

Notes by Baker of symptoms of incipient senile dementia, and on case of delusional insanity, with an account of autopsy

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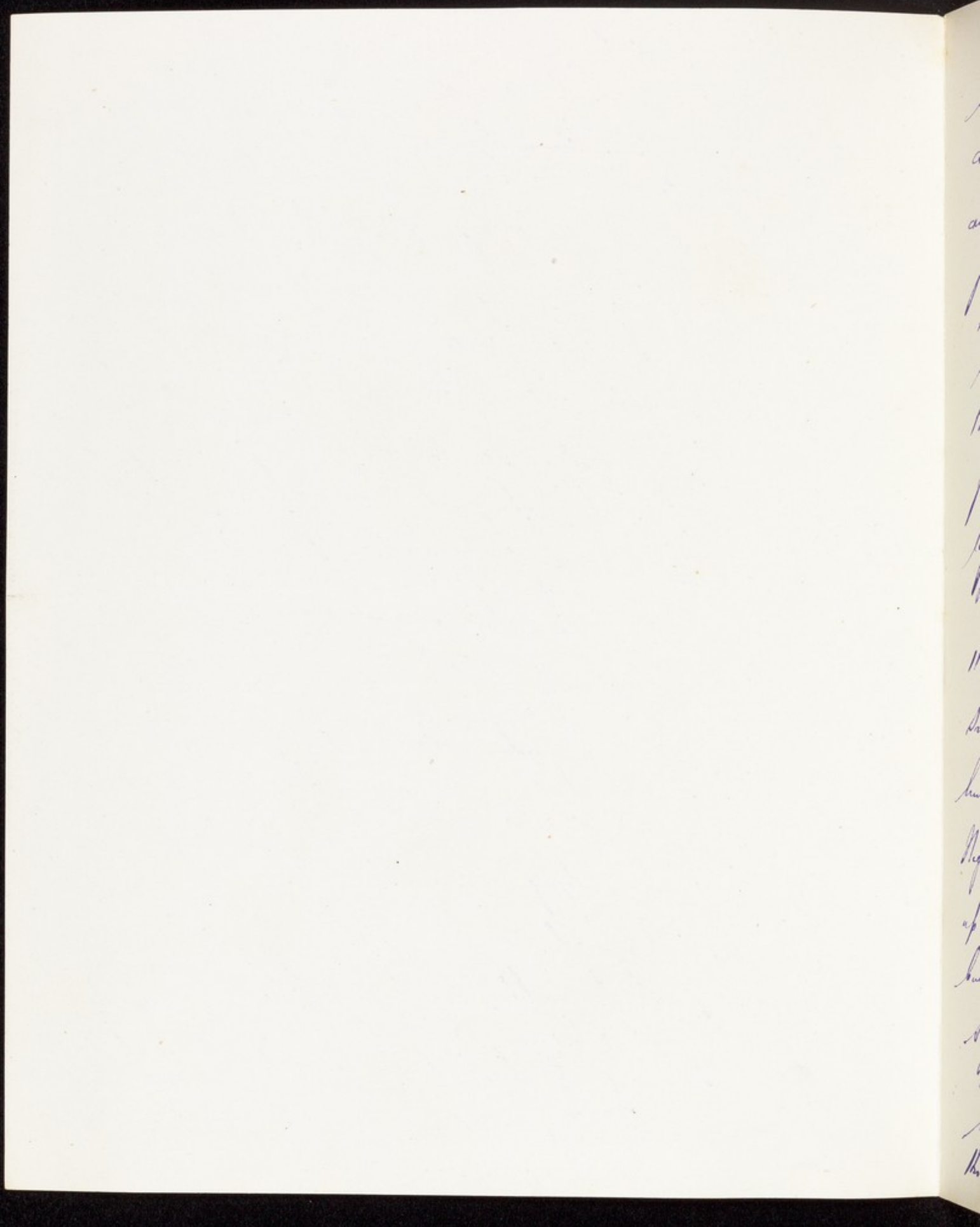
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Notes of a Case of Delusional Insanity
with an Account of the Autopsy. By. Robert Butler
M.D. Physician Superintendent of the Insane Asylum near York.

The ~~notes~~ ^{notes} of the following ~~case~~ are placed before
the profession in the belief that they report ^{the} history of
a case of unusual interest.

