Case book covering admissions Feb 1904 - Aug 1905. Patient reference numbers 2707 - 2872 [Volume 16]

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8. March 1904
Ellamitt Cooke } Commrs in Lunacy
L A. McDonnell

28. Oct: 1904
Ellamitt Cooke } Commrs in Lunacy
L L Shadwell

17 January 1905
G Harold Wilson } Commrs in Lunacy
Sidney Coupland

Oct 12. 1905
Sidney Coupland } Commrs in Lunacy
G Harold Wilson

1st Dec 1908
W Hoffard
Commd in Lunacy

MAR. 5 - 1907
Ellamitt Cooke. } Commissioners in Lunacy.
L L Shadwell

NOV. 5 - 1907
Ellamitt Cooke } Commissioners in Lunacy.
L L Shadwell

July 10. 1908
Sidney Coupland } Commrs in Lunacy
A. H. Trevor

JAN. 14 1910
Ellamitt Cooke } Commissioners in Lunacy.
A. H. Trevor

53 VICT. C. 5.

THE

MEDICAL

CASE BOOK.

AS PRESCRIBED BY THE COMMISSIONERS IN LUNACY.

London:
SHAW & SONS, FETTER LANE AND CRANE COURT, E.C.,
PRINTERS & PUBLISHERS OF THE BOOKS & FORMS OF THE LOCAL GOVERNMENT BOARD, FACTORY INSPE
BURIAL BOARDS, COMMISSIONERS IN LUNACY, COUNTY COURTS, FRIENDLY SOCIETIES, &c., &c.

Lunacy E.—(½—8-99.)

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

CASE BOOK.

Rules 12 and 13 made by the Commissioners in Lunacy with the approval of the Lord Chancellor, dated June 26th, 1895.

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

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

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

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

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

13.—Subsequent entries describing the course and progress of the case, and recording the medical and other treatment, with the results, shall be made in the Case Book for Patients at the times hereinafter mentioned, that is to say, once at least in every week during the first month after reception, and oftener when necessary; afterwards, in recent or curable cases, once at least in every month, and in chronic cases, subject to little variation, once in every three months. But all special circumstances affecting the Patient, including seclusion and mechanical restraint, and all accidents and injuries, must be at once recorded. A printed copy of this and the last preceding rule shall be inserted at the beginning of every Case Book for Patients.

~~Arnott~~ .	~~Ethel Maurice~~	81
~~Andrews~~.	~~Ada Rosine~~	219 Dis'd
Allen.	Ellen Vivian Wheeler	251 Dis
Aspinall	~~Lilian~~	301 Dis'd

Patients in Hospital April 1906 Vol. 1905

Miss E. J. Curtis.		Page 7 page 67	
~~Mrs~~ Nicholas		Page 13	Dis
Mrs	Cole.	19	Dis
Miss	Grions.	25	
"	~~Dickson~~	31	40 Dis
"	~~Ina~~	49	Dis
Mrs	Moore	55	
~~Miss Hadie Moore~~		69	Dis
"	Shelley	109	
Mrs	Keyes.	115	
Miss	Bradley.	131	
Mrs	Warren Edwards	153	
Miss	Warren.	175	
~~Miss~~	~~Macdver~~.	199	Dis
Mrs	Payne.	231	
~~Mrs~~	~~Wheeler Allen~~.	251	Dis
Miss	Reynolds.	265	
"	MacLaren.	288	
"	~~Kennedy~~.	305	Dis.
"	~~Mott~~.	311	Dis
"	Bloxam.	317	
~~Mrs~~	~~A. Moore~~.	347	~~Dis~~
Miss	Winder.	353	Dis
"	~~Rear~~	365	Dis
	Rogers	371	

✓	~~Bainbrigge~~	~~Marian Sophia~~	1. do
	Bradly	Florence West	131.
✓	~~Byng~~	~~Flora Fox~~	149 do
	~~Baker~~	~~Annie Stevenson~~	211 Dies
	~~Baker~~	~~Evelyn Frances~~	213. do
	Boutcher	~~Hannah~~ Eliza	285 Dis
	Blossam	Anna Maria Sophia	317
	Blunson	~~Ada~~	335 Dis
	~~Brooker~~	~~Mabel Helena~~	395 Dis

Miss	~~Withey~~	Page	389 Dis
Mrs	Keeys		425 – 423
"	~~Staples~~		435 Dis
~~Miss~~	~~Montague~~		443 Dis
Mrs	Lloyd		447

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

	Dickson -	Katherine Nugent -	~~41~~ 31 Do
	Dargan -	Elinor	43 Do.
	~~Dawes~~	~~Louisa Jane~~	181 Do
✓	~~Dawson~~	~~Lucy Alleyn~~	187 Do
	~~Davies~~	~~Annie~~	205 Do

Curtis - Ethelreda Jemima - 7.
Cole - Maine - [illegible] 19 Dec
Cleare ~~Mary Ann~~ 143 Dec
Collingridge - Eleanor Francis 171 [illegible]
~~Cadell~~ - Martha Georgina Isabella - 289 Dec
Clough ~~Lilian~~ 407 Dec

Francis Amy
Filmer Fanfry

341 Ste
359 Dew

~~Ford.~~ ~~Eunice~~ 127 Dro 28 3 03

Edwards. Emily Mary Warren 153

~~Ewart~~ ~~Emma.~~ 399 Dead

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Graham Bessie Dis. 377

~~Hemming~~ -	~~Estella Rosina~~	193	Dis. Jan. 7. 05
~~Hayston~~	~~Margaret Georgina~~	271.	Dis 26.4.05
Hildreth	Maria Jane	225	Dis. Jan 25
Hough	Emma	439	Dis. 3/10.05

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✓ ~~Tabacata.~~ Edith Carotine 121 Dd

Keyser. Louisa Frances Marshall 115
Kennedy Helen Louise 305 Dis
Keenes Elizabeth 425

~~Lloyd~~ Margaret Drysdale

147
431.

Moore.	Emma Wakefield	55.
~~Moore.~~	~~Maria Hadley~~	69
~~May~~	~~Violet Marguerita~~	49 Dis
~~Miles.~~	~~Mary~~	87 Dis
~~Merton.~~	~~Melitta Ann~~	165 Dis
Mac Iver	~~Agnes Edith Stewart~~	199. Dis
Mac Laren	Beatrice	281
~~Mott.~~	~~Elsie Marie~~	~~365~~ 311 Dis
Moore.	Annie	347
~~MacCausland~~	~~Ruth Beatrice~~	383 Dis
~~Mercer.~~	~~Jane~~	419 Dis
~~Montague~~	~~Evelyn Annie~~	443 Dis

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Onions- Sarah Emily 25-

Nicholas -	Fanny	13 Dec
~~Nicholas.~~	~~Caroline~~ ~~Maude~~	237 Do 3.5.05
Nicholson	Martha Helen	323 - Do

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Payne.	Emily Rachel	231	
~~Phillips.~~	Rose Miriam	247	Adelaide 3.5.05
~~Pearson~~	~~Ellen Florence~~	275	Ada

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~~Sotton~~	~~Frances Constance~~	91 Des
Snelling	Fanny	109
~~Staiff~~	~~Edith Mathilda~~	257 Dis
~~Stone~~	~~Emily~~	413 Dis
~~Staples~~	Violet Maud Margaret	435 Dis

~~Robson.~~	~~Eliza Jane.~~	61 died 1203
Reynolds.	Georgiana Harriet.	265.
Read	Catharine Clara	366 Dio
Rogers	Edith	371

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✓	Thomas.	~~Edith Alice~~	37 Dd
✓	Thornton.	~~Alice Henrietta~~	97 "
✓	~~Tancred~~	~~Irene Maud.~~	137. Dec'd
	~~Tebbutt.~~	~~Flora Harriett~~	159 Disl

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✓	~~Whitehead~~ -	~~Kate.~~	75 Dd
	~~Walker.~~	~~Amy~~	103 Dd 13.5.05
	Warren -	Caroline Hobson	175
	~~Willis~~ -	~~Charlotte Louisa~~	243 Dec. 29.4.05
	~~Woolley~~	~~Lois Ella~~	295 Dd 30.8.05
	~~Windsor~~	~~Mabel~~	353. Dis.
	~~Webb.~~	~~Dorothea F. A~~	401 Dis. 5.7.06
	~~Withers~~	Catharine F.	389 Dis
	~~Wickham~~	~~Hilda~~	431 Dis

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2707

Adm. Feb: 21. 04
RO " " "
Cir L. " 22. "

Marion Sophia Bainbrigge

aged 54. single - of no occup^n. Ch: of Eng: Prev: address 11 Priory Mansions - Drayton Gardens S.W. 5th attack of uncertain duration age on 1st attack 45 -
Supposed cause: previous attacks -

1st certif: She is in a state of melancholia: is very depressed - there is very slow mental reaction - she will not answer questions readily & appears confused - she believes that she has done some great wrong & fears that others may suffer - she hears voices - there is restlessness (cont^d) she resists everything -

Feb: 18. 04. (signed) W. W. Floyer of Egham -

2nd " corroborates

Feb: 18. 04 (signed) G. G. Hodgson of Chertsey

Prev: Hist: (F^m sister) Was discharged June 3. 02 having had an attack similar to the present lasting about 9 months - Is said to have kept well since discharge - see XIV. p: 177.
In Jan: 04 she was at Torquay - "caught a chill" & had some muscular rheumatism of back - became agitated anxious & hypochondriacal & started vague delusions - Had a slight haemorrhage from haemorrhoids, which much alarmed her - Became worse, refused to get up & gradually drifted into a state of mental confusion & partial stupor was admitted as a VB Feb: 16. 04 - was seen to be not fit to remain as such & has consequently been certified

Fam: Hist: said to be nil

Condition on Admission — A Physical

Gallery V
Ht. ?
Wt. 7 st 3½

Is fairly well developed but thin - looks ill & haggard. Hair dark brown turning grey complexion sallow with dark rings below eyes. Eyes brown - pupils equal somewhat dilated & react to L A & L skin stimulation - arcus senilis - Tongue furred & cracked - Teeth poor chest moves poorly but presents no PS of disease - cardiac sounds toneless - Pulse 76 - regular -
Abdomen presents no PS of disease - colon loaded - Haemorrhoids large but not inflamed -
Knee jerks brisk - plantar & other superf. reflexes present & normal in character -
A few small scattered bruises & many acne spots all over body, especially numerous between shoulders -

B - Mental
There is marked mental confusion - she looks dazed & confused, her answers to questions are very slow & generally irrelevant. She usually replies "there is some great

mistake" but what about, she has no idea - & this remark she makes to all questions. She has numerous delusions - that she is dead, died & was buried some weeks ago & has been "dug up by mistake" - that her back has been affected by radium, that she has done some terrible injury to her people & to others - that she is to be taken to prison - &c &c. She has hallucns of hearing - hearing her sister's voice outside her room at night & the voices of others accusing her of crimes - She is very restless & rarely sits down & is quite unoccupied - She is very resistive will not dress undress or wash herself & struggles violently when these offices are done for her - She refuses food & has to be fed by tube - She sleeps badly & is restless at night -

Feb: 29. She is somewhat less restless than she was - but is very full of her delusions - the hallucns are also troublesome - she is resistive & still has to be fed by tube - RCD -

March 7 - Continues slightly less restless & is taking food somewhat better - still very deluded - RCD.

March 14. She now attends somewhat to her dress & person & is not as resistive as she was - her delusions & restlessness are still very marked & she is much annoyed & at times distressed by the hallucinations of hearing - is taking food better - & now sleeps fairly well - RCD -

March 22 She is still very deluded & the hallucns of hearing are at times troublesome - she is

however considerably less restless & agitated & now attends to her dress & person, washing & dressing herself with supervision - she takes food well & is looking much better RCD

March 28. Continues to improve steadily & has today gone
No 2 to No. 2 RCD

April 12. She now attends to her dress & person. She
6 st 10½ can talk coherently on ordinary topics - she is very hypochondriacal & fussy & there is a marked loss of decision & initiative - she requires advice on the simplest points & can make up her own mind on nothing - eg she will wait an hour before deciding whether she will go for a drive, alternately deciding to go & to stay in every 5 minutes, finally letting them go without her & then regretting all day to everyone she meets that she had not gone. Phys. health greatly improved - RCD -

May 4. She has steadily improved since the above
7 st 2½ note - has gained self confidence & decision & is much less hypochondriacal & fussy - She was discharged yesterday recovered - was examined before leaving & found to be in good physical health & free from marks or bruises.

Discharged May 3. 04

Mrs Cole (Page 24)

May 12 Patient continues in good physical health (heart's action remarkably good for her age) but rather troublesome and very noisy constantly calling someone to come to her and req a night hypnotic - S.H.P.

31 Aug. Patient is still very troublesome and noisy, shouting at the pitch of her voice for help frequently and occasionally pushing and striking the nurses but is now quiet at night since change of bedroom and has not had a hypnotic for two months - S.H.P.

Nov. 20 Patient is distinctly quieter though frequently noisy over her bath. She is now quiet at night. The left inguinal hernia is rather increasing in size and patient is now wearing an abdominal belt. S.H.P.

Dec. 20 Patient has an attack of broncho-pneumonia - bronchitic râles all over chest and slight dulness in the bases of both lungs. She is now very noisy at night. 101°7 (?) S.H.P.

℞ Mist Stimu Expect. Co & Tinct Digit mit + Tinct Digit mit Dec. 31

Temperature again up to 101°7 and patient very noisy. The upper lip is much swollen with a patch of Herpes at the nasal septum. Veronal gr. III or Paral ʒ/ii nightly S.H.P.

1987 Jan. 5 Temperature normal - crisis?

" Patient now convalescent and out of bed much quieter at night. S.H.P.

Feb. 20 Patient now in her usual good health fairly quiet by day but always afraid of being left alone or being taken away at night of the walls falling on her & crushing her etc. etc. S.H.P.

April 22. Patient was discharged today relieved on authority of petitioner

6

She was examined before leaving and found to be free from marks and bruises but apparently from a large inguinal hernia (left) lie good physical health for her age

S.H.S.

DISEASE.

Bronchi-pneumonia

Notes of Case

Name Mrs Cole

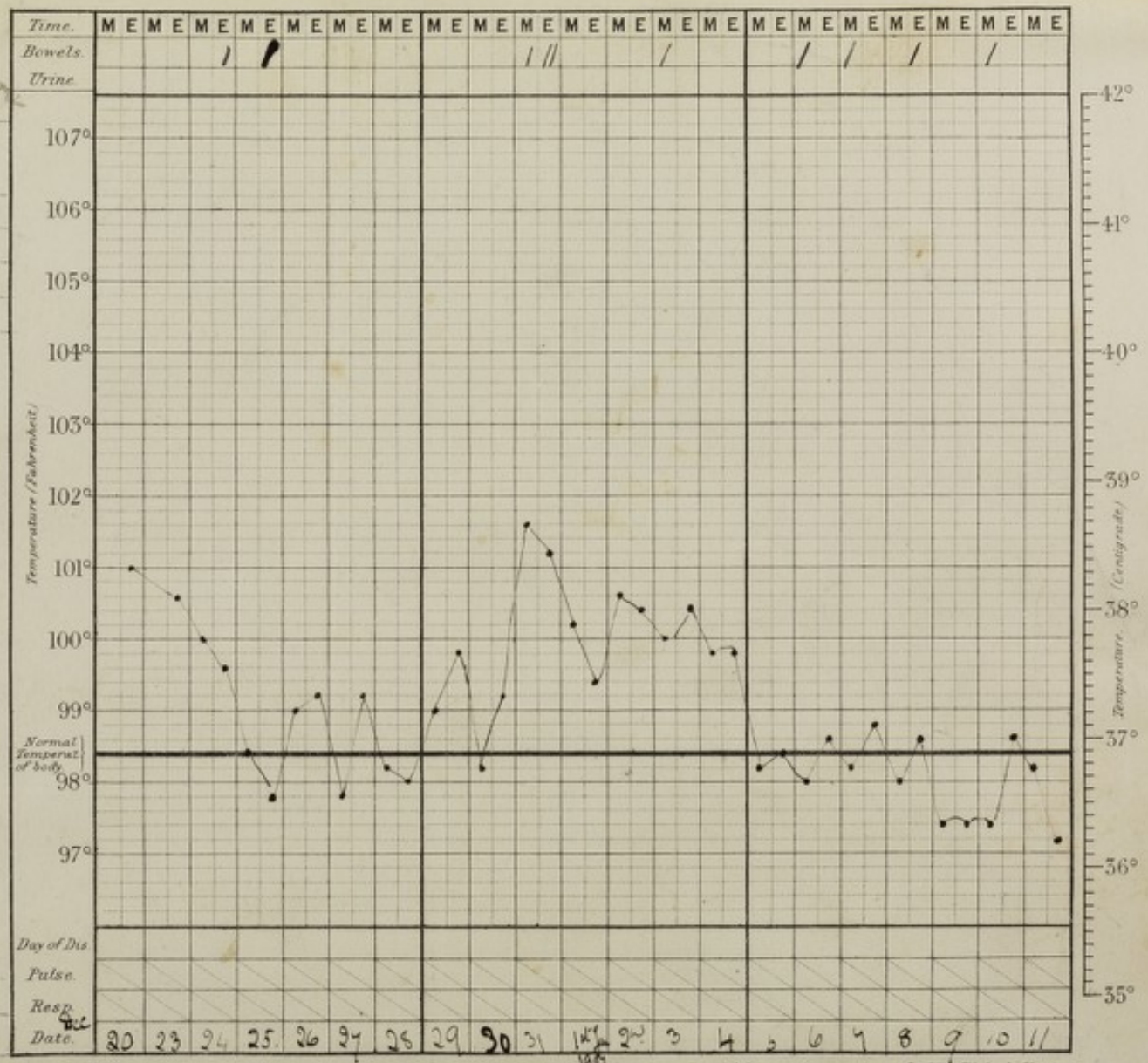
Age

Diet

Case Book N°

Date of admission. Dec-20 1907

Result Recovery



Entered at Stationer's Hall. Printed and Published by Woddersspoon & Co. Gate Street Lincoln's Inn. Gould's Clinical Chart.

She was examined before leaving and found to be free from marks and bruises and apart from a large inguinal hernia (left) in good physical health for her age

S.H.R

Discharged -

2709

Ad^d. Feb: 25.04
R.O. " 24 "
C in L. " 26 "

Ethelreda Jemima Curtis - single aged 33 - of no occupation - Ch: of Eng: Prev: address Westcroft - Trowbridge - Wilts "1st attack" (see below) of 4 days' duration cause unknown - not E S or D -

1st certif: she talks in a rapid incoherent manner of being persecuted & having her things stolen, which are delusions - Tells me that she is under the hypnotic influence of a former nurse, who moves her to various actions. Tells me that on one occasion in going to Church she stumbled over the King's foot & that on the same occasion she exercised some malign influence over the Curate, who has since been ill. (cont^d) on the morning of the 22nd on coming downstairs she tore up two photos & threw them after companions, then ran on to the lawn, shouting & being quite uncontrollable - that she has thought she has cancer, that she was pregnant, both of which are delusions - that she has frequent delusions of hypnotism.

