farm near New abbey. He was sent for & brought back same night. Since his return he has been Mathematically relapsing to his old feeble condition.

1904 March 1st: Has a Gun Corporal Lieut of Kettleman & Lieutenant & for a time was known to 1st Div. Did not take his food well & unsteady Crossbelt. He is better again & picking up in health & for past two days he has been working in Garden.

C.C.B.

Died