G. A. A. aged 29, a Civil Engineer - admitted into
the Insane Asylum York June 30th 1874. Patient is 5ft. 8in. in
height thin - pale & Cachectic. Head well formed: Expression somewhat
wild, unsettled. His Insanity is stated to be of 3 months duration
& the cause is said to be partial non-success in his profession
the fact ^{dictated by his friends} delusion was that he was the victim of a conspiracy to
prevent him obtaining work.

His mental condition is ^{and} characterized by delusions of which the
chief is that he is the rightful Prince of Wales. He will only answer
questions when addressed in full as "His Royal Highness the Prince of Wales".
He then commences his answer in the 3^d person by the same phrase.
If any part of the title is omitted he will not reply. He has
written proclamations setting forth his origin & pretensions, and
calling upon his loyal subjects to rise to arms ⁱⁿ ~~on~~ ⁱⁿ defence of his
and the Queen's defence. The possession of this delusion has



Completely alienated him from his relatives & friends (2)
he is unsociable, morose & sullen and complains of being
annoyed by the proximity of other persons. He eats
and sleeps well.

June 14th. One of the patients today incarcerated on the farm
where E. A. S. spends his time issuing proclamations - this
he send E. A. S. that without any warning he should
the intruder several severe blows with a baguette cane.

June 17th. During last night he had his Blankets & Sheets
together into a sort of 16 yards long fastening it to his
wrist-bar and having squeezed this the aperture
11 1/2 by 7 1/2 inches (the Reheat sash squares being made of this
small size to prevent the likelihood of anyone escaping) let
himself down into the garden below: at the next visit of the
Night Steward he was of course missed. I was immediately called
up and found him lying on a garden seat much exhausted
but not seriously injured.

August, 18th. E. A. S. his condition is unimproved: he is sullen
undeveloped & often violent in behaviour & language. He often
refuses to speak at other times he makes complaints such as
this Royal Highness the Prince of Wales has to complain of prison being

It appears however that the patient's mental condition from boyhood, has been unsatisfactory.

At school he lived apart from others, considered himself of higher social status than the rest of his schoolfellows. And as a consequence was placed in contempt by them.

During his apprenticeship as an Engineer, his conduct was so irritating to the workmen that they sought themselves - him by drinking him in a house party.

Whilst employed as his professional duties in India he was unmanageable & constantly believing that he was neglected & not appreciated.

On his return from India to England, where he worked his own passage on the ship, he quarrelled against the captain & was placed in prison.

(3)

put in his coffee. He frequently now refuses food believing
we are in a conspiracy to poison him & persists in
his refusal until the apparatus for feeding is produced.
He is constantly on the alert for an opportunity to escape
he refuses to sit near the other patients & has needed
since the 29th the constant supervision of a special attendant.
Sept. 27. This Patient today exhibited out in the falling garden
with his attendant made a skilful attempt at escape - Seizing
a suitable moment he by a springy jump caught hold of
the bough of a Walnut tree - ran along a branch - gained
in safety the summit of the adjacent wall & from thence
dropped into the adjoining field - where however another
attendant captured him.

Oct. 17th He is more backsliding repeats a made up speech
in a sharp insinuating tone drawing reference to his claim to be
universally acknowledged the true Prince of Wales. Today for the
first time he complained that the persons represented in the
wall pictures spoke to him & among other things said that "the
Queens were hastening onwards to their utter annihilation".