Feb 24.04 (signed) James Pearce M.D
of 28 S. George's Terrace. Trowbridge

2nd " corroborates
Feb: 24.04 (signed) G.C. Tayler M.D.
of Lovemead House - Trowbridge

Prev: Hist:

Fam: Hist: said to be nil

Condition on Admission - A. Physical

Gallery vi
Ht. 5 ft 4½
Wt.

She is a well developed & well nourished woman with lightish brown hair & fresh complexion - mucous membr: of fair colour - Tongue furred - Teeth fair - Eyes hazel - pupils equal & react to L A & to skin stim: & consensually - there is slight exc: strabismus & the axes are not regular -

chest moves well & presents no PS & disease - Pulse 84. regular.

→ abdomen shows marked constipation

Knee jerks brisk - plantar & other superf reflexes present & normal in character - no ankle clonus -

Cataracta

B - Mental. Mania

Pt. is very restless & excitable - her dress

& person are disordered & she is quite unoccupied - She is noisy & chatters incessantly in a loud & irrelevant way. She has many delusions: that she is pregnant & in consequence should be sent away to a penitentiary - that she has cancer that her former nurse was a thief & stole all her things - that poison has been given to her - that she is married or should be married to several men - &c She has auditory hallucns especially at night - She is erratic & impulsive - she takes food fairly well but last night did not sleep well - She has also delusions of hypnotism & of other unseen agency -

March 3. Very noisy excitable & restless - talking incoherently of her delusions & hallucinations taking food well but sleeping badly. RCD -

March 11. She continues incoherent & very deluded - conduct erratic & impulsive - is sleeping somewhat better - RCD -

March 18. She is somewhat less erratic & is not quite as incoherent as she was - occupies herself a little - delusions continue as above RCD -

March 25. She is less restless & incoherent - occupies herself a little but her conversation is very disconnected & rambling - & her conduct is erratic & impulsive - she is quite aware of her mental condition & frankly states "I know that I am still very mad" - RCD

April 25. On the whole is somewhat quieter but varies considerably - her conduct is still very erratic & her conversation very rambling - RCD

May 19. She is quieter & less excitable but she has

many delusions chiefly of identity & her conversation is very rambling & disconnected
Phys: health good. RCD.

June 20 Went to Hove Villa on June 8. RCD

Aug: 5. She returned yesterday - her conversation is very rambling & disconnected & she has many delusions of identity. RCD

Nov: 7. She is somewhat quieter than she was & occupies herself to some extent but she is very deluded - her delusions being of identity & hypochondriasis - eg that she has a "very large worm "inhabiting" her, which "constantly pokes its head out of various parts of her body" - that she is pregnant &c &c - the auditory hallucns are often very marked - her conduct is impulsive irrational & silly - Phys: health good - RCD -

Feb. 3 1905 Patient will not now speak of her delusions but is still hypochondriacal. She is fairly well occupied, but restless and impulsive and her conversation is very disconnected

Oct. 12½. Her physical health is good. Cat - regular. S.M.P.

Feb. 23. Patient went today to Hove Villa - S.M.P.

Aug 1 Patient returned yesterday from Hove Villa - She is in good physical health but very full of constant changing delusions and hallucinations - that the doors in her home are being banged to annoy her - that bank books are floating through the room - Her conversation is incoherent and her conduct is impulsive and irrational She partially undresses occasionally while in the sitting room. S.M.P.

Oct. 25 There is no mental or physical change S.M.P.

Nov. 27 Catamenia regular and normal - Mentally very deluded, frequently restless at night. S.M.P.

1906 Feb. 6 Patient went today to Home Villa. S.H.P.

March 22 Patient returned today from Home Villa in good physical health, mentally unchanged. S.H.P.

Aug. 31 Patient is very confused at present, with many delusions of identity - quite incoherent in conversation and totally unoccupied. Her physical health is good S.H.P.

Nov. 20 Patient still confused and restless with constant delusions of identity - occasionally noisy at night. Her physical health is good S.H.P.

1907 Feb. 28 Patient confused, incapable of conversation, restless with constant delusions of identity, persecution (by Bishop of London. Her family at home who bang doors to annoy her etc.) frequent auditory hallucinations - quiter at night lately - S.H.P.

April 26 Went to Home Villa - S.H.P.

June 14 Patient returned from Home Villa on June 14 in good physical health, mentally unchanged S.H.P.

Aug. 26 Patient has constant delusions of identity and persecution - the nurses are all other than they are - she is annoyed by noises made by her family at home and men are constantly trying to embrace her - she is restless and unoccupied with frequent grimaces - Her physical health is good. S.H.P.

Nov. 11 There is no mental or physical change. S.H.P.

3179
ad. 23 Feb. 1908
P.O 22 Feb. 1908
Find medical cert.

Patient was today readmitted her certificate having lapsed through operation of law. She is in a state of mental confusion and is incoherent in speech. Perpetually chattering incoherently - gives quite irrelevant answers to questions

22. 2. 08 R. S. Drew

Second corroborates. G. G. Hodgson

19. 2. 08

Condition on admission

Physical. Patient is in good physical health there being no physical signs of disease in thorax or abdomen. Urine 1018 acid, no abnormal constituents. Catamenia. Amenorrhea for 7 mos. in 1907. Regular since Dec. 1907. The pupils are equal and regular and react normally to L. A. and consensually. The superficial and deep reflexes are healthy.

Wt. 8st. 1½

Mental. Patient is restless in expression and manner, exhibits much mental confusion, grimacing constantly and chatter incoherently to herself. She cannot give a relevant answer to questions - is very deluded - (delusions of identity and persecution) and has constant auditory hallucinations - hears all that is being done to her. Some for example. She is occasionally resistive, refuses food - troublesome in dressing etc. - She sleeps well -

1908

March 1 Patient continues restless and confused with many delusions S. H. G.

" 8 Deluded, confused, restless and uncooperative. S. H. G.

" 15 There is no mental or physical change S. H. G.

" 22 Patient always restless and confused - with many delusions of identity - S. H. G.

April 3 There is no mental or physical change - S. H. G.

Went to Nora Vista

May 18 Patient continues restless in expression and manner, showing much confusion, constantly grimacing and chattering constantly incoherently. She has many delusions of identity and persecution S. H. G.

Returned from Nora Vista

Aug. 5 There is no mental or physical change. S. H. G.

Sept. 26 Patient's circulation very poor - very "blue" in morning - is now getting a cardiac tonic. The heart is not enlarged and there is no vascular disease S. H. G.

See page 67.

2714

Adm. March 6. 04
R.O. March 5. 04
Cind. " 7 "

Fanny Nicholas - married - wife of solicitor - aged 46 - Ch: of Eng: - Prev: address King Edward's Avenue - Chelmsford - 2nd attack of about 3 weeks' duration - Probable cause climacteric
Prev attack at age of 36 - after birth of child (not certified)

1st certif: ✓ she refused to answer questions & she refused her food & is melancholic & has delusions & mental aspect - (Com.d) for some years she has been perverse & irritable - never really well recovered from her last confinement ten years ago - writes down delusions but cannot write or spell correctly -
March 5. 04 (signed) Francis Hilliard M.D. of Billericay.

2nd " corroborates
March 5. 04 (signed) H. W. Newton of Chelmsford -

Prev: Hist: (Fr husband) m.d 18 yrs: children 2 < 16 (girl) 10 (boy)
Has always been energic with a curious sullen obstinacy -
Attack of similar nature to the present after birth of boy 10 yrs ago - & has never been the same since - Improved after a visit to Switzerland 6 or 7 yrs ago -
Has lately been much worse - & for past 5 weeks has taken little food owing to delusions & poison - restless at night - Cat: neg:

Fam: Hist: (Fr husband) Brother (16) & sister (22) died of phthisis - Mother died after being paralysed 8-9 years at 60 Father living & alive at 80 - mother relations

Condition on Admission — **A Physical**

Gallery III
Ht. 5 ft 5
Wt.

Pt. is fairly well developed but is very thin
Hair brown - (light) Eyes grey - pupils equal

& react to L A & to skin stimulation &
consensually. Thorax normal: of fair
colour. complexion pale. Tongue somewhat
furred & teeth indented. Teeth poor.
molars canine & broken.
chest moves poorly & breath sounds
are poor. but there are no PS of disease.
Cardiac sounds toneless. but clear.
Pulse 88. regular.
Colon loaded. no PS of disease detected
in abdomen.
Knee jerks poor. plantar & other superf
reflexes present & normal. no ankle clonus
some rigidity of shoulder muscles.
Acne between shoulders & over chest.
& many marks caused by scratching.
Small ulcer right nostril (? nasal feeding)

B. Mental. Melancholia & stupor.
She looks apathetic & depressed. is quite
unoccupied. She does not speak voluntarily
& her reaction to questions is very slow. & her
answers are very short & often irrelevant.
She has vague delusions of poison & refuses
to take food in consequence. she also speaks
vaguely of "tortures". She is very resistive

struggling violently when being washed dressed & fed - though she will not do any of these offices for herself - She sleeps badly & is very restless at night -

March 13. She continues very restless, rarely sitting down - still very resistive & requires to be washed dressed & fed - sometimes has to be fed by tube - RCD -

March 20. She is a trifle less restless but is very resistive & usually requires to be fed with each spoonful, at times has to be fed by tube - she rarely speaks voluntarily - RCD -

March 29. Very resistive - is very depressed & resistive still rarely sits down & is quite unoccupied very troublesome about food - RCD

April 7 - 7 st 13½ Still takes food very badly, sometimes being fed by spoon, sometimes by tube - restless & depressed & is resistive & stuporous. RCD.

May 12 - 7 st 7 Is taking food somewhat better than she did though still not well - is stuporous & resistive quite unoccupied & rarely speaks voluntarily RCD -

June 28 7 st 9½ Still rarely speaks. & is resistive - varies much about food - sometimes requiring to be fed by tube - RCD

Sept: 24. Impossible She is morose & depressed - rarely speaks - is quite unoccupied & wanders restlessly about the gallery - is troublesome about food, though she does not require to be fed by tube as often as she did - Is restless at night Phys health fair RCD -

Nov: 7 - She continues as on last note RCD

Jan. 3. 1905 Impossible Patient is very depressed - quite unoccupied and wanders restlessly about the gallery. She is very resistive but has not required

tube feeding lately. Her physical health is fair — S.H.P.

Feb. 3. Patient stands silent and unoccupied in a corner of the gallery all day. She does not answer
8st. 2. when she is addressed and is very resistive. Her habits are occasionally very disgusting. She is sleeping better at night and has not required tube feeding for the last two months S.H.P.

May 2 There is no mental change. Patient's habits are at
7st. 11½ times very unclean. She stands silent, never speaks voluntarily and rarely answering a question in a corner of the gallery all day. She now sleeps fairly well and her appetite is good. S.H.P.

Aug. 8 She continues as described in last note S.H.P.

Nov. 24 Patient is showing slight signs of improvement, has
8st. 5 expressed a desire to walk on the terrace, has attended chapel and one of A. Tent entertainments behaving well. but she still stands about the Gallery most of the day quite unoccupied, is very resistive and occasionally requires to be tube fed as she refuses to eat. She now sleeps well. S.H.P.

1906 Feb. 15 Patient continues unoccupied and very troublesome
8st. 6½ at times. Very resistive when she has to leave the gallery to go into the D.H. or to bed. occasionally destructive throwing anything she can seize on the floor. She still occasionally requires tube feeding but is now sleeping well. S.H.P.

May 12 Patient does not improve, though she has not required tube feeding lately. Her physical health is good. S.H.P.

31 Aug. Patient continues stuporous and resistive, stands for hours silent and unoccupied — requires to be pushed to meals and to bed. She is occasionally dirty in her habits. Her physical health is good. S.H.P.

Nov 20 Patient still unoccupied resistive and stuporose — Hands constantly. Her physical health is fairly good — S.H.P.

1907 Feb. 20 There is no mental or physical change. S.H.P.

May. 20 Patient is still silent and depressed, frequently weeping, always standing unoccupied with clasped hands — usually resistive and very troublesome over food. S.H.P.

Aug. 26 Patient continues silent and depressed — quite unoccupied — slightly resistive and very troublesome over food — S.H.P.

Oct. 3 Patient was discharged today ~~not~~ ~~imp~~ relieved going to Derby Borough Asylum. She was examined before leaving and found to be in good physical health free from marks and bruises. S.H.P.

Discharged.

2712

Jane Cole - widow - aged 81 -

Adm. March 3.04 of no occupation - Baptist - Prev:
R.O. " 8 " address: Coolnagrine - Beresford Rd.
Cin. " 9 " Boscombe Park - 3rd attack of about one
Urgency month's duration - cause unknown -
Previously treated at Camberwell House
about 21 years ago -

1st certif: That she talks of nothing else but that she has committed such sins that she never will be forgiven & that if she goes to sleep, she will be in danger on account of these sins (cont.) refuses to take food & that in the middle of the night she will take to shrieking violently - that immediately after taking a dose of medicine she will get out of bed & walk about for fear of going to sleep.

March 2. 04. (signed) James A. Haskins
of Bournemouth

2nd " corroborates -
March 4. 04 (signed) Wm W. Floyer
of Egham.

Fam Hist: said

Prev: Hist: Has always been of a nervous disposition
(P's daughter) has had much trouble & petty worries of many kinds -
21 years ago after the sudden death of her husband from smallpox she had an attack of melancholia lasting 3 or 4 months - recovered completely - Had much trouble in the next few years -

7 children living -
14 years ago - had a similar attack - was not then certified but was in a doctor's house - recovered & was quite sensible until last Nov. (03) she was then ill with "congestion of the liver" (high temp. - some jaundice &c)
5 weeks ago began to be very restless & irritable with delusions of unworthiness -
was with trained nurses under care at Bosombe - became too restless & noisy at night - so removal was insisted upon -

Condition on Admission A. Physical

Gallery III
H.C.
W.C.

She is a well preserved old lady, not looking her age - is fairly well nourished - complexion sallow & the conjunctivae have a yellowish tinge - Tongue furred - Teeth
chest moves fairly well for her age - & presents no P.S. of disease though the cardiac sounds are toneless - Pulse 72 - regular - arteries somewhat hard -
Liver slightly enlarged - colon loaded - left hypochondrium presents a soft ish rounded tumour which appears to be only in the abdominal wall -
Urine 1022 - slight trace of alb. -
Eyes grey pupils equal & react though slowly to light & to skin stimulation - arcus senilis in both -
Right ulna shows some callus - which P.C. states was the result of a fracture "many years ago" -
She walks fairly well but there is a tendency to droop towards left side -

B. Mental Senile Melancholia –

Pt. is very restless, is quite unoccupied rarely sits down but roams restlessly about the gallery. She readily enters into conversation but is very deluded – her ~~delusions~~ being of imminent torture that she is to be "boiled alive" – is to be "operated upon", have her "eyes pulled out" &c &c in expiation of some imaginary & unknown crime. Vague hallucns of hearing. Her memory is poor especially for recent events & there is loss of serial thought. At times she is mildly excited & is then somewhat noisy. She takes food only with great persuasion & sleeps badly.

March 11. Yesterday she fell while in the airing court & has slightly sprained her left wrist. This was bandaged after a soothing lotion had been applied & the hand put into a sling RCD.

March 18. She continues depressed & very deluded, her delusions being as above. She rarely sits down & is inclined to be restless at night RCD

March 25. She is very restless & deluded, thinking that the King is coming for her to order her instant execution &c. Auditory hallucns are troublesome she is noisy & restless at night. Wrist doing well but she will not rest it sufficiently RCD

April 2. She is exceedingly restless, rarely sitting down & constantly wailing. Very full of her delusions as above. Taking food badly & has to be fed by tube. Wrist still not quite well as it is impossible to prevent her using it RCD.

8 of 5

April 16. So very restless but is taking food rather better than she did. This morning was a slight black

eye" apparently caused by accidentally
hitting it against a chair near her bed. RCD.

May 19 There is considerable improvement. she is
much less restless, enters into conversa-
tion on ordinary topics & occupies herself
in needlework & reading. She is much
less depressed & now shows much quiet
humour. Phys health improved. she is
taking food well & sleeping very fairly for
her age RCD.

June 28 She is again more depressed & restless.
with the old delusions though they are not
as marked as they were. RCD

Sept: 15 Has been terribly restless & deluded of
No: 5 late. quite unoccupied & tearing off her
clothing. as she was getting bruised she
was removed to a padded room. even here
except when under the influence of sedatives
she will not keep in bed but crawls restlessly
about the room & continually weaving about
her delusions. has to be fed by spoon RCD

Sept: 21. So very feeble. yesterday morning had a fainting
No: 8 fit. later some bronchitis with temp: 101°. tonight
it has fallen to normal & she is somewhat stronger.
very deluded & as restless as her feeble condition allows
RCD

Sept: 24. The bronchitis is better & she is stronger. but
is again terribly restless & deluded. RCD

Sept: 29 So exceedingly restless & deluded. it is
difficult to keep her in bed. yesterday she
slipped & fell having got out of bed in the morning
absence of the nurse attending to the Pt. in the next
bed. but did not result in bruise mercy RCD

Nov: 7. She is much stronger physically. but is
very restless & deluded. her delusions being

absolutely wild & impossible - she wails & sobs bitterly at times - she is troublesome about food, usually having to be forcibly fed by spoon - There are now only occasional bronchitic râles to be heard R.C.D.

Jan. 27. 1905 Patient is very deluded and very miserable over her delusions which cause her much grief (her poverty - the unworthiness of her children) She has also many delusions of identity - At night she is very restless tries to climb up the wall of her room and constantly requires a hypnotic (usually Sulphonal gr. xx). S.H.R.

Impossible

Feb. 2. Patient now in Ward III Still very restless. S.H.R.

7st. 5½.

March 11 Patient is today suffering from bronchitis with a temperature of 101° F. S.H.R.

March 12 Patient slept well last night without a hypnotic and has been less restless - The temperature is 100 & respirations 25 and there are patches of dulness over both lungs left mid axillary region, right infra clavicular region with slightly tubular breathing - She is being stimulated and taking food (milk diet) well - S.H.R.

7st 8½.

March 17. The temperature after remaining over 100° F. is now down to 99° F, with respirations 24 - Patient has been sleeping well and is less restless S.H.R.

March 20 The temperature has been normal for three days now, the cough much less and patient rapidly regaining strength - S.H.R.

March 23 Patient out of bed today.

April 5 There is a slight recurrence of the bronchopneumonia patient coughing a good deal and having the temperature slightly raised (100.6 last night - today 99.8°) The physical signs show some dulness at the right base, with feeble respiration generally - S.H.R.

DISEASE.