1875
May 1st The same kind of entries continue up to this date when at
the 7th May 1875

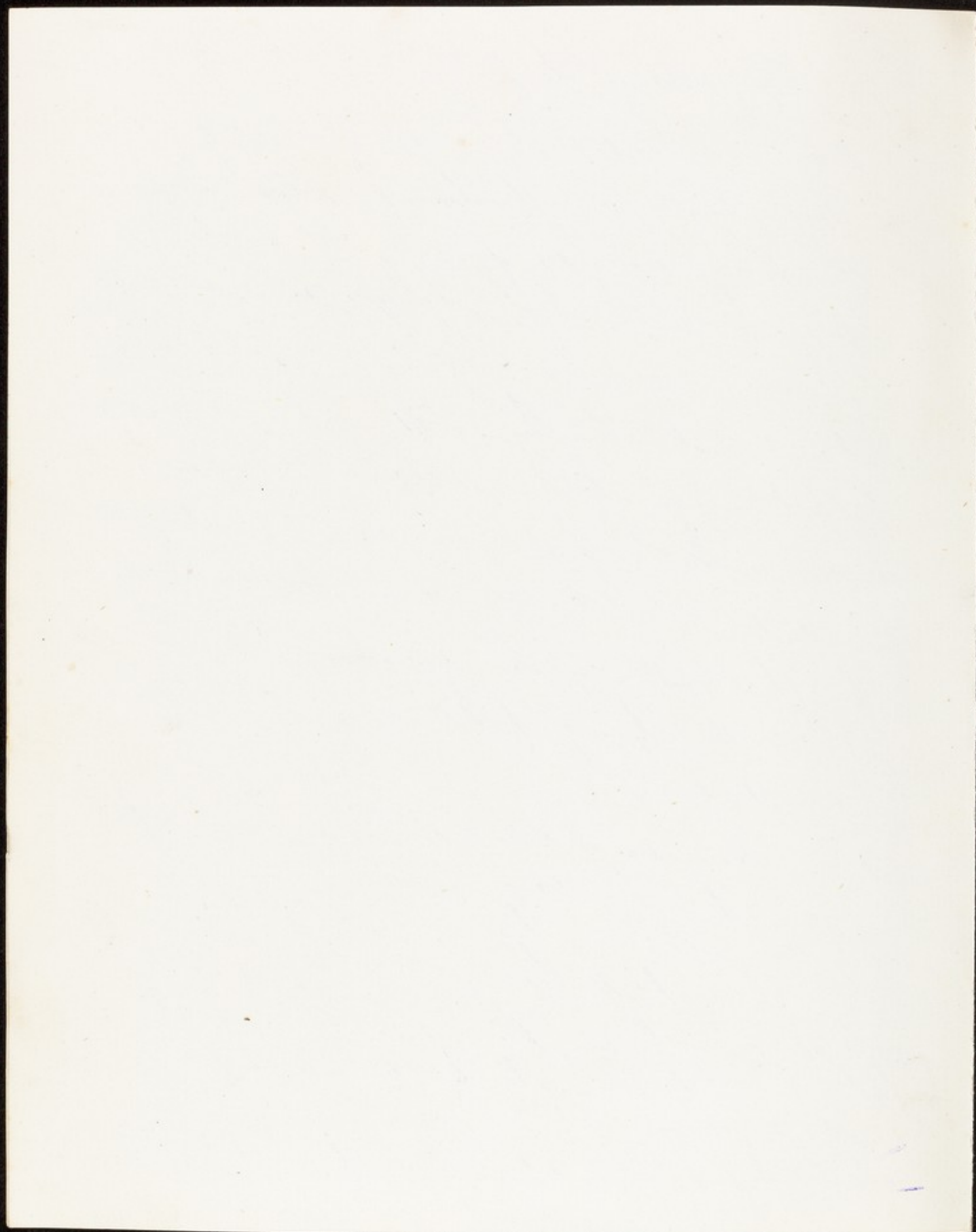
Each morning, a pint & a quarter of strong
leaf tea, thickened with a dessert spoonful of
corn flour, with the addition of one egg.

In the afternoon, ^{boiling} a pint & a quarter of milk
prepared in the same way -

is recorded that food had needed on that day to be forcibly administered.

Oct 19th This patient during the past 3 weeks has been more than usually savage, morose & violent, attacking all who come near him. On the morning of the 18th he himself (during the intervals between the acts of the High Mandant) succeeded in disjoining a portion of his Bedstead - barricaded his door and armed with a wooden bar defied anyone to enter his room. Through the fern-light over the door I directed the stream of water from a fire extinguisher on to his face & so completely blinded him that his blood fell amiably - gradually the door was opened, an attendant protected by covering his head covered with a hair-matress rushed in & with assistance secured the patient without any accident & resulting to anyone.

1876
Jan 4. 13th Since the 8th inst. he has refused to take any food, & therefore has thrice daily been fed thru the funnel & esophagus tube. He has not spoken for two weeks - is very dirty passing urine and feces in his Bed



April 26th Patient occasionally takes a Meal but nearly
~~always~~ requires the total administration of food
Every day

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Oct. 5th Patient has not taken voluntarily and food
since ~~last~~ ~~today~~ April 26th - he requires the forcible administration
of food three daily. He is not losing ground.