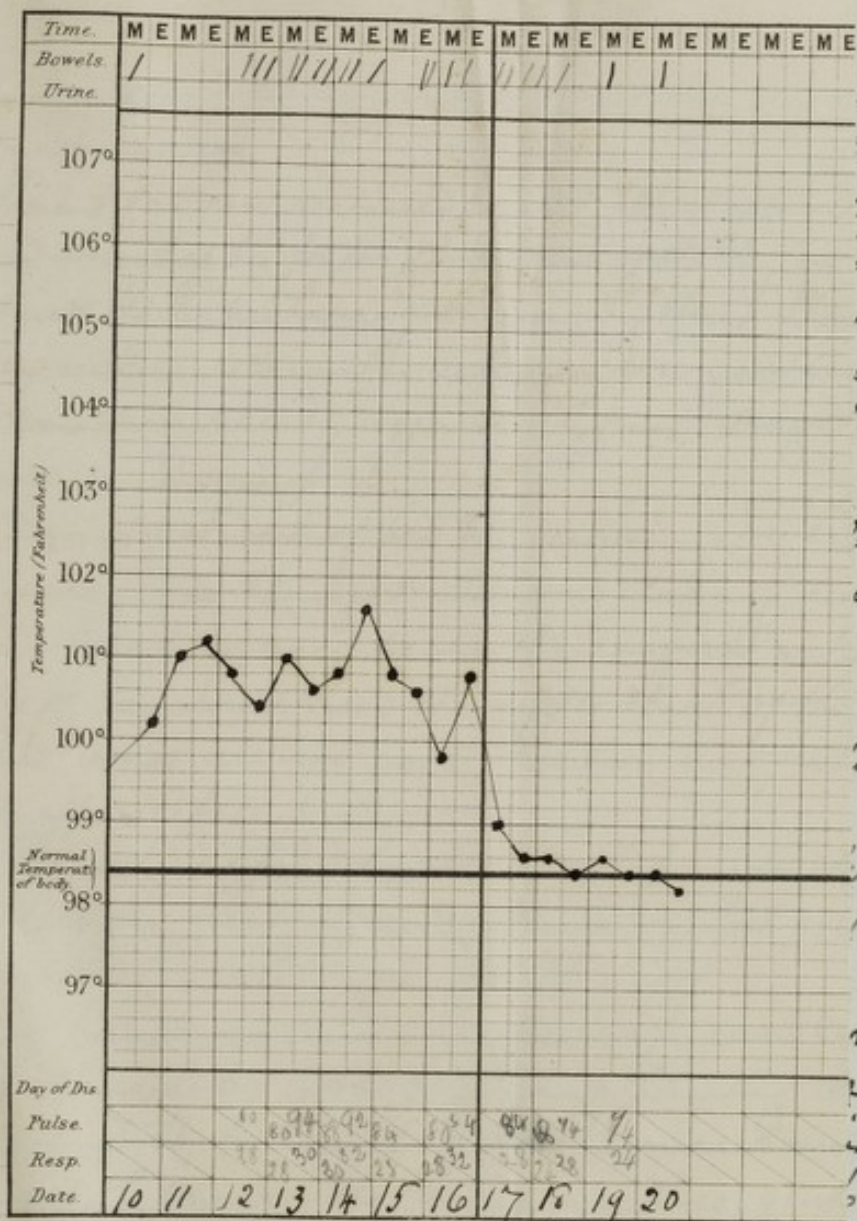
Notes of Case.

Name: Mrs Cole

Age

Diet

Case Book No.



Date of admission. Mch 10th.

Result

Entered at Stationers' Hall. Printed and Published by Woddersoon & Co. 7 Serle Street Lincolns.

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Aug. 8. 1st. 4½ Patient's mental state is unchanged. She is in good physical health for her age, able to go out daily in fine weather and occupied with knitting. She is still very restless at night S.M.R

Nov. 24 1st. 1 Patient was removed to Valley VIII this month and though at first very noisy is now fairly quiet - amuses herself by Patience and reading but is still very restless and cannot be left alone for a moment as she would leave her chair to go away as she is "so frightened" She constantly declares that she is a wicked old woman and always requires a hypnotic at night S.M.R

Page 5

1906. Feb. 15 Mental state patient continues as described - in good physical health - S.M.R.

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March 17. The
now down to 99° 7, with respirations 24 -
Patient has been sleeping well and is less
restless S.M.R.

March 20 The temperature has been normal for three days
now, the cough much less and patient rapidly
gaining strength S.M.R

March 23 Patient out of bed today.

April 5 There is a slight recurrence of the bronchopneumonia
patient coughing a good deal and having the temperature
slightly raised (100.6 last night - today 99.8°) The
physical signs show some dullness at the right
base, with feeble respiration generally. S.M.R

ul 12 Temperature practically normal for last three days and cough much less. S.M.R.

y 3. Patient has now recovered from the attack of bronchopneumonia and is out of bed for the greater part of the day but usually spends the earlier hours of the morning there. She is still very restless, retains her delusions of unworthiness and almost invariably requires a hypnotic at night. (Veronal gr VIII or Parald. ʒii) S.M.R.

May 25 Patient fell out of bed this morning (6.15 a.m.) while the nurse who thought she was dozing was in the lavatory) and broke the surgical neck of the left humerus and the upper third of the radius. The bones are in good position and patient suffers little pain. S.M.R.

ne 6 – Patient in fairly good health apart from fracture – still very restless and getting Veronal gr V t.i.d with Paraldehyde ʒii at night S.M.R.

ne 24 The bandages and shoulder cap were removed last week – both fractures having been found to be united – the humerus with slight bones lapping – the movement is quite good considering patient's age. S.M.R.

Aug. 8. Patient's mental state is unchanged. She is in
St. 4½ good physical health for her age, able to go out daily in fine weather and occupied with knitting. She is still very restless at night. S.M.R.

Nov. 24 Patient was removed to Gallery VIII this month and
St. 1 though at first very noisy is now fairly quiet – amusing herself by Patience and reading but is still very restless and cannot be left alone for a moment as she would leave her chair to go away as she is "so frightened" She constantly declares that she is a wicked old woman and always requires a hypnotic at night. S.M.R.

Page 5

1906. Feb. 15 Mentally patient continues as described – in good physical health – S.M.R.

2716 **Sarah Emily Owens** -

Adm. March 12.04 single - aged 49 - of no occupation -
R.O. " " Ch of Eng: - Prev address 3 Duke St. Southport.
Cir L. " " (Townsend House. Market Drayton) 3rd attack
(urgency) of about one month's duration - cause:
Prev attacks of climacteric not E S or D -

1st certif. Highly excitable & emotional state alternating with phases of melancholia - at times muttering as if addressing an invisible person, sometimes quite inarticulate - at night violent shouting & wandering about in an odd manner -
(Com.d) has become worse during the last 14 days. being very violent at times, destroying furniture wantonly & threatening suicide.
March 11. 04 (signed) Henry Blumberg ?
of 13 Duke St. Southport

2nd " corroborative -
March 12.04 (signed) D. M. Nutter
of 5 Lulworth Rd. Birkdale

Fam: Hist: said to be nil.

Prev: Hist:

Condition on Admission — A Physical

Gallery vii
Ht. 5 ft 2¼
Wt. 6 st 12 (with clothing)

Pt. is poorly developed & is very thin. Hair black brown, turning very grey. Eyes hazel. pupils equal & react to L A & to skin stimulation & concentrically. Mucous memb somewhat pale. Complexion sallow. Tongue fairly clean but tooth indented. Teeth very poor. several extracted & most of those present are carious.
Chest moves poorly but presents no P S of disease. Cardiac sounds toneless. Pulse 88 regular.
Knee jerks fair. plantar & other superf: reflexes present & normal. no ankle clonus.
The finger joints are enlarged & none of the fingers can be fully extended. the middle & ring fingers being the worst. (Pt. states that this condition has existed since early childhood
Bruise over left malar region.

B. Mental — Melancholia

She is somewhat depressed, is languid & apathetic. She readily enters into conversation which is fairly connected but there is decided mental confusion with some loss of memory. She states that she feels "dazed & confused & fit for nothing". She owns that she has been lately very emotional & excitable but attributes this to the irritation of being in small rooms with an uncongenial nurse. She denies hallucinations of hearing. She takes food

suicidal cautions

fairly well though with poor appetite & but sleeps poorly - She denies any suicidal tendencies but admits having threatened to throw herself from the window, but states that she had not the least intention of really doing so

March 19. She is dreamy & apathetic - & her conduct is erratic & eccentric - she denies hallucns of hearing but frequently laughs & talks to herself - Phys: health improving RCD.

March 25. No 6. An acute attack has begun - yesterday she was very restless, wandering about the gallery, laughing & talking more or less incoherently to herself - she made a disturbance in the dining-hall - Today her dress & person are disordered & she is gesticulating wildly - was very noisy at night - moved to No 6 - RCD.

March 29 Yesterday she made a doubtful attempt at suicide - tying a tape from her blouse loosely round her neck - RCD.

April 2. 6 x 5½ (without clothes) She continues noisy & excitable & has several times tied things (handkfs. strips of torn material, waistbands &c) loosely round her neck - perhaps with suicidal impulses, but probably also partially from mischief & partially to hold together a loosely fitting blouse - RCD.

April 10. She is noisy & excitable - is restless & destructive - conversation rambling & disconnected - hallucns of hearing at times marked - makes futile attempts occasionally to tie things round her neck - is taking food well but sleeps badly - RCD.

April 25. Is now somewhat quieter, less excitable & more reasonable - RCD

May 19. 6 st 10½ (without clothes) She varies considerably – is at times very excited restless & noisy – at others is quieter, can talk connectedly & read a book. Phys health very fair RCD –

May 26. Very noisy & excited, screaming foul language at the top of her voice – on the approach of a medical officer she becomes quiet down & can then talk fairly coherently – Phys health good – she has a small abrasion on her right elbow, caused by her knocking it against the asphalt in the airing-court. RCD –

June 28. 6 st 8 On the whole is quieter than she was but is still frequently very noisy & excited – Phys health improved – her throat at times is somewhat sore from violent screaming abrasion long since healed – RCD

Aug: 11 6 st 13½ So very noisy & excited – very destructive & has torn up several strong dresses – very noisy at night. RCD –

Sept: 24. 7 st 2½ Varies much – she can talk more connectedly at times & occupies herself fairly well but at times she is very excited restless & noisy & then uses very foul language – at times very destructive – is very noisy at night. Phys health good – RCD –

Nov: 7 – She continues to be very variable – at times very excited, raving foul language & rushing about the gallery with disordered dress & person – at times she will occupy herself & talk connectedly on ordinary topics – she is usually very noisy at night. Phys: health good – RCD –

Jan. 3. 1905 7 st 1 – She is still very variable but on the whole less violent. She is usually very noisy at night. Phys

physical health is good. S.H.P.

Feb. 3. Patient continues unaltered. Catamenia S.H.P.

1st. 2. somewhat irregular (patient in 58th year).

March 13 - 7st. For the last two days patient has been very excited becoming abusive if addressed, and throwing chairs etc about. She is accordingly being kept in bed - She constantly requires a hypnotic (Chloral gr XX occasionally Veronal) Her conversation is rambling and disconnected and she occasionally screams at the pitch of her voice S.H.P.

May 3. 1905 Patient is still very noisy & destructive at times, screaming at the pitch of her voice and battering the doors. She frequently requires a hypnotic at night. Her hallucination of hearing are less persistent S.H.P.

June 10 Patient who has been much quieter, and better controlled was removed today to Gallery III. S.H.P.

Aug. 8 Patient continuing to improve now in Gallery VII S.H.P.

Aug. 11 Patient went today to Home Villa. S.H.P.

Nov 24 Patient still at Home Villa. S.H.P.

1906 March 22 Patient returned today from Home Villa mentally rather excited, physically in good health. S.H.P.

May 12 Patient in Gall. VI excited with delusions of identity, abusive if contradicted - Good appetite S.H.P.

31 Aug. Patient continues as described in last note S.H.P.
She went yesterday to Home Villa

2723

Adm. March 28.04
RO. Nov: 12. 03
Cir. L. March 29.04
(Transfer)

Kathleen Nugent Dickson - single aged 28 - of no occupation - Presbyterian Transfer from Wood End House. Hayes - 1st attack of about 6 months' duration suspected cause: exhaustion from dental abscess - not E S or D.

1st certif: She tells me that she has taken no food today, her reasons being that it is not the right sort of food & that she feels her throat is blocked up & she cannot swallow. She acknowledges that she spits frequently & describes it as a loathsome thing to do but thinks she saves herself by doing so. She refuses to get into bed as she fancies the sheets are not clean, although clean ones have been put on her bed twice today - she says she smashed her chamber against the door today because it was dirty. (Cont.d) strips off her clothes & pulls up her nightdress & has passed water on the floor - She has been very excited at times taking 4 people to hold her.

Nov: 11-04 (Signed) R. Percy Smith
of 36 Queen Anne St. W.

2nd " corroborates
Nov: 11. 04 (Signed) Jas. H Walker
of 122 Harley Street W.

Prev: Hist:

Condition on Admission. A. Physical

Gallery I
Ht 5 ft 6½
Wt 8 st 1

Pt is a tall slightly-built girl of prepossessing appearance. Hair light brown. Eyes pupils equal & react readily to L A & to skin stimulation. Complexion & colour fair. Mucous mem: fair. Tongue slightly furred & teeth indented. Teeth not good. Molars extracted

chest moves fairly well. & presents no PS of disease. Cardiac sounds a little toneless & 2nd sound at PA is not quite clear. Pulse 84. Knee jerks good. Plantar & other superf: reflexes present & normal. No ankle clonus.
No PS of disease detected in abdomen. slight constipation
Catamenia irregular. period just over.

B. Mental

She readily enters into conversation & is pleasant & sociable. occupies herself fairly well but is somewhat indolent & languid. She practically lives in a world of her own, the world of her imagination being apparently

more real to her than that of fact around her. She however only talks of this when asked & her conduct is reasonable & orderly.
She has many delusions - that she is engaged to Lord Francis Scott (whom she has seldom met & knows very slightly) & is shortly to be married to him - for which there is no foundation. she states that he is the true Duke of Buccleugh, the present holder of the title being a "usurper" & only "someone else in disguise" - she thinks that she is in "spiritual communion" with him - hears his voice continually & receives hourly communications from him which she believes - The auditory hallucns are marked - & are believed in by her.
She has hallucns of smell - states that at the new Hospital for Women & at Wood End House she was "injected" & that this has made her smell always, "a horrid smell like disinfectant" - that this smell proceeds from her & she can always smell it - she also thinks that she exercises a mysterious influence of indefinable nature over others. She takes food well & sleeps very fairly -

April 6 - She has settled in well & is stronger physically eating & sleeping well - there is some slight foundation for the hallucns of smell in a slight nocturnal incontinence which is improving under treatment RCD -

April 13 She is very deluded - her especial delusion being that of her supposed approaching marriage (as above) see annexed letter - RCD

April 25. Has been worse since her mother's visit on April 13th for the last 3 days has been very confused

& muddled - on the 21st the cata
menia began with some dysmenorrhoea -
this however soon passing off under treatment
She however was very deluded the next
day & refused food saying that it was
poisoned - she resisted an attempt to
feed her the next day - Today she had to be
forcibly dressed & carried down to No 3 - On
having the tube feeding however explained to
her she has taken food - She is now childish
& querulous but there is no conscious RCD -

May 7. So now better - is brighter & she attends
7 st 10½ to her dress & person - is now taking food RCD

June 28. She takes food well & reads French a good
deal but is very violent & apathetic &
retains her delusion as to her marriage with
the Duke of Buccleugh - she however now
attends to her dress & person. RCD

July 22. So very restless & hysterical - at times requires
to be watched & dressed - talks much of her
"husband" - at times waves her arms &
makes grotesque gestures - RCD -

Aug: 19. Last night after she & the other ladies in the
sanitary had gone to bed, she suddenly savagely
attacked an old lady (Mrs Martin) in a bed near her.
entirely without provocation - today has again
struck other patients (Mrs Platt &
will give no reason for her conduct - RCD -
She has cut off all her hair with a pair of embroidery scissors

Aug: 20 Last night again attacked a Pt (Miss Perkins)
trying to get into her bed - was removed to a
padded room - is refusing food & maintains
an obstinate silence - m/p: now on. RCD

Aug. 30 She continues very wild & excited & extremely
violent at times - she refuses food & has to be

fed by tube - is in bed in a padded room - RCD

Sept. 10 — is now up & dressed - & has begun to take food - she is very deluded & is morose & sullen - but has not been violent for the last few days. RCD -

Nov: 7 - She is very morose & sullen - is quite unoccupied & refuses to speak to anyone, staff or patients alike - will rarely even reply to a question - She has not been violent of late & is now taking food well - She is much less anaemic & is more robust than she was - RCD -

Nov: 17. She has been more excited of late, especially towards evening & at night - she has again the delusion that she is a man & this makes her conduct very objectionable at times - RCD -

Nov: 23. This is passing off - & she now appears to think herself the Countess of Airlie (see annexed letter) & that the Earl of Airlie is here & is frequently seen by her - She is morose & rarely speaks - she was visited by her aunt yesterday but maintained an obstinate silence RCD

1905. Jan. 5. 7st. 10½ — Patient still has delusion that she is a man which leads to very objectionable conduct at times - She is very excited. S.M.R.

Feb. 3. 7st. 8½ — Patient is very morose, rarely speaks to anyone and sits silent and unoccupied in a crouching attitude in a corner of the gallery. She will not speak of her delusions but her conduct still testifies to their persistance.
Her physical health is fair Catamenia regular. S.M.R.

May 3. — Patient is still morose, and unoccupied but speaks a little more than formerly - She believes that she owns the Airlie estates and offers the

medical officer an order to see over Cortachy Castle
Her physical health is good. S.H.R.

Aug. 8. Patient is now quiet at night and her habits are good
She is now fairly well occupied constantly reading
and has resumed practice of her violin. She is
still however very languid and avoids association
with the other ladies, though she will now
converse pleasantly if addressed. Her delusions as
to past possessions persist but are not so acute. S.H.R.

Oct. 25 Patient is again excited, had to be removed from
her dormitory to Gallery V and is now in a
padded room. She is again under the impression
that she is a man and her conduct is objectionable
She is taking food fairly well. S.H.R.

Nov. 24 Patient has improved and is now fairly quiet, no
1st. 13. longer requiring a nightly hypnotic but talking a
good deal to herself and with the delusions as to
her marriage most active. Her conduct is now
quite good. She has had this week a slight whitlow
on the ~~left~~ right hand. Catamenia normal S.H.R.

Nov. 26 Free incisions were made in the thumb under
gas today S.H.R.

Dec. 2 Patient was given gas today and the terminal
phalanx of the left thumb which presented
a considerable area of bare bone - scraped with
the sharp spoon. Since the 26th inst. the thumb
has been in a bath of hot boracic lotion
constantly by day with a wet dressing on at
night. Temperature has never risen above 99.7 and
there are no constitutional symptoms
Patient is very amenable to the treatment
but is very deluded & frequently addresses one of
the M.O.'s as God. Walks of the chair in which

Page 40

2728 **Edith Alice Thomas** - married

Ad^d April 22-04 nonconformist - aged 27 - 1st attack
R.O. " 29 " of about a fortnight's duration - supposed
Cir^d. " 30 " cause: shock after confinement - not E
(Urgency) or D - mentioned desire of suicide once at
beginning of attack - Prev: address - Albert
Villas - Crowthorne - Berks: -

1st certif. She is in a state of mental stupor - she will not answer any questions whatever & appears to be totally indifferent to her surroundings & ignorant of her position - she appears vacant & she is restless. (con^d) has no interest in anything, will not enter into any conversation & will not take her food freely. That she has delusions believing her father is dead & that her friends are harmful & that she is beyond his control.

April 22.04 (signed) Wm W Floyer
of Egham

2nd " corroborative
April 21.04 (signed) P Napier Sanes
of Crowthorne Bucks

Prev: Hist: child (2nd) born March 12 - somewhat prematurely
(Fr Husband) (end of 8th month) both did well -
nurse said to be very foolish & to have told her
disturbing stories - nurse met with a bicycle
accident when child was about 2 wks old - &
was delirious for a time - this gave P^t a shock.
she became stuporous & depressed - refused food
& would not speak - Secretion of milk ceased -
developed delusions of identity - at times excited
Gen: health fair - not robust -
eldest boy 19 months old

no dislike to child or husband -

Fam: Hist. said to be nil - Husband formerly
mother emotional phthisical
Sister depressed - but not certified

Condition on Admission - A Physical

Gallery III
Ht. 4 ft 11
Wt. 7 st 9

Pt. is a small little woman with light brown hair & blue grey eyes - she is well nourished but is somewhat pale & the mucous memb: are anaemic - Tongue furred - teeth fair - wears a small artificial denture. Eyes blue grey - pupils equal somewhat dilated & react very readily to L A & to sympathetic reflexes & consensually - Chest moves poorly but presents no PS & disease beyond a blunting of the 1st sound at the P.A. Pulse 88. regular Knee jerks brisk - plantar & other superf: reflexes present & normal - no ankle clonus Breasts show marked areolae - no secretion & they are soft & natural -
abdomen shows no PS & disease - marked constipation.

B. Mental Melancholia c̄ stupor
She sits unoccupied with head bent taking no notice of her surroundings or roaming restlessly & quite aimlessly about the gallery - when addressed looks up in a frightened

agitated manner but will not speak - she requires to have everything done for her - to be washed dressed & fed but is not resistive - she sleeps well -

April 26. She has brightened up a little - now occupies herself in simple needlework & takes food voluntarily with some persuasion - She will also smile when addressed & will sometimes answer in monosyllables - RCD

May 7. 7 of 9 No 7 Has been somewhat restless the last 2 days inclined to go for doors &c - occupies herself more & talks a little of her own accord - her reaction is still very slow RCD -

May 16 - Continues very restless & fidgetty - going for doors & being very deluded - RCD -

June 28 7 of 11 Is somewhat less restless & occupies herself to some extent but varies much - is at times very resistive & makes constant attempts to get away RCD

July 12 - 8 of 5 Has somewhat improved of late - she occupies herself, talks a little & is amenable - is taking food better & is much less restless - RCD

Sept: 24 8 of 4½ Has distinctly improved - is much brighter & occupies herself well - Phys health good RCD -

Sept: 30. She was discharged yesterday - was examined before leaving & found to be in good physical health & free from marks or bruises

Discharged Sept: 29 - 04

Mrs Dickson (from page 36)

she was given gas as her "husband" and refused at first to sit on it. She has moments of abstraction in conversation, when she seems to gazing at something and her lips move and she is generally inclined to be rather hysterical. S.H.P.

Dec. 14 – Patient's thumb has now healed and the scarring is less than was to be expected. Mentally she is as described in previous note. S.H.P.

1906 Feb. 15 – Patient was sent to Hall I this month but had to be sent back to V after a single day there as her language was most disgusting and she talked freely of her delusions as to husbands etc. She was also erotic in behaviour wishing to kiss everyone etc. S.H.P.

7st 9

May 12 Patient still in Hall V quieter and fairly well occupied with reading and work. She is taking her food well and sleeping well at night. S.H.P.

7st 5.

June 18 Patient went to Home Villa to-day S.H.P.

1907 April 26 Patient returned from Home Villa to-day – while there she had had severe haematemesis (Nov 1906) and influenza Jan. 1907. She is thin, very pale and has a "tickling" cough, very troublesome at night. Examination of the chest showed deficient expansion of the left side of the chest – (chest very flat) slight dulness on percussion at left apex and in left I.C. region – with harsh breathing in those regions and slightly prolonged expiration at the apex of the lower lobe posteriorly. At present she is off on a milk diet – has not been allowed meat since haematemesis. The cough seems mainly nervous there is no sputum – for it a Heroin mixture and for anaemia Iron Dialysed one t.i.d. S.H.P.

Iron Dialysed S.H.P. one t.i.d.

Hall I

Patient shows distinct mental improvement.

May 20 Cough somewhat better. Patient tried on Emulsio Ol. Morrh. but it made her sick now on Sanatogen. S.M.R.

Aug. 26 7 st. 6 On examination of the thorax today the right lung side was found to show the following physical signs. ~~marked~~ Deficient expansion marked tagging of right apex - increased V.F. i.c. and s.c - marked dulness of right apex with dulness infra-clavicular. Auscultation showed bronchial breathing with some fairly coarse crepitations at end of inspiration and slight pectoriloquy at right apex, harsh breathing infraclavicular and slight bronchophony. The left side is slightly dull at apex and infra-clavicular and breathing is harsh. Posteriorly the apex of the middle lobe (R.L.) there is dulness bronchial breathing and some fine crepitations breathing at bases is very shallow. Patient is in bed. ~~IIIII~~ out all day with increased diet - her digestion is weak - she cannot take Ol. Morrh. so is on Sanatogen - Inhalations ~~Pot~~ Tinct. Benzoin Co. at night S.M.R.

Sept. 27 7 st. 9 Patient continues her open air life with extra diet - is now taking Emulsio Ol. Morrh. The physical signs noted above of right side of chest show no improvement. S.M.R.

Oct. 25 7 st. 9½ The inhalations of Tinct. Benzoin Co. have been stopped as patient's cough did not improve while she was taking them and a small dose of Glaxo-heroin on going to bed was found to give her a better nights. There is increased dulness of right apex and right i.c. region with deficient expansion bronchial breathing with some crepitations at the end of inspiration. The breathing on the left side is harsh. There is slight dulness at the apex of the middle lobe of the right lung

with prolonged expiration. The breath sounds at both bases is very shallow. Mentally patient is very self absorbed and talks much to herself evidently has auditory hallucinations. S.H.R.

Nov. 8 Patient was discharged today "relieved"
Wt. 6½ She has been sick thrice since last note has refused milk and has lost weight. The physical signs on her discharge were as above noted. She was free from marks and bruises. S.H.R.

Discharged.

Feby 1908 Much worse physically - aunt. S.H.R.
July 1908 Died. very emaciated aunt S.H.R.

2729 **Elinor Danger** - aged 27 - single
Ad.d April 26.04 of no occupation - Ch: of Eng: - Prev: address
R.O. " " " The Priory - Roehampton - attack of
Cind " 27.04 about one week's duration - supposed
F cause Previous attacks - Previously treated
in Melbourne - 1899 - & at The Priory. Adm: 6 to 6 Ap: 04
not E or S but has threatened violence

1st certif: She is restless & excitable & has this morning cut off her hair which she says she shall sell in order to get money. She is very emotional frequently crying & at other times declaiming against her grievances which consist in not being allowed to go & see other patients. She says she is "insulted all round" & that she does not get fair treatment & she has taken a sudden hostility to Dr Chambers to whom she has always been friendly. She complains that she cannot sleep & that her head is muddled which she thinks is due to drugs given her for sleep (com.d) has completely changed in manner --- is quite uncontrollable unless constantly looked after -

April 23.04 (signed) R Percy Smith
of 36 Queen Anne St W

2nd " corroborates
April 25.04 (signed) T. M. McIlroy
of The Priory - Roehampton

Prev: Hist:

Fam: Hist.

Condition on Admission — A Physical

Gallery I
Ht 5 ft 7½
Wt 11 st 4

Pt is a stout well built & muscular girl - hair brown cut short in a very amateur style - Eyes pupils equal & react well to L A & to skin stim. - Tongue fairly clean - Teeth good - many crowned with gold or filled - Chest moves well & presents no P.S. & disease - Pulse 84 regular Knee jerks brisk - Superf: & other reflexes good - no ankle clonus -
catamenia stated to be regular - last mp: "about a fortnight ago" -
slight dyspepsia - some constipation
otherwise she is robust.

B - Mental

She readily enters into conversation & talks pleasantly & correctly on ordinary topics - she is somewhat restless but readily carries out any suggestions made to her - She says that at times she becomes very emotional & "nervous" & then "hardly knows what she

says - she owns that on the morning of April 23 she "felt quite insane" & cut off all her hair, thinking this might cool her head & relieve her - she has taken a great dislike to all with whom she has been lately but admits that much of this may be quite unreasonable - Evidently now she has considerably quieted down from the recent excitement - She eats well but does not sleep very well

May 3. She is going on well - takes an interest in the amusements & occupations of the Hospital, & plays a good game of Tennis - she is somewhat flighty & erratic but is amenable to rules - Eats well & is sleeping very fairly - RCD -

May 10 - continues as on last note RCD -

May 17 - Is occupied well & takes a keen interest in all the amusements of the Hospital - is now sleeping well - Has lately had a little rheumatism of the neck muscles which soon yielded to C. RCD -

May 25. Is very restless & explosive - says she feels as if she would like to "hit anyone" but has so far kept within bounds - is evidently exercising a good amount of self control - RCD -

June 28 Has been better since the last 2 or 3 days - she is now again restless & explosive & has been sleeping badly - last night was very noisy singing & shouting between 12 & 1 am wandered about & into a nurse's bedroom - who after a time persuaded her to go back to bed - she persists in having a roaring fire at night & all windows closely curtained during day & night - utterly refuses (though politely) to

take any medicine stating that she has taken quantities during the last 7 years & that all has done her harm & not good RCD

July 12 11 st 5½ She has improved of late - the irritability & explosiveness passing off in about 10 days - now occupies herself well & is sleeping better having agreed to discontinue the fire - Takes much active exercise tennis croquet &c - RCD -

Aug: 11. 11 st 9 Is going on well - is sometimes irritable & odd for a few days but exerts much self control & on the whole has greatly improved - RCD -

Sept: 24. 11 st 9 She occupies herself & takes part in the amusements & occupations of the Hospital - She is moody & irritable at times but exercises much self control - RCD -

Nov: 7. There has been marked improvement of late - she is sociable & pleasant, taking part in the amusements & occupations & has lost very much of the previous explosive irritability Phys: health good - RCD -

Jan. 3. 1905 11 st. 2 The improvement previously noted continues. The irritability is much less and patient shares freely in the amusements and occupations of the hospital - Her physical health is good. S.M.R.

Feb. 7 12 st 1½ She is again very irritable and explosive, but exercising a fair amount of self control. She is sleeping badly roaming about the house at night for some hours. S.M.R.

Feb. 15. She has slept well for the last three nights and is somewhat less irritable. During these attacks of extreme irritability she undoubtedly has hallucinations of hearing - in conversation she suddenly turns & says "I tell you I am an Australian" to some imaginary

interrupter. If asked to whom she is speaking she says 'did I speak?' and tries to pass the matter off. She can also be seen smiling and carrying on a conversation while wandering alone in the grounds. S.M.P.

Feb. 22. She is rapidly returning to her previous social, pleasant state, but is now slightly depressed (that the mental attack should have returned again) and rather worn and from sleeplessness and excitement. S.M.P.

March 12 - After a short interval of quiet she is again excited spent a couple of hours out of bed last night and is very irritable accusing attendants of laughing at her (untrue) When excited she spends much of her time wandering round the grounds, wearing blue glasses - a solar topee and carrying a long bamboo rod. S.M.P.

March 16 Patient became very violent this morning, striking doctors and nurses, throwing various articles at their heads, using uninteresting abusive language, so she was accordingly sent to a room off Gallery and confined to bed with two special nurses. S.M.P.

March 17 Last night patient wrecked her room, using the leg of her dressing table to smash the shutters, break the windows, the glass panes in the door, tear down the mantelpiece, smash the wardrobe etc etc. She also covered the walls (and herself) with soot. This took place at 2.15 a.m patient having first barricaded the door with her bed - The medical officer was summoned and patient removed to a strong room where she now is - S.M.P.

March 20 Patient has been in seclusion daily ~~in~~ & since previous note. Today she loosened a piece of plaster from the wall & with it broke two panes of glass in the window over the door. She was then given a hypodermic injection of hyoscine

Hydrobromide 75 ℔ gr. and was quiet for the rest of the day.

March 22 Patient has slept well for the last two nights & been quiet during the day. She spent two hours today in one of the dining courts. S.H.P.

March 24 Patient has been yesterday 9½ hours in seclusion today one five hours and returns tomorrow to her former room with a special nurse - S.H.P.

April 6 - Patient is recovering from the acute attack of excitement is going out freely and again associating with the other patients attending on the 4th inst. the patients dance - S.H.P.

May 3 - Patient has now recovered from the acute attack of excitement but retains the dislike then conceived for the medical staff and certain nurses, maintaining an absolute silence towards them She is again dining in hall (Special nurse removed May 2) going out freely (in the grounds) and sleeping well. S.H.P.

May 8 Patient is again becoming excited - wearing to her blue glasses - and is abusive in the dining hall so today permission to dine there was withdrawn. S.H.P.

June 19 Patient is again controlling herself better, but very variable. S.H.P.

Aug. 8 Patient better controlled - playing much tennis &c and in better physical health. S.H.P.

Nov. 24 Patient has continued fairly well controlled though somewhat
1151. 2. variable and always easily annoyed and disturbed. She is in good physical health. Cat. normal. S.H.P.

Dec. 14 Patient is again excited and inclined to be abusive sleeping badly and mentally very unstable.

190 Jan. 14 Patient has recovered from above mentioned attack of excitement. is now fairly well controlled and sleeping much better. S.H.P.

Feb. 7 Patient was discharged today

Relieved

S.H.P.

Discharged

2732 **Violet Marguerita May** - single -
Adm. April 30.04 aged 26 - Ch: of Eng: - Prev address:
R.O. Dec: 11. 03 7 Glenveagle Road Plymouth - transfer (certified)
Cinl. May 2. 04 from Plympton House - Plympton - 2nd attack
Transfer - of about 4 months' duration -
1st certif: She is in a dazed very depressed condition, suddenly laughing immoderately without sufficient apparent reason. Says she walked through a window being urged to do so by a voice says "dreams make her do things she otherwise would not do" - (cont.d) came to the house saying horses were following her & they were chasing her about the room upon which she ran upstairs to escape them. On same occasion re iterated sentences of the song "John Peel" muddling up verses & lines in a nonsensical manner -

Dec: 11. 03 (signed) Colin D. Lindsay
of Blandford. Mannamead

2nd " corroborative -
Dec: 11.03 (signed) H W. Webber
of 4 Queen Anne Terrace. Plymouth

Prev: Hist: See case book XIII. p: 289.
Was here as Pt. Nov: 16.00 to Oct: 25.01. with a 2nd attack (1st certified) of 8 months' duration -
(1st attack being at age of 16, lasting 5 months)
She was then dazed & confused with marked hallucn.s of hearing - was on a suicidal caution in consequence of having attempted to throw herself out of a window before admission -

Fam: Hist: said to be nil.
mother very emotional.

Condition on Admission. A Physical

Gallery III
Ht. 5 ft 1
Wt. 8 st 9

Pt. is well developed & is well nourished
Hair brown. Eyes brown. pupils equal & react to L & R & to skin stimulation. Tongue fairly clean but teeth indented. Teeth
Thyroid normal.
chest moves well & presents no P.S. & disease
Pulse 80. regular.
No P.S. & disease in abdomen.
Knee jerks brisk. plantar & other superf. reflexes present & normal.
Catamenia

B. Mental

Suicidal caution

She is very dazed & confused. sits unoccupied dreaming into vacancy. when asked what she is thinking of, answers "I don't know" or "nothing". She is untidy & inattentive to her dress & person. She has marked auditory hallucinations & owing to these obeying them. In consequence of this has been put on a suicidal

Tidiet. She takes food fairly well with persuasion & sleeps well.

May 7. She is somewhat less dazed & dreamy & has been moved to No. 7 RCD.

No. 7.

May 16. The improvement continues RCD.

May 23. Very dreamy dazed & confused - RCD.

May 30 - She continues rather more dazed & dreamy with marked auditory hallucinations

8 st 3½

June 28 There is a slight improvement - but she is very apathetic & indolent RCD

July 12 - Varies considerably but she is very anergic & automatic - is at times very confused - is full of wild plans for future which she is quite incapable of carrying out - RCD.

7 st 12½

Sept: 24 She continues as on last note - very 'difficile' at times, & usually anergic & automatic with marked mental confusion. Constant wild & impossible plans are formed & she is very indignant with her mother & the Hospital authorities at pointing out the absurdity of these plans - Phys health good - RCD.

8 st 3

Nov: 7 - Continues variable - usually anergic & automatic with mental confusion - at times to such an extent that she has to be washed & dressed - at other times she is excited & abusive - still forms wild & impossible plans - Phys health good - has had an small abscess abscess (now discharging) but utterly declines to see the dentist RCD

Feb 4 Patient varies considerably - She shows much mental confusion and is absolutely anergic at the menstrual period, requiring to be

8 st. 5½

washed and dressed. In the intervals she is more rational but always more or less anergic. Her physical health is good. C.3. S.H.R.

May 3 Patient has lately been more confused and anergic than ever requiring a great deal of assistance. The auditory hallucinations are also marked and patient still forms impossible plans for the future. S.H.R.

Aug. 8 Patient continues very confused especially at monthly period, when she requires to be washed & dressed like a child. She has had occasional attacks of gastric disturbance lately. S.H.R.

Nov. 24 Patient has been very automatic lately, requiring constant attention and doing nothing for herself. (Dec 2. Gall. V) The brighter intervals are now much rarer and she is almost constantly silent & stupose. Catamenia regular. S.H.R.

1906 Feb. 15 Gall. VII Patient continues as described in last note requiring constant attention. She is in good physical health. S.H.R.

May 12 Patient had to be sent to Gall. V on the 10th inst as she was destructive and also attempting to put things into her mouth etc. etc. She requires to be washed dressed etc. S.H.R.

31 Aug. Patient is now in Gall. III, mischievous and destructive, requiring to be washed and dressed and incapable of conversation. Her physical health is good. S.H.R.

Nov. 20 Patient continues as described in last note with better intervals when she is able to do a little more for herself. S.H.R.

1907 Jan. 23 Patient was discharged today "relieved" going to Dorset County Asylum. She was examined before leaving and found to be in good physical health, free from marks and bruises. Reported for a small abrasion on left wrist. S.H.R.

Discharged

Emma Wakefield Moore - wife of

Adm. May 4.04 merchant - aged 65 - of no occupation

R.O. April 27 " Ch: of Eng: Prev address 13 Salisbury Road

Cir L. May 5. " Hove - Brighton 1st attack of about of months' duration - not previously treated cause unknown - not E or D, has refused to suicide.

1st certif: she says her bowels have not acted for some months, neither has she slept for months: she says the devil sometime ago emptied her abdomen of that he is always with her keeping her from sleeping - (com.d) is noisy occasionally, uses bad language, has constant delusions about the devil, for instance that he places the motions in the pan himself, that they are not passed by her at all.

April 24.04 (signed) E J Maynard of 108 Lansdowne Place. Hove

2nd " corroborative

April 27.04 (signed) F J Paley of 18 Brunswick Place Hove

Fam Hist. (Fr husband) stated to be nil.