1877

Feb. 17th For part of 4 days Patient has taken food
voluntarily & has been willing to get up & dress himself.
- Today he has again needed feeding by the tube
Oct. 15th Since Feb. 17th the patient has been forcibly fed three
daily: his bodily health is as good as usual. His mental

condition is unchanged.

Oct. 22. Patient has become so actively violent, fighting furiously
everyone who approaches him that it has been found needful
to place him in seclusion. Each time he hears the Medical
officer going to his room to feed him he gets out
of Bed. & stands in an advantageous position with his feet
doubled for action & when the door is opened fights actively
& desperately until overpowered by the 4 Attendants: he is then
huddled with food has been administered then one by one the
Attendants leave the room the last one frequently receiving a
parting blow from either the hand or foot of the Patient.

No stimulants of any kind were administered after Oct. 1897, but half an ounce of Cod liver oil was administered with the food, thrice daily.

x All attempts to subdue the patient's violence by means of medical treatment proved unavailing.

The subcutaneous injection of Hydraguanine produced dilatation of the pupils, but had no effect in abating the patient's violence.

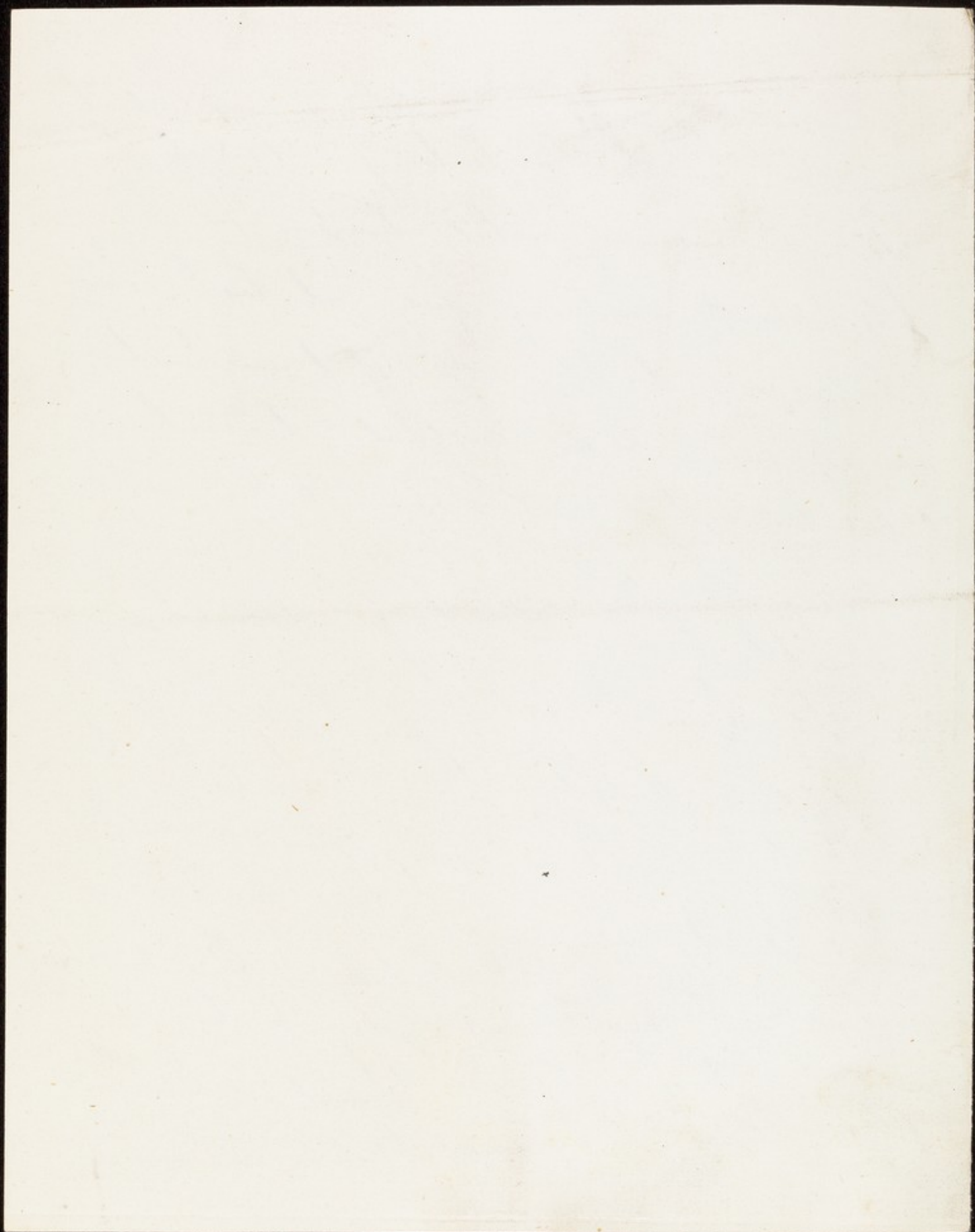
x. owing to his persistent violence & exhausting attempts to injure others