Parents both alive - (over 80) ~~strong & well~~ - ~~Father phthisical~~

Prev: Hist. (Fr husband) Has been married 45 yrs: children 1. miscr: 1 no trouble at climacteric

For the last of months she has been gradually altering - has become restless & irritable & has lately developed delusions chiefly of a hypochondriacal nature - Has been troublesome about food - sometimes noisy at night - marked constipation -

Gen: health good -

Condition on Admission — A Physical

Gallery III
Ht. 5 ft 2 1/4
Wt.

She is a well preserved old body with scanty white hair & brown Eyes. pupils equal & react fairly well to L & A & to skin stimulation Tongue furred Teeth

chest moves well & presents no PS & disease. Pulse 72. somewhat hard. Knee jerks fair. plantar & other supy reflexes present & normal. no ankle clonus Toes distorted & twisted. hallux valgus of both feet. nails thickened curved & arched.

Urine 1025. ac: turbid with urates. no alb: blood or pus.

B. Mental. Melancholia.

She is depressed apathetic & unoccupied. is at times restless & agitated & then swears freely. She has many delusions chiefly of a hypochondriacal nature. that she has not breathed for 20 years, that her bowels have not acted for 30 years. that she never sleeps &c &c. that "the Devil" is in her & makes her do things she would not do &c &c. Doubtful hallucns of hearing. She appears

to sleep fairly well but refuses food asseverating that she has taken none for 25 years.

May 7. After being fed by tube once, she will take food though unwillingly - her language is very forcible & she swears freely with & without cause - is at times slightly violent, pushing & kicking out at patients near her. RCD.

May 16. She is noisy & swears freely - is at times impulsively violent to P.Ds & staff - is now taking food well under compulsion. RCD

May 23. Continues unchanged. RCD.

May 30. She continues noisy & excited - swearing freely & is frequently very violent to those around her - retains her delusions as above. RCD.

7 st 4½

June 23. Continues quite unaltered RCD.

July 11. She is rather less excitable but is quite ~~unaltered~~ unoccupied & retains her delusions swears freely in a monotonous way - RCD

7 st 7½

Aug: 11. Continues unaltered. RCD.

7 st 7½

Sept: 24. She quite unoccupied - is depressed & has numerous delusions, has not breathed for 18 months, has not slept for years &c &c - swears freely at times - & is at times restless & excited. RCD.

7 st 7½

Nov: 7. She is less morose & depressed but is often very excitable - she is quite unoccupied & retains her delusions - has now "not breathed for 40 years" - Phys health good & she is taking food better RCD.

Feb. 1 1905 The delusions persist - patient is not breathing. Her jaws are fixed &c. &c.

8 st. 5

She is less excitable and takes food fairly well. S.M.P.

May 3. Patient is quite unoccupied, wholly given up to her
8 H 4½ delusions that she is not breathing, jaws are fixed
etc. She goes out frequently and is taking food
fairly well - S.M.P.

May 11 Patient fainted today in the airing court & fell
on the asphalt path. No bruises have been
sustained. She is being kept in bed & stimulated
by a cardiac tonic, the heart sounds being generally
feeble with a slight systolic murmur at the time. S.M.P.

Lund Digt

May 18 Patient out of bed and in better physical condition S.M.P.

Aug. 8. The delusions persist, but patient is now in fair
physical condition - S.M.P.

Nov 24 There is no change in patient's delusions. She is
Est. 9½ in good physical condition S.M.P.

Suicidal caution 7.12.04 Dec. 8 Patient was today put on a suicidal caution
as she had threatened to attempt her life by
drowning. S.M.P.

1906 Feb 15 Patient continues depressed - wholly absorbed
in her hypochondriacal delusions - S.M.P.

May 12 There is no change in patient's delusions
that she is not breathing, her jaws are fixed etc.
etc. The heart's action is feeble and there is
still a faint systolic murmur. S.M.P.

31 Aug. Patient is in fair physical health at present
(systolic murmur still present) - wholly given to
her delusions - not breathing etc. etc. S.M.P.

Nov. 20 There is no mental or physical change S.M.P.

1907 Feb. 20 Patient very troublesome over food, declares
that it has accumulated for 4 years internally
frequently has to be spoon fed, maintains that
the devil breathes in her, speaks in her etc. etc. S.M.P.

May 20 There is no mental or physical change. S.M.P.

Aug. 26 Patient continues full of hypochondriacal delusions that her food accumulates in her body, that she cannot breathe etc etc. She is quite unoccupied moaning over her wickedness all day – is very troublesome over food, trying to secrete it

Nov. 11 Patient continues full of hypochondriacal delusions unoccupied and resistive S.M.P.

1908 Feb. 21 Patient persists that she is not breathing – that it is the devil in her that speaks – eats etc. She is quite unoccupied – resistive over the taking of food – sleeps well – S.M.P.

May 8 Patient continues full of hypochondriacal delusions that she is not breathing, that her food accumulates in her system etc – She is resistive over food. Sleeps well – S.M.P.

Aug. 5 There is no mental change. Patient is still troublesome over the taking of food but is in fair health sleeping well. S.M.P.

Nov 28th Hypochondriacal delusions persist, patient states that her inability to breath is the result of the devil 'having got possession of her after a great sin' she committed.

Bodily health fairly good. M.S.B.

1909. Feb 20th Patient continues hypochondriacal & deluded. Wgt 7½ lbs. Constantly asserting her inability to breath. Is mildly depressed, troublesome over food. Bodily health fair. M.S.B.

March 9th Patient is in bed with oedema of feet & legs also of right arm. Cardiac action weak, has marked albuminuria, with rigid arteries, tension high. Is troublesome over food cannot be got to take milk. Deluded, believes the Devil is responsible for her present illness. M.S.B.

℞ Tinct Digit gtt
Tinct Nux Vom ⅿ
Aq ad ℥vi
℥ss c. i. d.

March 25th Patient was transferred to gallery No VIII

Holloway Sanatorium Hospital,

Virginia Water

Copy

NOTICE OF DEATH

Date of Reception Order, the 27th day of April 1904.

I hereby give you Notice, That Emma Wakefield Moore a Private Patient, received into this Hospital on the fourth day of May 1904, died therein on the second day of April 1909.

Signed W. D. Moore M.D.
Medical Officer.

Dated the 3rd day of April One Thousand nine hundred and nine

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name - - - - - - -	Emma Wakefield Moore
Sex and age - - - - -	female 70.
Married, single, or widowed - -	widowed.
Profession or occupation - -	none.
Place of abode immediately before being placed under care and treatment (if known) - - -	13 Salisbury Road. Hove, Sussex
Apparent cause of death - -	Valvular disease of the heart.
Whether or not ascertained by post-mortem examination - - -	no.
Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased	4.55 a.m. No unusual circumstances. No marks or bruises
Duration of disease of which patient died - - - - - - -	uncertain — many years
Names and description of persons present at the death - - -	Miss Edith X. Cooke, Lady Nurse.
Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - - - -	no.

Signed W. D. Moore M.D.
Medical Officer.

Lunacy R. 21. (1797 O.B.—10-99. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

1908 -

1909. 7
9th 7

Her condition becoming more serious. is taking little nourishment. breathing irregular. Has occasional attacks of vomiting & is at times in a semicomatose condition. Urine very scanty. W.S.B.

March 30 Since last entry there was some improvement

DISEASE.

Notes of Case.

Name { Mrs E. Moore

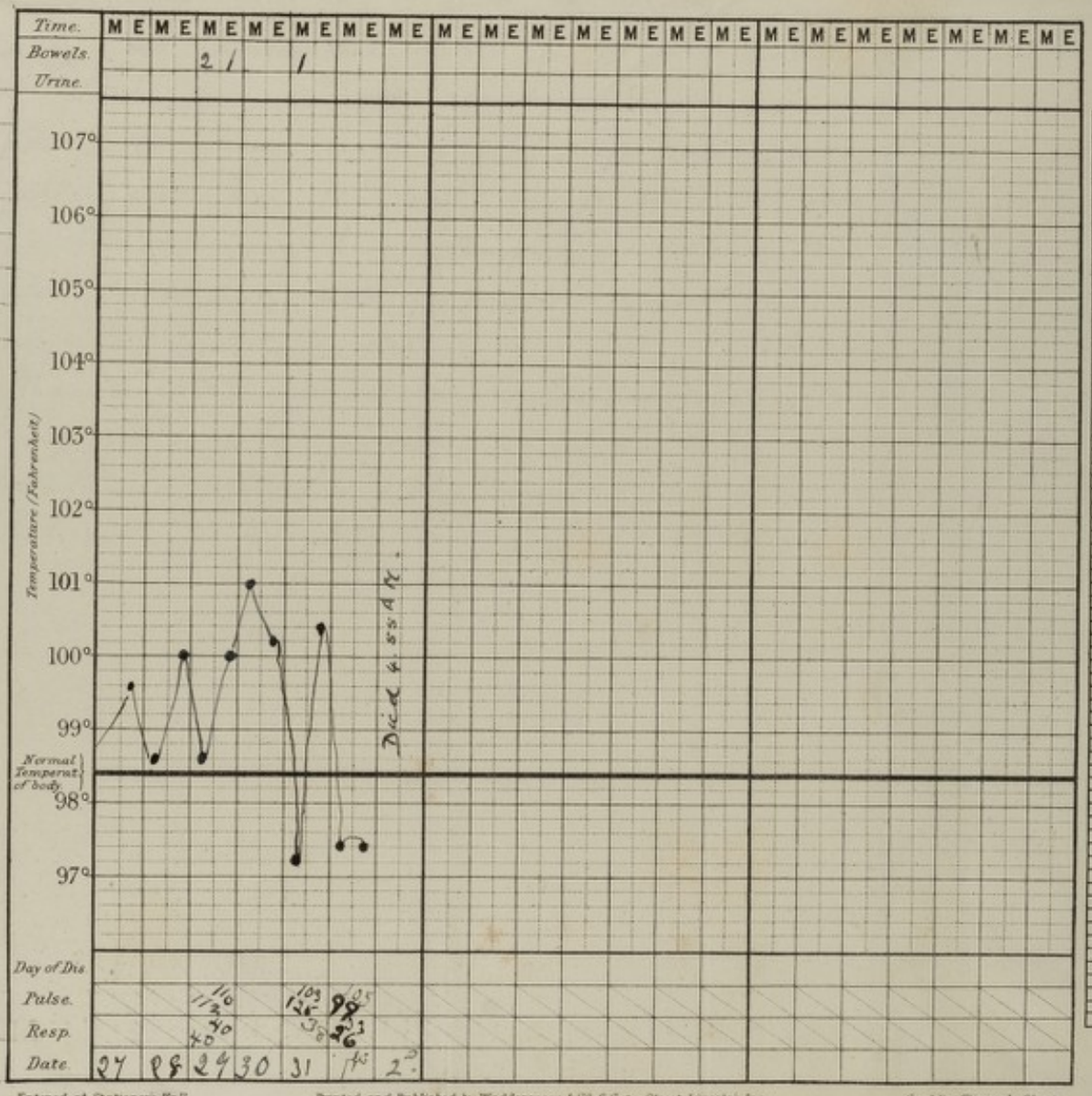
Age

Cost

Case Book No.

Date of admission.

Result



Entered at Stationer's Hall. Printed and Published by Wodderspoon & Co. 6, Gate Street Lincoln's Inn. Gould's Clinical Chart.

1908

1909.

Her condition becoming more serious. is taking little nourishment. breathing irregular. Has occasional attacks of vomiting & is at times in a semicomatose condition. Urine very scanty. M.S.B.

March 30 Since last entry there was some improvement in patients condition. But on the evening of the 27th her temperature was up 99.6°. Next day a flush was noticed about malar region of face. As there is a case of erysipelas in the gallery it was diagnosed as a mild attack of facial erysipelas. Temperature is irregular. Pulse becoming more rapid. Patient is growing steadily weaker. M.S.B.

Has steadily grown weaker ~~temperature~~, her temperature fell yesterday to 97.4°. Pulse 105 breathing irregular & shallow.

Patient died this morning at 4.55 A.M.

Died.

2733 **Eliza Jane Robson** - wife of flockjobber - aged 50 - Ch: of Eng.

Ad.d May 2.04
R.O. April 25 "
Cin.L. " 3 "

Prev: address Sparsholt Lilcombe Bassett Berks - 1st attack of about 2 yrs' duration. Supposed cause: locomotor ataxy - morphia habit & alcoholism. not E or S but has run after servants with fire irons & has poured oil from a lamp on the fire -

1st certif: Pt told me she was just starting for Monte Carlo where she was certain to make a million of money at Trente et quarante - she would give me a gold mounted dressing bag from proceeds - her husband had just taken a house at Hosley(?) with hundreds of bedrooms & stabling for 300 horses (com.d) is quite unable to take care of herself, very deceptive - constantly endeavouring to get morphia & alcohol. puts her clothes on inside out - patient attacked the cook with fire irons - tries to give away her jewels & money -

April 21.04

(signed) W.M. Woodhouse
of Wantage - Berks

2nd " Corroborative
April 20.04

(signed) Wm Abbot Anderson
of 36 Harley St. W.

Prev: Hist.

Fam:

J.M.

Condition on Admission - A. Physical

Gallery III Pt looks drawn & ill - complexion
Ht flushed - Hair dyed yellow - Eyes
Wt 7 st 10½ pupils equal but very contracted &
c to L. accomodation very
no squint or ptosis
sympathetic reflex - Cyanosis
Tongue furred - breath
ooked - owing to an old fracture
airly well & beyond a tremulous
iac sounds presents no PS
l sound at aortic orifice
ntuated - Pulse 80 - regular

colon loaded.
th difficulty & cannot
ifts her feet & comes down
ently falls & requires help
st - no ankle clonus.
x - slight foot drop.
ged - allochiria -
of legs - & to a slight extent
- Romberg's sign present -
d a sharp paroxysm of pain
in lumbar region (probably "lightning" pains)
no true girdle pain -
Tremor of facial & hand muscles -
no tenderness of nerve trunks.
Toe nails of both hallux thickened & twisted - no
other evidence of trophic disturbance -
muscular sense impaired - no loss of muscl: power.

Mrs Robson

St. Ann's
Rec'd. 11 M.Y.Co.
Ans'd 11/5/14
VIRGINIA WATER

Wantage
Berks
May 8th.

Dr. Moore

Dear Sir

At the request of Mr Bertie Robson I beg herewith to append some details of his wife's case.

When she came under my observation some four years ago I found that she was suffering from all the

Mrs Robson

Wantage
Berks
May 8th.

Dr. Moore

Dear Sir

At the request of Mr Bertie Robson I beg herewith to append some details of his wife's case.

When she came under my observation some four years ago I found that she was suffering from all the

symptoms of Locomotor Ataxy.

These symptoms gradually became worse, and she commenced about two years ago to take alcohol and morphia in considerable quantities.

I have reason to believe that four or five months ago she was taking as much morphia hypodermically as three or four grs. a day.

Some two months ago I discovered (although it was previously suspected) the real state of affairs; she was then carefully watched.

By great ingenuity she succeeded in getting hold of a tube of half-gr. Morphia tablets; and immediately took 3½grs. at a single dose.

It was only after 2hrs. of artificial respiration and great efforts that I succeeded in bringing her round from the ensuing morphia poisoning.

It is curious that from that date all her symptons of general paralysis of the Insane ensued.

The rest of her history from that date appears on the Lunacy form sent to you.

Any other questions you may

require answered I shall be happy to do so.

I am

Yours faithfully

Walter H. Woodhouse.

Tam.

Condition on Admission. A. Physical

Gallery III
Hc
Wc 7 at 10½

Pt looks drawn & ill - complexion flushed - Hair dyed yellow - Eyes pupils equal but very contracted & barely react to L. accomodation very doubtful - no sympathetic reflex - no squint or ptosis - conjunctivae yellowish - Tongue furred - breath foul. nose crooked - owing to an old fracture chest moves fairly well & beyond a tortuosis of the cardiac sounds presents no PS of disease - 2nd sound at aortic orifice somewhat accentuated - Pulse 80 - regular but hard -

abdomen - colon loaded.

She walks with difficulty & cannot turn easily - lifts her feet & comes down on the heel - frequently falls & requires help Knee jerks lost - no ankle clonus. no plantar reflex - slight foot drop - sensation delayed - allochiria - incoordination of legs - & to a slight extent of hands & arms - Romberg's sign present - in afternoon had a sharp paroxysm of pain in lumbar region (probably "lightning" pain) no true girdle pain -

Tremor of facial & hand muscles -

no tenderness of nerve trunks.

Toe nails of both hallices thickened & twisted - no other evidence of trophic disturbance -

muscular sense impaired - no loss of muscl: power.

B. Mental. on.

She is irritable & very emotional, readily laughing & weeping without cause - she is quite unoccupied & makes no attempt to occupy herself. There is marked loss of memory both for recent & remote events with much mental confusion - the sense of time is lost eg at 5 pm she told me that it was 11 pm (in spite of bright sunshine) & that she had had lunch tea & dinner.
She has many delusions chiefly of exaltation. states that she is extremely wealthy "a thousand or two being nothing" to her - that she can "easily win a million of money" by cardplaying at Monte Carlo - that her house at home contains "hundreds of rooms" &c &c some delusions of identity. No hallucns elicited - She takes food fairly well but sleeps badly -

May 9 - She continues much the same - complains much of pain along the spine with occasional sharp "lightning" pains - (no tenderness of spine) - RCD.

May 16 - Lightning pains less frequent under treatment - mentally she continues as above - She has occasional short "faints" & her pulse is then feeble & irregular - RCD.

May 23. Continues much the same RCD.

May 30. Yesterday afternoon had a fall, causing a slight cut above the right zygoma - at 7 pm had a severe fit with left sided convulsions & left conjugate deviation - at 9 had another fit the convulsions lasting about an hour - 4 more in the shorter & slighter night - there is some loss of power over the left side, the extent of which cannot

yet is accurately ascertained - this morning
can answer questions & is swallowing well RCD

June 2. on May 31st had 7 fits May June 13 fits of
shorter duration - in the 24 hours - is swallowing
badly. RCD -

June 3 yesterday had 6 fits - swallowing a trifle
[illegible] in left arm & leg RCD
[illegible] 3 days after last note,
[illegible] & she is again much
[illegible] period of fits began RCD
[illegible] deluded, the delusions being
[illegible] is now somewhat depressed.
[illegible] in the right side &
[illegible] PS as before - no
[illegible] food well & sleeps very
[illegible] maintains that she is awake
RCD

[illegible] as on the last note RCD
[illegible] & she continues much
somewhat more difficulty
[illegible] lightning pains are less
[illegible] marked weak-mindedness
[illegible] raging delusions of exalta
RCD -

[illegible] attack of the left side
[illegible] ing and still continues.
She has been removed to No 8 gallery. W.T.

— 21 The convulsions were severe and have not
quite passed off yet: occasional twitchings
of the fingers are still perceptible. On two
or three occasions since the onset of this
attack she has had visual hallucinations
in the form of showers of innumerable
little coloured particles coming as she

Mrs Arron
Will well you
Send Me a few
Lines of Kell
am Lom demor
~~comes~~ and bee
Corles to com
to my Wife
I in Said Ira
Papers Thay
Wereay Shes
in Paris

Mr Arron
Will you
Send Me a our
Dos Peas of hair
am Com down
~~comes~~ and bur
Corles to Com
to my Wife
I on Said Ira
paper they
Wereay then
in Paris

Mrs Robson
Denison

yet not accurately ascertained - this morning can answer questions & is swallowing well RCD

June 2. on May 31st had 7 fits May June 13 fits of shorter duration - in the 24 hours - is swallowing badly - RCD -

June 3 - Yesterday had 6 fits - swallowing a trifle better - very little power in left arm & leg RCD

June 23. Was very bad for 3 days after last note, but fits slowly decreased & she is again much as she was before the period of fits began RCD

July 10. 8 or 3½ She continues very deluded, the delusions being of exaltation but she is now somewhat depressed. she complains of pain in the right side & in the lumbar regions - PS as before - no further fits - she takes food well & sleeps very fairly though she maintains that she is awake all night - RCD

Aug: 11 - 8 or: Sept: 24. 8 or 5½ She continues as on the last note RCD No further fits - & she continues much the same - there is somewhat more difficulty in walking but the lightning pains are less frequent - there is marked weakmindedness with constantly changing delusions of exaltation & of identity RCD -

Oct 15 A severe convulsive attack of the left side came on this morning and still continues. She has been removed to no 8 gallery. W.

— 21 The convulsions were severe and have not quite passed off yet: occasional twitchings of the fingers are still perceptible. On two or three occasions since the onset of this attack she has had visual hallucinations in the form of showers of innumerable little coloured particles coming as she

thinks from the wall and falling on the bed clothes. She says that she is able to sweep them off the bed clothes on to the floor with her hand. W.T.

Nov: 7. She is back in No. 3. the convulsions having ceased for nearly 3 weeks. she is variable & emotional with many delusions especially at night, usually of identity – she has frequent hallucn. of sight at nighttime, describing various terrifying scenes which she thinks have taken place – the above hallucination of falling particles usually occurs if an aperient is required. RCD.

Nov: 12. on Nov: 9 she was again convulsed having 7 fits in the day & 3 in the night. on the 10th very slightly convulsed all day, yesterday again had 7 fits & today there is only vague occasional twitching – but she is still only partially conscious – RCD.

Nov: 17. The fits are slowly subsiding – both their number & severity diminishing – but she is still not really conscious. is now very restless. this morning succeeded in getting out of bed, she fell & bruised & slightly cut her nose – no other injury RCD.

Dec 10. There have been no further fits but she remains in a semi conscious state, she looks about her and probably understands a good deal that is going on but she is unable to speak. She takes her food but often with a good deal of difficulty ~~she~~ in swallowing. Faulty in her habits. She is often very restless especially at night time & requires

Holloway Sanatorium Hospital,

Virginia Water

2733 Coroner

NOTICE OF DEATH

Date of Reception Order, the 25th day of April 1904.

I hereby give you Notice, That Eliza Jane Robson a Private Patient, received into this Hospital on the second day of May 1904, died therein on the first day of February 1905.

Signed W. Tinker
Acting Medical Officer.

Dated the second day of February 1905 ~~One Thousand~~

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Eliza Jane Robson
Sex and age	female 61
Married, single, or widowed	married
Profession or occupation	none
Place of abode immediately before being placed under care and treatment (if known)	Spanswick Letcombe Bassett Wantage, Berks
Apparent cause of death	Locomotor Ataxy
Whether or not ascertained by post-mortem examination	no
Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased	9:5 a.m. No unusual circumstances. No marks or bruises
Duration of disease of which patient died	about 2½ years.
Names and description of persons present at the death	Nurse Mary Roylance
Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied	no.

Signed W. Tinker
Acting Medical Officer.

Lunacy R. 21. (1797 O.B.—10-99. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

great deal of attention on the part of the nurses to prevent her from sitting out of bed & perhaps falling. W.T.

1905.
Jan 1. Her condition continues very much the same. If anything she is a little stronger than she was and is able to take her food now with less choking. She is very constantly extremely restless by day and night and requires a great deal of supervision in W.T.

Jan. 31 Patient has grown distinctly feebler during this month and for the last week there has been more difficulty in the act of deglutition. Till last week the restlessness at night was extreme, patient requiring constant supervision, but with the increasing weakness this has diminished and patient lies fairly quiet in a semi-conscious state. The heart's action is very feeble – She is getting Brandy 3i hourly. S.M.P.

Feb. 1- Patient received a hypodermic injection of 1/60 gr. Strychnine sulphate at 9.30 p.m. last night & the heart's action gradually failed and she expired at 9.5 a.m. this morning. S.M.P.

Died-

Ethelred Emma Curtis (cont from page 12.)

Nov 30th 1908 Patient continues restless and unoccupied. Her conversation is incoherent and she gives irrelevant answers to questions asked. She has hallucinations and delusions. Her bodily health is fairly good. M.S.B

1909. Feb 27th Wt 8st 7lb. Patient continues deluded, & unoccupied, states that she is too good a worker to work amongst other patients. Is restless & incoherent at times. Bodily health good. M.S.B.

May 4th. Went to Hove Villa.

June 8th. Returned from Hove Villa

Aug 30th. Wt. 8st. 7lb. Patient is restless deluded. Does not speak much conversation incoherent, unoccupied – Physical health good. S.B.

Nov. 8th. Wt. 8st. 3½lb. Patient continues quite unoccupied & silent as a rule – frequently grimaces – chatters to herself incoherently – auditory hallucination & delusions of persecution persist. Physical health good – S.B.

1910

Feb. 10th. Wt. 8st. 6½lb. Patient is very deluded restless & quite unoccupied. Talks to herself a great deal. She has auditory hallucination still. Physical health fairly good. Note losing wt. S.B.

May 19th. Wt. 8st. 2¼lb. Patient continues deluded, restless at times. She incoherent in conversation – quite unoccupied auditory hallucinations continue. Physical health good.

Aug. 15th. Wt. 7st. 9½lb. Patient continues very weak minded – deluded incapable of occupation or conversation. Auditory hallucinations continue. Physical health fairly good. but not taking her food as well as last year very emaciated. S.B.

Dec. 12th. Patient is confused deluded & demented. but
wt. Jur. 12¼. not nearly so restless as she used to be.
.2 She principally talks to herself a good deal. Hears voices.
Cannot answer questions coherently - quite unoccupied
1911. Physical health fairly good but circulation poor. S.B.
March 13th Patient is demented restless unoccupied
wt. Dec. 13¼. auditory hallucinations continue worked
Physical health fairly good. S.B.
June 9th Patient is demented & deluded. Conversation
wt. Jan. 10½ generally incoherent & confused - Quite unoccupied
& at times restless - auditory hallucinations
continue. Physical health fairly good. S.B.
July 27th Patient went today to Hove Villa. S.B.

1912.
March 12th Patient returned from Hove Villa to-day.
Physical health good. E.M.J.
June 21st Demented. quiet, unoccupied, Physical health
good. E.M.J.
Sept. 14th No mental or physical change. Patient does
nothing for herself and has to be looked
after like a child. E.M.J.
Oct. 17th Patient went to S. Ann's, Bournemouth, to-day.
1913. July 4th Miss Curtis returned from Bournemouth E.M.J.
to-day, in good health. She is demented,
unoccupied, silent, unsociable. E.M.J.

continued in Case Book A, page 420.

2730 **Marian Headley Moore.**

Adm. April 28.04 single - aged 34. of no occupation - Ch
RO. " " " of Eng: Prev: address 54 Warren Rd
Cir L. " 29 " Reigate - "2nd attack of 4 days" duration -
really 1st attack of 3 months' duration.
Previously treated in Cheadle Royal Asylum
in Feb: 04 for 10 days only (see below) Supposed
cause: unusual poisoning. not E or S but
doubtfully dangerous -

1st certif. she talked incoherently: she seized my tie pin & tried to break it & then to put it into her mouth
also she seized my hand & tried to wrench my ring off - she tried to touch one of my eyes. (Cont.) has
taken down & broken the frames of the pictures hanging on the walls of her room - that she had been violent & shouting.

April 27.04 (signed) T. G. Ogle
of South Redlands. Reigate

2nd " corroborative

April 27.04 (signed) J E B Hayes
of 65 High St Reigate

Fam Hist: (Fr sister) said to be nil

Prev: Hist: (Fr sister) In Feb: 04 while staying away in the North had some unusual soup & was poisoned thereby - (2 other people who had taken the soup were very seriously ill - one other slightly so & 3 animals died -) was covered with red blotches, had severe pain - & was delirious & violent - (ran about nude &c) later developed neuritis which lasted some time - was taken to the Cheadle Royal Asylum & soon improved - was there only from March 1 to March 10. being removed against advice on account of her Father's dangerous illness.

Gallery V soon again became noisy & was taken to Southport by her sister (a nun) she there improved - mentally & physically - came back apparently almost well - (had gained 14 lbs in weight) Became worse after seeing her friend - went to S. Peter's convalescent home at Woking but proved too noisy for there - so said to have swallowed pins & tacks - was sent home - & was certified & brought here -

Gen: health good - though not robust -

Had enteric fever at age 7

Was in Canada 7 years ago for 4 years - While there "hurt her spine" & had to lie down for some time - had a severe attack of influenza followed by ovaritis for which she was successfully operated upon - Had cystitis 3 or 4 years ago

Condition on Admission — Physical

Gallery V
Ht. 5 ft 1¼
Wt. 8 st 3½

Pt. is a well developed though slightly built girl with dark brown hair cut short & Eyes - pupils equal & react readily to L A & to skin stimulation. Tongue clean but teeth indented - mucous membr: somewhat anaemic some E. papilliformis of scalp & face - Teeth fair - chest moves well & presents no PS of disease - Pulse 84. regular - abdomen - colon loaded -

Knee jerks brisk - plantar & other superf: reflexes present & normal in character - no ankle clonus -

Catamenia stated to be regular - last mp 10 days ago

Ba Mental - Mania -

She is impulsive & erratic - is restless & eccentric in conduct - & will sit down & closely examine a flower, then suddenly without cause will jump up, run across the room to touch someone - plays with the dress or person of whoever she is addressing &c &c Her conversation is rambling & disconnected & there is loss of serial thought - Her memory is confused & uncertain - She has vague delusions of identity of a constantly changing character - No hallucns elicited She takes food well but does not sleep well

May 6. She is somewhat quieter & her conduct is more reasonable - She occupies herself a little & at times can talk connectedly for a few minutes - RCD -

May 15. No 7 She is quieter & more connected - but is very emotional & she is frequently very confused - Her conduct is more reasonable & she occupies herself a little RCD -

May 23. No 5 So more noisy & excited - chattering continuously with erratic & impulsive conduct - rushing about the gallery with disordered dress & person - RCD -

June 23. So quieter & is now occupying herself to some extent - she is less restless & attends to her dress & person - RCD

July 11 - She has been more restless & troublesome of late - is now very emotional & erratic with many delusions chiefly of identity & suspicion There is marked mental confusion - she is very jealous & resents anything being done for any other patient - Phys: health improved RCD -

Aug: 8. 7 st 6½ She continues very variable - she is emotional & childish - at times she can now talk rationally for a short time, but usually there is much mental confusion - at times she is very impulsive & excited - & is frequently very unruly & troublesome: The delusions of identity are still strongly marked: Yesterday she was allowed to go into the front grounds, while there she suddenly became very noisy, took off her hat & rushed across the grass, shouting & gesticulating - afterwards said that her brother Frank was there - (no one was in the part of the grounds to which she was going) RCD.

Aug: 9. Was today visited by Dr Barnett of Southport who has attended her for many years - her friends being of the opinion that her mental state was due to gynaecological trouble - he confirms the opinion previously given that she is in good health though not robust & that there is absolutely no indication for any further treatment RCD.

Sept: 24. 7 st 8½ There has been some improvement of late - she is less restless childish & emotional - & though she has many delusions of identity she can now sometimes be convinced of their falsity - Phys health good - RCD.

Nov: 7 - The improvement is maintained - she is less excitable & emotional & is much more amenable. she occupies herself fairly well & the delusions of identity are much less marked though still present. Phys. health good - & she is sleeping better RCD.

Jan 15 1905 Patient at Hove Villa S.M.R

~~July 19~~ ~~Patient still at Hove Villa~~

Jan. 28 Patient was today discharged recovered from Home Villa S.W.R.

Discharged

2738

Kate Whitehead - single - aged 21

Adm. May 4.04 of no occupation:- Protestant.

R.O. Prev: address: none. travelling abroad.

Cinl. 1st attack of about 4 years' duration.

(Urgency) Supposed cause: "overwork" (see below)

not E S or D.

1st certif: She is very untidy, her hair down her back. She thrusts her face into a corner & will only repeat that she will not take food as she has a purpose. (Cont.) has refused food for 4 days.

May 5.04 (signed) G H Savage of 3 Henrietta St. W.

2nd "

Fam: Hist. said to be nil.

(Fr. mother) Father had locomotor ataxy for 10 years & was exceedingly irritable.

Mother very emotional

Prev: Hist. Always wilful & perverse. is the youngest

(Fr. mother & sister) of the family & has been much spoilt.

At 5 years old went to S. Africa & was there for 4 yrs.

Went to the Slade School about 4 yrs ago - but soon left.

then was "on the stage" for a time. became very emotional noisy & excitable. very perverse & wilful. went to Malvern for a time. became worse. went to see Dr Savage who certified her & sent her to a private home was sent back after 2 weeks as unmanageable.

was taken to see Dr Ferrier who advised travelling in Switzerland - went with her mother to Territet - there was quite unmanageable walked about the streets at night - screamed if thwarted in any way &c - Was sent to Orpington - returned as unmanageable - refused food for 4 days &c -
Taken to a Hotel - there made scenes - screamed &c - refused food.
Gen: health good - constipation for 8 days - refused medicine - retention 30 hours - catamenia irregular.

<u>Condition on Admission</u> <u>A Physical</u>

Gallery 5
H?
W?

When admitted (at midnight) behaved exactly like a naughty spoilt child of 3 or 4 stormed at her mother & was very excited - She is childish looking for her age - Hair brown - Eyes pupils equal & react to L A & to skin stimulation Tongue furred & breath foul - chest moves well & presents no P S & disease - Pulse 82 - regular - abdomen much distended - bladder to umbilicus - very marked constipation -
Knee jerks brisk - no ankle clonus - plantar & other superf: reflexes present & normal - Bruises on wrists & forearms & a few scattered bruises on legs & thighs.

B. Mental. Mania

She was much excited on admission, shouting out that she "must" save everyone & could only do this by refusing food - she soon quieted down, undressed & went to bed - slept well - Was much excited the next morning, swept all the things off a table near her - stormed & gesticulated - on being removed to No. 4, fought & kicked - then quieted down & maintained an obstinate silence - refused food all day. at 6 pm was fed by tube without struggling & a large purgative administered - this acted freely & the bladder was freely emptied at the same time. Since she has been sulky, refuses to speak & looks the picture of sullen rage - She has delusions of "saving others" but cannot explain how this is to be effected - she will now ask for what she wants & takes food voluntarily & attends to some extent to her dress & person. though she is untidy & is quite unoccupied - sleeps well -

May 11 - She has improved to some extent - is more amenable & will at times enter into conversation - takes food well & is much less aggressive - RCD -

May 14 Was discharged yesterday - being taken away by her mother (a very emotional & foolish woman) against advice & even the wishes of the patient - who plainly stated more than once "I am mad & this is the best place for me" -

Discharged May 13. 04

2740 **Ethel Minnie Arnold** - single
Ad. May 9.04 aged 40 - of no occupation - Ch: of Eng:
RO " 7 " Prev abode 6 Craven Road - Reading -
Cind. " 10 " 4th attack of 2 or 3 weeks' duration
cause unknown - not previously treated
age on 1st attack 31 not E S or D

1st certif Is violent & rude - complains that she is not properly treated by all the members of her family Locks herself away from her sisters & resents interference - Suffered from melancholia in 1897, 1900 & 1903 (coms.) is subject to frequent outbreaks of violence in which she throws about & breaks crockery ware, clothes &c - is often quite demented & very violent
May 6.04. (signed) J H. Walters
of 15 Friar St. Reading

2nd " corroborates
May 6.04 (signed) M F Lumsdaine
of 28 Portland Place Reading

Prev: Hist. (Fr. sister) Youngest of large family - always much spirit -
Has been irritable suspicious & eccentric for many years - with vague delusions of suspicion & people talking against her -
Has had 3 definite attacks of depression with more definite delusions (each lasting 2 or 3 months with gradual partial improvement) in 1897 - 1900 & 1903 - treated at home -
Last few weeks she has been worse - more unreasonable - & delusions more definite - has smashed a clock face "to stop it running" - has broken crockery &c - Vague delusions of dirty conduct eccentric & unreasonable. would not go to bed &c

Gen: health fair - has had several attacks of influenza - & occasional menorrhagia & dysmenorrhea -

Family Hist: said to be nil -
Parents both "nearly 80". hale & hearty -

Condition on Admission. A Physical

Gallery VII
Ht. 5 ft 2
Wt. 7 st 12

She is fairly well developed, though slightly built - is very thin - complexion pale & sallow - mucous memb: anaemic Tongue clean but pale & tooth indented - Teeth poor. many extracted & 3 or 4 carious - wears upper artificial denture Chest moves poorly but presents no P.S. of disease beyond a tachycardia of the cardiac sounds & a blurring of the 1st sound at P.A.
constipation B.O $\frac{2.3.4}{}$
Catamenia stated to be "fairly regular".
Knee jerks brisk - plantar & other superf: reflexes present & normal - no ankle clonus
Eyes grey. pupils equal & react to L A & to skin stimulation

B. Mental
Pt. readily enters into conversation but she

Soon becomes somewhat rambling & disconnected & after a time evinces much mental confusion. She has delusions of suspicion chiefly against nearest family & speaks vaguely of a plot to injure her. she sees that she has smashed crochery &c at home in other cases. & states that at times she "becomes so excited that she does not know what she is doing". Vague hallucns of hearing wh: do not appear to amount to "voices". Takes food fairly well.

May 18. Is very morose & sullen. very unsociable appears to have many delusions but is very reticent about them. yesterday was somewhat violent slapping a nurse. RCD.

May 26. Continues unchanged RCD.

June 23. Is morose & sullen & always wants to do the opposite of what she is asked. eg wants to stay out when it is time to come in, to go stay in when the others are going out &c. is at times slightly violent & very abusive. Physically good RCD

7 st 12½

June 26. yesterday was very troublesome. struck a nurse & refused to do anything that she was asked to do. RCD

July 11. Varies considerably. but on the whole is rather less morose & sullen than she was RCD

7 st 12½

Aug: 11. Continues as on last note. RCD

7 st 11½

Sept: 24. She continues sullen & morose. is unsociable & easily upset by trifles. She gives much trouble in little ways always wanting to do the opposite of anything she is asked to do. eg wants to go out when the others come in

not to go out at the usual hours - is uncleanly for meals - & is at times destructive to her clothing - RCD.

Nov: 7 - She continues much the same - she has lately talked in the open gallery in a very objectionable manner, (of having had illegitimate children &c &c) greatly annoying the other patients & has consequently been sent to No. 5 Phys: Health good - RCD.

Feb. 3 1905 Patient continues sullen and morose - unoccupied
No V except for a little reading. She persists in
8st. 2½. her delusions of having had children etc but does not now talk about them -
Her physical health is good Catamenia regular S.H.P.