& each time when he fought with homicidal fury, difficult to resist, except by those who have witnessed it, & those

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It is unnecessary for me to add any more extracts from the fac. Books. For two years I ^{actively} nurse this patient was ~~continuously~~ without interruption, fed three daily ^{actively}, maintaining fairly good health. From Oct. 22nd 1877 to May 23. 1878 it was deemed necessary owing ^{to} ~~his~~ ^{his} ~~cautious~~ ^{cautious} active violence to keep him constantly in seclusion. & three times each day when fed he fought with a violence that needed to be seen to be appreciated, those whose duty it was to feed him. ^x It is with a feeling of satisfaction & thankfulness that ^{I can record that} ~~active~~ during this time he frequently succeeded in injuring others he himself never sustained any injury.

On the 23rd of May, Mr. Prichard, 4 Menants & myself went as usual ~~to~~ along the gallery to his Room to administer food to him. As usual on hearing us he jumped out of bed, stood behind the door in fighting



attitude — gave a subdued groan, became pale
and collapsed — all fighting power vanished — ~~he~~
~~was~~ laid ^{back} on his Bed — ~~apparently~~ ^{gradually} dying. There
was no shuffling — no violence: collapse superseded whilst
he was preparing to fight. ~~There~~ the cause of Death
~~seemed unusually obscure.~~ Dullness over the base of
the right lung was at once detected, the respirations
became increasingly rapid Embarrassed but ~~the fact~~
no crepitation could be detected. Almost directly however
a horrible sudorific smell was emitted with the
patient's breath — ^{this} smell ~~so~~ ~~permeating~~ rapidly
extended from the patient's room along the whole
length of the gallery & was much differently neutralized
I thought it must arise from Gangrene of a portion of
the lung but the smell was markedly different from
that usual in such cases. The patient lingered
15 3/4 hours & then died.

The following Report of the Postmortem Examination I
~~was~~ indebted to Dr. Pridmore.

was been drawn up by Dr. P. the assist.
Med. Officer.

In conclusion I think I can say that this case has been
an unusually interesting one. 1st That this Patient, ^{in an active} was
suffering from Delusional Insanity
kept alive in ~~active~~ fairly good bodily health for more
than 2 years by the faithful administration of food
2nd That the Cause of Death was unusual - the effect of
placing himself in fighting attitude being sufficient to
cause the rupture of the attenuated wall of the
abscess of the Lung. & If this patient had died during
an active struggle with the Attendants & then had
been no Postmortem Examination how probable would it
have been that Paine would have been attributed to
the Hospital authorities.

The Friends' Retreat,
near York.

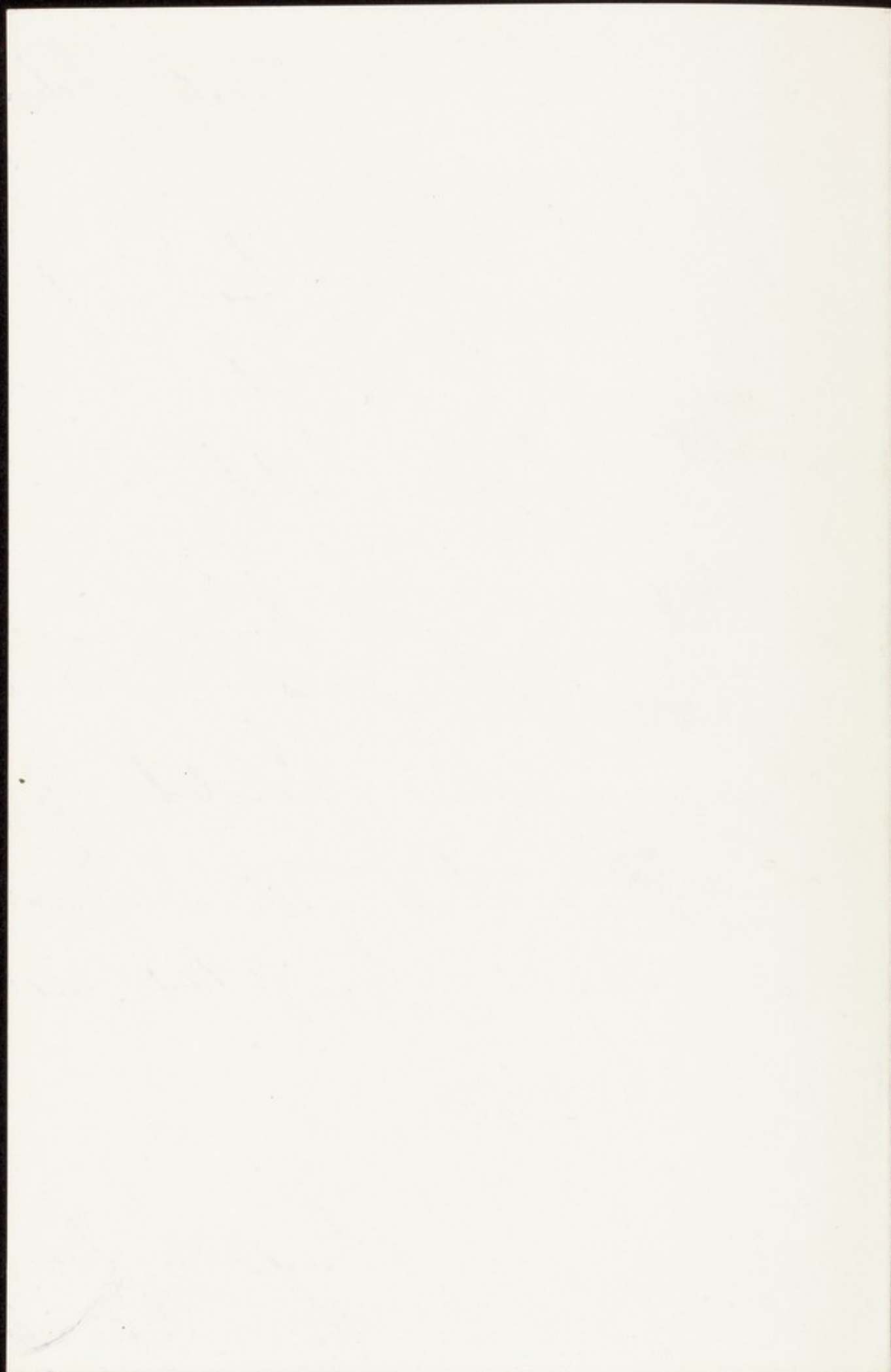
This is very interesting in a
Medical point of view. But
I think this Death is also
Especially interesting to those who
have the care of the Insane

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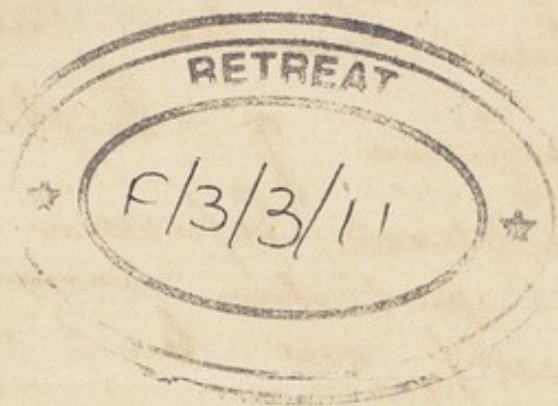
The Friends of the

Book





Incipient Senile Dementia



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