Mar. 3. There is very little mental change - patient is slightly
8st 1½ less sullen and morose, but is still somewhat resistive to rules and regulations. Her physical health continues good - S.H.P.

Aug. 8 Patient is somewhat better occupied, and less morose
7st. 12. but her delusions persist unchanged. S.H.P.

Sept. 26 Patient was discharged today "not improved" going to the Borough Asylum Canterbury. She was examined before leaving found to have a very slight systolic murmur in the mitral area accompanying the first sound - no other signs of physical disease and to be free from marks and bruises. S.H.P.

Discharged.

2741 **Mary Miles** - single - aged 59
Adm. May 9.04 of no occupation - Ch: of Eng: Prev:
R.O. " " " address 2 S. Andrews Cottages - Clewer -
Cinl " 10 " (almshouse) 1st attack "of 3 weeks'"
duration - see below - Supposed cause:
mental worry - not E S or D.

1st certif. Excessive talkativeness, incoherency, false accusations, perpetual writing of letters which are undecipherable - (cont.) screaming at night, perpetual visits to lavatory which are quite unnecessary - difficulty with her food, refusing to take any medicine & getting into bed with all her clothes.

May 9.04. (signed) Wm Fairbank of Mumley House. Windsor

2nd " corroborates

May 9.04 (signed) James W. Gooch of 9 High St. Windsor -

Prev: Hist: (Fr nephew) Has been living alone in an almshouse last 4 years - apparently eccentric suspicious & excitable for some time -
Lately much worse - noisy & incoherent - neighbours complained - was removed to P.ss Christian's nursing home - was found too unmanageable & consequently was certified, sent here -

Fam: Hist: (Fs nephew) said the nil

Condition on Admission A Physical

Gallery vi
Ht 5 ft
Wt 6 st 11½

Is a fairly developed old body but is thin - complexion sallow - mucous membr somewhat

anaemic - Tongue furred - Teeth bad - very dirty incrusted with tartar & several appear carious -
Chest moves fairly well & beyond a toneless ness of the cardiac sounds presents no PS of disease beyond a faint blurring at the P.A. Pulse 84. regular -
abdomen shows the colon loaded -
Knee jerks brisk - plantar & other superf reflexes present & normal. no ankle clonus.
Slight oedema of both ankles.
Eyes bran. pupils equal & react to L A & to skin stim^n. Conjunctivae yellowish

B - Mental. Mania -
P^t is excited & restless - is quite unoccupied - is exceedingly loquacious chattering incoherently the whole time she is awake - She tells wonderful tales of what people say to her which are quite untrue. Is at times very noisy noisy & troublesome - She refuses to go to bed & has to be forcibly undressed & is noisy & restless at night. Memory confused -
May 18. Very restless noisy & troublesome. aperient acted well day after admission RCJ.

May 26. Very noisy restless & excited - talking incessantly in a semi incoherent way - has occasionally to be fed by tube RCD -

June 2. No. 3. So somewhat quieter - is taking food of her own accord & is beginning to attend to her dress & person - RCD.

June 23 No 2 So considerably quieter - her conduct is now fairly orderly & her conversation though still rambling is much less more connected Phys health unpaired - RCD -

July 8. No. 3 6 to 4 Continues to talk very much in a rambling disconnected way - & is somewhat restless consequently has gone to No. 3 & was very noisy in the night. RCD -

Aug: 11. 6 to 5½ So again somewhat quieter but her conversation is still very rambling & disconnected & she is restless & fidgetty - Phys: health unpaired & she is sleeping better - RCD -

Nov: 7 - She is fussy restless & loquacious - her conversation being rambling & disconnected she is suspicious & complaining - Her physical health is greatly unpaired & she is not now anaemic RCD -

Nov: 12. She was discharged yesterday -

Discharged Nov: 11-04

2742

Adm. May 11.04
RO. " 10 "
Cert. " 12 "

Frances Constance Sollau - single aged 50 - of no occupation - Ch of Eng: Pres address Gothic Lodge. South Hayling - attack of about 14 days duration. Supposed cause menopause. not E S or D -

1st certif. She is constantly & unceasingly complaining of former wickedness viz the act of masturbation: That her soul is eternally lost on that account: that she is constantly talking to the devil & that there is no hope for her in this world or the next. Her manner is restless & appearance wild - (cont'd) intense restlessness & constant misery - reproaches herself with having wasted her life & with having treated her brothers & sisters unkindly, wh: is quite contrary to fact - she has attacks of irritability without cause & has at times a desire to smash things - is constantly talking to herself in terms of self reproach - unable to concentrate her mind on anything.

May 9.04 (signed) G K Derick MB
25 East St. Havant Hants

2nd " corroborates

May 9.04 (signed) H. H. A. Carter
of 38 East St. Havant -

Prev: Hist: (Fs brother) Had a similar attack in 1884 & was then in Bethlem. Sept: 84 to March 1886 (after much trouble) Has since been quite herself - cheerful & occupied -
Last few months has been gradually becoming depressed - much worse last 2 weeks - with marked delusions of unworthiness.
Taking food fairly well - sleeping badly -

Fam Hist Father died here of G.P.I.
Brother
2 Paternal aunts -
no history on maternal side.

Condition on Admission - A Physical

Gallery VII
Ht. 5 ft:
Wt.

Pt. is thin & worn looking with sallow complexion - Hair very grey - mucous membs anaemic - poorly nourished - Eyes brown - pupils equal & react to L & to skin stimulation
chest moves well & presents no PS of disease beyond a tonelessness of the cardiac sounds & a slight blurring of the 1st sound at the P. Area
Pulse 80. regular -
abdomen shows no PS of disease - colon loaded -
Tongue furred - teeth bad -
Knee jerks brisk - plantar & other superf: reflexes present & normal - no ankle clonus.
Some fibrillary tremor of facial muscles & of the smaller muscles of the hand -

B - Mental - Melancholia
She is very restless. can rarely sit down for more than a few minutes at a time - which

left to herself roams restlessly about the gallery or garden wringing her hands & pulling at her hair & dress - she only occupies herself under supervision with a little simple needlework - She talks incessantly - in a quick breathless disjointed way - of "how wicked" she is & of how she has "spoilt her life" - she talks freely of masturbation before others & accuses herself of frequently committing the sin - (there is little evidence of this) & much of her talk is on this & kindred topics - She eats fairly well but sleeps badly - No hallucns or delusns

May 18. She continues much as above - restless & depressed & continually talking RCD -

May 26. Very restless & noisy - continually talking as above - sleeps badly at night & is then very noisy - RCD -

June 2. She continues as on last note RCD -

June 7. Suicidal Caution Last night she was excited and tried to tie her hair round her neck apparently with the idea of strangling herself. W.T.

June 28 8 st 2½ So somewhat quieter & less restless & now occupies herself to some extent RCD -

July 12. 8 st 2½ She is less restless & now attends to her dress & person & makes attempts at occupying herself. RCD -

Aug: 11 7 st 13½ She varies considerably - yesterday was very noisy & excited but on the whole is quieter & she occupies herself in needlework - RCD

Nov: 7 - She occupies herself to some extent but is restless & is continually talking in a quick breathless way usually of very undesirable subjects. Plays cheerfully fair - she sleeps very badly & is very restless at night RCD

Jan. 7. 1905 Patient very restless, talking excitedly at times of her ills. She occupies herself to some extent. She sleeps very badly at night. S.H.P.
7st. 4

Jan. 14 1905 Patient found yesterday with head in lavatory pan. She has also been trying to choke herself by taking cotton threads etc. S.H.P.
Suicidal Condition

Feb. 3. Patient has been very excited and restless lately but is now somewhat quieter. S.H.P.
7st. 4

May 3. Patient varies greatly, at times she is pleasant and helpful. Then suddenly becomes restless and depressed, talking of her ruined life, her sinful habits etc. When she is depressed she requires a hypnotic at night. Her physical health is good. S.H.P.
7st. 4½.

Aug. 8 She continues as described in above note. S.H.P.
7st. 5.

Nov. 24 Patient is very variable - frequently restless and excited over the ills of her past life - sometimes pleasant and helpful. She is frequently restless at night pacing up & down her room - often requiring an hypnotic. S.H.P.
7st. 7.

Dec. 2 Patient was today discharged "relieved" to Bellevue. Was examined before leaving and found to be in good physical condition, free from marks and bruises. S.H.P.

Discharged

2743

Adm. May 13.04
R.O. " 12 "
C in L. " 14 "

Alice Henrietta Thornton.

aged 51. wife of rector. Ch of Eng:
Prev: address Northwold Rectory. Brandon
Norfolk. 1st attack of 9 months' duration.
Supposed cause: mental worry. not E S & D

1st attack: A voice speaks to her, which she says is that of the Lord God & commands her absolute obedience. As I was unable to recognize the Divine guidance in the interference of this voice which by its orders disturbs the ordinary duties of life, as for example by preventing her from taking a meal or dressing herself, I am of opinion that what she hears is of the nature of an insane delusion. (cont.) often declines to rise from bed to take meal or such duties until the voice has spoken to give her leave — under the influence of the voice the patient had gone half dressed into the street to proclaim the coming of Christ.

May 10.04
" 12

(signed) T. Clifford Allbutt
of S. Radegunds Rd Cambridge

2nd " corroborates.

May 11. 04.

(signed) W G Galletly
of Northwold.

Trans: Nice

Fam Hist: A sister insane.

Condition on Admission – A. Physical

Gallery VII
Ht. 5 ft:
Wt. 12 st 7½

She is fairly well developed & is well nourished – complexion of fair colour. mucous memb slightly anaemic – Hair very grey – Eyes grey – pupils equal & react to L & A & to skin stimulation Tongue furred Teeth poor. chest moves well & presents no PS of disease – Pulse 72 – regular – marked constipation
Urine pale brick – plantar & other surfs: reflexes present & normal – no ankle clonus –

B. Mental. Melancholia –
When first brought here, Pt. was very resistive fighting & kicking freely –
She is mildly depressed & is unoccupied. The hallucns of hearing are very troublesome & persistent – she attributes them to the Voice of God & implicitly obeys them, though they lead her to do the most foolish things – to refuse food when she is hungry & has had none all day to get into her bath with her under clothing on &c.

There is difficulty about food owing to the voices & she sleeps very badly. she is very restless at night & cannot be induced to get into bed for more than a very short time. She is resistive & troublesome

May 20. She continues much the same. is on the whole less resistive & is more cheerful. she is much troubled with the auditory hallucns & obeys them implicitly. she seems to have some delusions of identity Phys health good but there is troublesome constipn RCD.

May 26. She has again been rather more resistive, (probably on account of not being able to get out because of the wet weather) refusing to dress, take her bath &c & has had to be fed by tube on 3 days. RCD.

May 30. Rather better last 2 days. taking food better is less resistive & is sleeping better RCD.

June 20. She varies considerably but on the whole there is some improvement. RCD.

June 28 She varies much. is at times much troubled by the voices which forbid her to take food, to go to bed &c. was much depressed & very emotional 2 days ago. but is now again better. RCD

July 10. 1256½ varies considerably but on the whole is better was visited by her husband 2 days ago & this upset her considerably as she demanded to go away with him. RCD.

Aug: 11. 1255 Has been more troubled with the auditory hallucns since the last note. refusing food. & has frequently been fed by tube. sleeps very badly, & frequently will scarcely be in bed all night. does only what she is

"commanded to do" by the subjective voice
Phys: health good. RCD.

Nov: 5. She has gone on much the same. as she still utterly refuses to associate with the other patients & seems to prefer a smaller place. she was yesterday transferred to single care. going to live in the house of a doctor in Brighton

Discharged Nov: 4.04

2744 **Amy Walker** - single - aged 39
Adm. May 21.04 of no occupation - Ch: of Eng: -
R.O. " " " Prev: address: S. Anne's Heath - as V.B.
Cir. " " " 2nd attack of a few days' duration -
Supposed cause: previous attack - not E or D but Suicidal

1st certif: She is in a state of acute mental depression She is very depressed, believing herself a lost soul, absolutely without hope. She confesses that she endeavoured to cut her throat this morning (the marks are visible) as she says that it is useless for her to live -
May 13.04 (signed) Wm W. Floyer of Egham -

2nd " corroborates.
May 14.04 (signed) C.B. Langton of Chertsey - Surrey

Prev: Histor. see XIV. p: 147.
Always somewhat morbid & introspective
Worse since Father died - about 8 yrs old
Lived alone for about 6 months Nov: 00 to April 01 - when her people were telegraphed for by a D2 - was with a nurse till July 01 improved to some extent -
Became worse - came here as V.B. scoaped out a coal fire in obedience to "voices" - burning herself severely - was certified Oct: 24.01 - improved & was discharged Oct: 4.02 - since remaining as V.B. since has gone on well - until last few days - while at Hove Villa became depressed - came up here & made a suicidal attempt at cutting her throat (blunt silver knife - no harm done) so has been

certified -

Fam. Hist. all very neurotic -

Condition on Admission - A Physical

Gallery III
Ht. 5 ft 4 3/4
Wt. 6 st 12 1/2

Pt. is poorly developed & is very thin - Ears malformed - palate arched - Teeth poor - wears upper denture. complexion sallow. Tongue furred - mucous membs somewhat ~~underdeveloped~~ anaemic -
chest richly in shape & moves poorly - presents no PS of disease beyond a faint blurring of 1st sound at PA. Pulse 88 - not quite regular.
Knee jerks brisk - no ankle clonus.
plantar & other superf: reflexes present & normal in character.
Scar of old burn (Oct: 20.01) over elbow of Rt. arm.
marked constipation

B. Mental Melancholia.
She is very depressed - is dazed & confused when left to herself sits dreaming & is emotional crying & wailing - She cannot

Suicidal caution

Take any interest in her ordinary pursuits (reading - needlework - painting &c) though she does a little plain needlework under compulsion - She has marked delusions of unpardonable sin - asks pardon for imaginary offences - & speaks of herself as "lost in this world & the next" - She has also the delusion of some great & terrible doom hanging over her family -
Hallucns of hearing are very troublesome & these interfere much with her daily life as she thinks that they are the Voice of God & obeys them - under their guidance yesterday she took up a (silver) knife at dinner & tried to cut her throat - just making a mark on the skin - She takes food badly & sleeps badly -

May 28. She continues very depressed & dazed - the auditory hallucns are very troublesome & trouble her greatly - She is taking food badly - RCD -

June 5 - 6 x 1 x 2½ 14 Condition continues much the same. W.T.
It has now become necessary to feed her with the tube and this is being done every day regularly. She is very dazed & apathetic, scarcely speaks and pays no attention to anything about her. She is somewhat resistive & troublesome to deal with - also incontinent & strikes the nurses. W.T.

June 23 - Very dazed & stuporous & still being fed by tube - attempts resistance RCD

June 28 Hallucns & hearing are very troublesome & she is very dazed - still fed by tube & has to be washed dressed & fed. RCD

July 15. 7 x 4 She is still very dazed & confused - is quite

unoccupied & rarely speaks. can now be spoonfed & has gained 5½ lbs this month - sleeps rather badly. RCD

Aug: 4. 7 oz 0½ She is now speaking of her delusions. she now states that she refuses food because she is given "filth" of various kinds, that no food is offered to her, but only this filth. that she has been married to 3 husbands at once. &c &c the "hallucn" are very troublesome & she is very resistive & abusive. is at times spoon fed, at others by tube. Physically is stronger RCD

Sept: 20 Is better than she was but is very deluded she thinks that she has committed some terrible sin, that poison is put into her food, that some awful torture is to be done to her &c at times she is very resistive & abusive. is troublesome about food. but she now occupies herself a little & is less confused & dazed. is stronger physically RCD

Nov: 7. There is now distinct improvement. she has begun to sketch a little from the gallery windows. she is losing her delusions & can now talk connectedly on simple topics she is taking food better & is much less anaemic. RCD.

Jan. 7. 1905 1st. 5. She marked improvement continues. Patient occupies herself well and talks rationally. Physical health good. Catamenia regular. S.M.R

Feb. 14 7st. 8. She is constantly occupied, ~~rational~~ sensible and cheerful. She is still very thin, though gaining weight steadily, and anaemic there being a slight (anaemic) mitral systolic murmur. She is getting Iron Sellards gr. X. thrice daily and a bitter tonic. S.M.R.

March 15 Patient went "on leave" today, to live with her mother. S.M.R.

May 13 Patient was today discharged from trial "recovered"; returned as V.B. — S.M.R.

Discharged.

2745

Fanny Snelling -

Adm. May 21.04
RO " 20 "
Cin L " 21 "

single - aged 47 - of no occupation
Ch of Eng: Prev address 37 New Square
Cambridge - 3rd attack of about a month's
duration - not previously treated - Cause
unknown - not E S or D -

1st certif: She is rambling & incoherent in her statements - she has delusions that a certain man wishes to marry her, that open doors & open windows are a signal to her to enter houses where she is unknown - (Cont.d) has delusions about sounds, for instance a bicycle bell she considers a signal from the man she wishes to marry -

May 20.04 (signed) D L Hamilton
of 99 Mill Rd. Cambridge

2nd " corroborative
May 19.04 (signed) T Clifford Allbutt
of St Radegund's C. Rd. Cambridge

Prev: Hist:

Fr nurse who has been with her 10 days } She has been in lodgings alone in Cambridge for the last month - has wandered about in an eccentric way & has attracted attention - lately has been worse - Sees "signs" in the most trivial things. Sleeps badly & is restless at night - Taking food badly -

Condition on Admission — A Physical

Gallery VII
Ht. 5 ft 0½
Wt. 8 st 10½ (June)

She is well developed & is well nourished though flabby. Complexion pale. Mucous membs: anaemic. Tongue somewhat furred. Teeth good
chest moves well & presents no PS of disease. Pulse 80 regular - rather hard
Eyes pupils equal & react to L A & to skin stimi^n conjunctivae rather yellow
abdomen presents no PS of disease.
Knee jerks brisk - plantar & other superf: reflexes present & normal. no ankle clonus.
Pt. states she has had marked "rheumatic gout" for years - greatly benefitted by vegetarian diet.

B - Mental.

She sits more or less unoccupied with a blank foolish smile on her face, nervously twisting her fingers. Her conversation is rambling & disconnected & she "sees signs" in the most trivial things. she has a delusion that she is about to marry an unknown man. Hallucn^s of hearing - ch: scarcely amount to voices. There is loss of memory & mental confusion. Her conduct is erratic. eg she stood up in the dining hall & wanted to preach. She is very faddy about

food, though she seems to be rational in keeping to a vegetarian diet - she is restless at night.

May 28. 8 & 10½ — She is very erratic & foolish - is constantly trying to stand up in the dining hall & elsewhere to "address the people" - her conversation is very rambling & disconnected & she continues to "see signs" - Do RC taking food badly - the "voices" interfering much RCD

June 28 no 3 — very restless & erratic - her ankles & feet swell in consequence of her continual standing about & it is almost impossible to induce her to sit down - RCD -

July 15. 8 & 9 — She is very troublesome about her food, requiring to be spoon fed with each mouthful restless & very deluded - ankles less oedematous though she is always on her feet. RCD -

Aug: 11 - 8 & 3 - 6 — She continues much the same - is quite unoccupied, usually standing restlessly about - & has to be fed with almost every spoonful - very muddled & confused. RCD

Nov: 7 - There is marked mental confusion with auditory hallucinations - she is quite unoccupied & is restless, constantly standing about the gallery, wanting to "address" people - She is very troublesome about food - & it is impossible to get her to take a needed course of rest - RCD -

Jan. 7. 1905 7 st. 10 — Patient is quite unoccupied and rather restless She is still troublesome about food - C.J. S.M.R -

Feb. 15 7 st. 8. — She now occupies herself occasionally and is quiet - The auditory hallucinations continue and She is still very troublesome over food S.M.R

May 3 — There is no mental change. She is still very

7/4 ~~10~~ 1/2 troublesome about food S.M.P.
Aug. 8 She continues as previously described. S.M.P.
Nov. 24 Patient is fairly well occupied but somewhat
7/4. 12. erratic in conduct and very troublesome over
taking food. She has marked auditory hallucinations
She is in good physical health. (Cat. insig. S.M.P.
1906 Feb. 15 There is no mental or physical change. S.M.P.
May 12 Patient is now somewhat quieter & less restless
fairly well occupied and less troublesome over food.
The auditory hallucinations still continue - S.M.P.
31 Aug. There is no mental or physical change. S.M.P.
Nov. 20 Patient is restless and erratic in conduct, but
fairly well occupied, takes her food well and
sleeps well - S.M.P.
1907 Feb. 20 There is no mental change. Patient is in good
physical health. S.M.P.
May 20 Patient continues restless and erratic in
conduct with marked auditory hallucinations.
Apart from occasional bilious attacks her physical
health is good - S.M.P.
July 19 Went to Holly Cottage - S.M.P.
Aug. 26 There is no mental change. Patient is in
good physical health - lives on eggs, milk
fruit and vegetables - S.M.P.
Nov. 11 Patient continues in good physical health. Mentally
she is eccentric in conduct, very irritable at times
restless but fairly well occupied and sleeping
well. S.M.P.
Nov. 24 Went on trial. S.M.P.
1908 April 29 Returned from leave - had been excited lately
Sol. III threatening her sister with a fork if she did not do
what patient wanted - Patient has auditory
hallucinations and sees a sign in everything.
Her physical health is good, but she returned

with some enlargement of the veins on the dorsum of both feet for which she refuses treatment. S.M.P.

Aug. 5 Patient is free from excitement - still has many auditory hallucinations and occasionally is much amused by alleged symbolic actions (the most ordinary acts of nurses or patients.) Her conduct is eccentric - she will not wear a hat and sits in blazing sunshine - Patient lives entirely on eggs, milk, fruit & vegetables — S.M.P.

Nov. 30th. Patient continues fairly quiet, her behaviour is still erratic & eccentric, and delusions & hallucinations persist. Her bodily health is fairly good. M.S.B.

1909 Feb 23 Wt 5st 5½lbs Patient is fairly quiet just now. Auditory hallucinations persist, she is constantly to be seen walking rapidly up & down the court answering voices - Conduct is eccentric & erratic. Bodily health good. M.S.B.

May 11th Wt 8st 2lb Patient is restless and erratic in her habits. Spends much time walking round & round the airing court. Appears constantly to be under the influence of auditory hallucinations. Is in good physical health. M.S.B.

Aug. 20th Wt. 8st. 9 lb. Patient is very restless & eccentric. Has auditory hallucinations & spends much time walking round & round the Court. Physical health good. S.B.

Nov. 10th Wt. 8st. 10½ lb. Patient continues restless eccentric frequently seen answering voices - walking rapidly about the court. Will not speak 5 words as a rule. Physical health good. S.B.

1910 Feb. 10th Wt. 8st. 11½ lb. Patient is very restless - spends much of her time walking rapidly round & round

the ever talking to herself & answering voices.
Is erratic in her conduct. Physical health good.
S.B.

May 19th. Patient is fairly quiet. but eccentric & erratic
Wt. 8st. 8½lbs. in her behaviour. Auditory hallucinations
continue very marked. Physical health good S.B.

Aug. 13th. Since last entry Patient has had a bad
Wt. 8st. 3½lbs cold. but now is in her usual physical
health. Mentally unchanged. S.B.

Aug. 16th. Discharged today not improved & transferred
to Dorset County Asylum.

Discharged

2746

Louisa Frances Marshall Keyser

Adm May 25.04 widow married - aged 53. of no occupation
RO " 29 " Ch of Eng:- Prev address 10 Lichfield Road
Cin L. " 30 " Kew - 4 wks (?) actual attack of duration
(Urgency) Supposed cause: Prev: attacks - not E S or D
1st certif: She is in a state of acute mania - she is wildly excited, restless, incoherent - she is very untidy she has rapid ideation & states that her mother is not her mother -

May 25.04. (signed) Wm W. Flyer of Egham.

2nd " corroborative
May 25.04

Prev: Hist. See XIV. p: 407
Has had many previous attacks - the 1st apparently at age of 27 -
Has been certified 3 times before - & has been at
Was here Aug: 19.02 to Nov: 18.03 with a similar attack -

Fr Dr Wilson This attack apparently came on quite suddenly while staying at Ramsgate with her mother - took a great dislike to her mother whom she denied was her real mother - went out at 5 am on May 23 - with little more than her night clothes on & was brought back by the police in a state of great excitement

Fam: Hist. said to be nil

Condition on Admission A Physical

Gallery V
Ht.
Wt. 9st 8½

Pt. is fairly well developed but is thin - Her hair is now almost white - Eyes

pupils equal & react to L A & C skin atrin & concentrically - Tongue very furred -
Teeth poor - 3 or 4 carious molars -
chest moves fairly well & presents no PS of disease - Pulse 88. regular -
Abdomen presents no PS of disease - marked constipation - colon loaded -
Knee jerks brisk - plantar & other superf: reflexes present & normal in character -
Large recent but superficial bruises on right elbow & left knee -
middle finger of right hand cannot be fully extended - bone presents marked callus.
Catamenia stated to be now irregular -

B - Mental acute mania
She is exceedingly restless hilarious & excited - She talks loudly in a very jovial manner on all sorts of topics with a certain amount of incoherence & with very rapid ideation - She has some vague delusions of identity, especially in connection with her mother - She is at times very noisy & is violent in a foolish erratic way - She takes food well & sleeps badly - She has vague

& hallucns of hearing - which do not seem to amount to actual voices - There is marked mental confusion - Her conduct is erratic her dress & person disordered & dishevelled & she has been wet & dirty -

May 30. Continues very noisy - more or less incoherent - at times violent - sleeps badly & is noisy at night - RCD -

June 6 - 13 There has been no further change. W.T.
Somewhat quieter but she is still very restless, erratic in her conduct and nonsensical ~~to~~ in her conversation. She is cheerful & hilarious. Taking plenty of food but sleeping is not good. W.T.

June 23. Is quieter than she was but is still at times very noisy & uncohérent - very neglectful of her dress & person - & erratic in conduct RCD

July 10. 8 to 13 She is slowly growing quieter - & attends a little to her dress & person - takes food well & is sleeping well - RCD -

July 25. Has not been so well the last few days - she is more erratic & there is much mental confusion - Hands show some dry eczema RCD -

Aug: 11. 8 to 9 Is very noisy & excitable - especially at night - but can exhibit much self control & talk very fairly rationally for a few minutes at a time - RCD

Nov: 7 - She is very variable - at times is now fairly coherent & she has been for a bicycle ride &c - but there is a marked mentally mental confusion with delusions of suspicion eg that the Kaiser broke her finger while she was in Germany - she is frequently noisy at night - RCD

Jan. 5. 1905 Mrs. Keyser went today on trial S.H.P.
Est. 10 –

Feb. 6 Mrs. Keyser returned today from trial – She is very restless, constantly muttering "This is nonsensical" cannot be induced to sit down or occupy herself. S.H.P.

Feb. 14. Patient yesterday so restless and violent (tearing nurses caps) that she was sent to No. V – Suppository S.H.P.

" 15 She refused food today and was tube fed. S.H.P.

March 13 – The extreme excitement has abated – She is still very talkative, cheerful not depressed as on her return incoherent but no longer violent. She is no longer tube fed – S.H.P.

April 28 Patient still in V, very excited at times, tearing clothes etc and occasionally violent, attacking the nurses She talks constantly and incoherently usually good tempered, but occasionally is very irritating She has numerous delusions of identity – She requires a hypnotic nightly – S.H.P.

June 18 Patient much less excited and occupied with crochet still very elated with delusions of identity and much mental confusion. She has had two motors attached this month – S.H.P.

Aug. 8 Patient still very excited and very noisy at night
Est. 11½ shouting and singing, refusing absolutely any drugs There are many delusions of identity & much mental confusion: her physical health is good S.H.P.

Sept. 29 Patient much quieter. Has lately had a short course of Sulphonal gr. XX. night & morning S.H.P.

Nov. 24 Patient now quiet and fairly coherent though
Est. 7 occasionally noisy at night singing at intervals. She is always eccentric in dress wears a chaplet of ivy leaves with a wreath round her neck. She has lately spent several days in town visiting her mother, the motor show etc. etc. and is in good physical health S.H.P.

Dec. 27 Patient has steadily improved since last note is now quite coherent and no longer noisy at night S.H.R.

Jan. 25 Patient went today on trial" S.H.R.

May 2 Patient returned from trial today - very depressed - S.H.R.

May 12 Patient is now in Gall. V still depressed alleging that everything is wrong - that her food is "cesspool filth" and usually requiring tube feeding S.H.R.

June 21 Patient in Gall. II, still slightly depressed S.H.R.

31 Aug. Patient is again in Gall. V acutely excited dressing fantastically, at times destructive very noisy and abusive, insulting everyone She is very noisy at night frequently requiring a hypnotic (usually Sulph of 20) S.H.R.

Oct. 29 Patient was placed in Gall. IV today She is less excited though still very insulting in her language to the nurses, medical officers etc, and extremely irritable and bad tempered but quieter at night no longer requiring hypnotics and taking her food well. S.H.R.

Nov 20 Patient in Gall V now slowly improving after a mental relapse (excitement) She is now able to mingle with the other patients, but dresses fantastically, will lie on the ground for an hour or two (over steam plate) Is extremely irritable and at times most insulting in her language. She still has delusions of identity. S.H.R.

1907 Jan IV Gall II Patient no longer excited though still very irritable and disagreeable. During maniacal attacks patient destroyed her night dresses. She is now taking her food fairly well, and sleeping fairly. S.H.R.

Feb. 20 Patient continues to improve mentally - joins in all hospital amusements, goes out freely. She is in good physical health, at present having her teeth attended to. S.H.P.

March 4 Patient went 'on trial' today. S.H.P.

Aug 3 Patient returned from trial today - very excited S.H.P.

Aug. 26 Patient still very excited, furiously abusive occasionally violent pulling the nurses' hair out mischievous and destructive - quiets at night taking her food fairly well - (had occasional tube feedings in July) S.H.P.

Nov. 11 Patient still excited but able to mingle with the other patients - still abusive, with many delusions of identity - goes out, takes her food well and is sleeping fairly well - S.H.P.

1908 Feb. 21 Patient much less excited, still averse to and abusive of certain members of the staff - quiet at night taking her food well - able for an occasional day in London with her mother S.H.P.

March 3 On trial - Home S.H.P.

1909 April 22nd Patient returned from leave yesterday. Is very excited & noisy, shouting & singing. Escaped from single room yesterday in extension & broke a pane of glass in door, cutting her finger slightly. Is incoherent at times, insulting in her language to several members of the staff. Slight bronchitis. W.S.B.

Gallery V.

May 12 Patient continues noisy and excited, at times; at other times depressed and apprehensive. Is most insulting in her language to those to whom she is averse. Her bronchitis is much improved; no physical signs on examination. W.S.B.

H.L. yst 4th

June 1st Pt. has passed out of her excited state. Is rather stupid & emotional. Physical health weak & Pt. seems rather feeble.

see p. 125

2747

Adm. May 25.04
RO. " 17 "
Cinl. " 26. "
(Transfer)

Edith Caroline Johnston.

single - aged 20½. of no occupation Ch: of Ireland - Prev: address. Admiralty House - Deal. 1st attack duration of attack about a month - supposed cause over work & under feeding (in German school) not E or I but suicidal.

1st certif. Pt is decidedly melancholic - she expresses a desire to commit suicide - states that she hears voices in her head which tell her to kill herself - says she will not take food as she has no desire to live. Pt has an injury on her left hand the result of a wound inflicted with scissors at the bidding of the voices. (Comm.) is violent & has tried to injure herself with knife scissors & refuses food -

(signed) J. J. Bary - May 16.04
of Preston House, Sandwich Kent

2nd " corroborative - May 16.04
(signed) Ernest Ll Bary
Hill House - Walmer.

Prev: Hist: (Fr. Letter) Has always led a very out door life - lately went to school in Dresden where she had to practise the violin 6 hrs: a day - & was apparently underfed -

on April 17.04 her father was telegraphed for - found Pt very ill & excited - was in a Hosp for a few days & then brought to Dr Hulke's Deal - She talked much of suicide & made a wound on her hand with a pair of scissors in an attempt to open a vein - taking food badly - too noisy so transferred here catamenia ceased before attack - lately reestablished Gen health good -

Condition on Admission A Physical

Gallery II Pt. is a well built girl - is well built
Ht. though flabby. complexion sallow.
Wt. 90 lb 13 mucous membs: somewhat anaemic
Tongue slightly furred & teeth indented -
Teeth fair -
chest moves well & presents no PS of disease
Beyond a slight blurring of 1st sound
at the pulmonary area - Pulse 80 regular;
Eyes ~~grey~~ hazel. pupils equal. somewhat
dilated & react readily to L & A & to skin
stimulation -
abdomen presents no PS of disease -
beyond slight left ovarian tenderness -
colon loaded -
Knee jerks brisk - plantar & other superf
reflexes present & normal - no ankle clonus.
on Back of left hand is a small scar said to have
inflicted by herself with scissors.

B. Mental

Pt. is very dazed confused & energic -
especially in the morning, improving some-
what as the day goes on. She is quite unoc-
cupied. when left to herself lying about on
sofa or chair with hands folded in her lap -
she is untidy in dress & person - When addressed

she looks confused & dazed & her reaction to questions is very slow. Her memory seems impaired. She seems depressed & seems to have lost interest in everything. She has marked hallucinations of hearing the voices interfering with the actor of daily life & she says that at their bidding she tried to open a vein with scissors — when asked her reason for so doing, said she was "told to do so" & was "tired of life". She asked the charge nurse for a pair of scissors to cut off her hair, having been "told" to do so.

Suicidal caution

She takes food badly. & does not sleep well

May 30 — No. 3 — Is very dazed & confused. Has to be washed & dressed — is much under the influence of the voices — refuses to keep on her clothing — & is entirely unoccupied R.C.D.

June 7 — Her conduct is still quite dominated by the hallucinations and under their influence on one or two occasions she has shown violence & has been difficult to manage: they frequently impel her to take off her clothes. She takes her food fairly well and also gets good sleep. W.T.

June 15. — She is quite sensible for a good deal of the time and able to converse & pay attention to what is taking place about her. She becomes dreamy and lost when under the influence of the voices wh still persist. These voices frequently impel her to take off her clothes wh she does in a remarkably short space of time. W.T.

June 23. — She continues much the same. very dazed & confused, improving as the day goes on. the

hallucinations of hearing are very marked & she obeys them. they interfere much with ordinary life eg induce her to take off her clothes, refuse food &c. she is at times very emotional R.C.D

July 1. Is somewhat better - keeps on her clothing & occupies herself a little - hallucn^ns still troublesome & she is morose & stuporous - at times emotional - eats & sleeps well R.C.D.

July 14 Was discharged yesterday - friends taking her to the seaside - she has been better on the whole but varies much - physically is feeble & much less anaemic -
Was examined before leaving & found to be free from marks or bruises - a little acne rash on the backs of both hands -

Discharged July 13.04

Mrs Keyser (cont.)

June 13th. Pt. seemed much yesterday. Temperature 102°. Pulse good. Complained of no pain except in left popliteal space. on examin. nothing found. No tenderness or pain in abdomen. Pt. is vomiting after everything. Put in milk - water & brandy. & vomiting stopped but temperature is rising. Pulse 100. Slight rigidity over Right hypochondrium but no pain. Bowels opened by enema.

June 14th. Pt. is not so well this morning. much weaker, & pulse more rapid - Temp still high. Distinctly jaundiced & marked pallor of brown pigmentation. Complains of slight pain under right side. Abdomen lax except for slight rigidity over Rt. hypochondrium. Liver edge not felt. Resonant all over. Pt. has stopped vomiting except once last night. Bowels opened.

Liq Strych. m VII
Aq ad ℥ss. 6 hy.

Pot Cit. gr XX
Pot. Acet. gr XX.
Caffeine Cit grt.
aq Chloroform ad ℥ss. 6 hy.

June 16th. Pt. much worse. Pulse 120. Have jaundiced - seems rather drowsy. Is passing very little urine. Bowels slightly open. Practically no pain. Given brandy & strychnine.

Saline No VIII

Saline OTSS injected twice. Pulse better after. Patient passed but very little urine drawn off. coagul. - treated with water & much albumin. Abdomen slightly distended.

Brandy ℥iv every.
Liq Strychnine hypod LV.

June 16th. Pt. much more drowsy & gradually passed into coma. Pulse 140 & much worse. Temp still high. very high. Some stertor. Saline OTSS injected last night & again this morning. Bowels well opened last night with enema. Abdomen slightly tympanitic.

Liq Strych hypod m V

Pt. died at 1.50 p.m. present at death his Triphook.

Died -

Holloway Sanatorium Hospital,

Virginia Water

Copy

NOTICE OF DEATH

Date of Reception Order, the 29th day of May 1904.

I hereby give you Notice, That Louisa Frances Marshall Keyser, a Private Patient, received into this Hospital on the twenty fifth day of May 1904, died therein on the sixteenth day of June 1909.

Signed W. D. Moore
Medical Officer.

Dated the 17th day of June One Thousand nine hundred and nine

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Louisa Frances Marshall Keyser
Sex and age	female 59
Married, single, or widowed	married
Profession or occupation	no occupation
Place of abode immediately before being placed under care and treatment (if known)	10 Lichfield Road. Kew.
Apparent cause of death	Infective Cholecystitis
Whether or not ascertained by post-mortem examination	no.
Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased	1.50 p.m. No unusual circumstances No marks or bruises
Duration of disease of which patient died	five days
Names and description of persons present at the death	Mrs Sophie L. Viallo (mother) Miss Charlotte Triplook. (Lady Nurse)
Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied	no.

Signed W. D. Moore
Medical Officer.

Lunacy R. 21. (1797 O.B.—10-99. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

Liq Strych.
Liq ad 3ss.

Pot Cit
Pot. Acet
Caffeini Cit
Liq Chloroform

Salicylic

Brandy

Inj Strychnine

Inj Strych

2748. **Eunice Ford** - single - aged 26.

Adm. May 31.04 of no occupation - Baptist - Prev address

RO " " " 30 ~~not given~~ Queen's Crescent. Reading

June 1.04 Cert. 1st attack of "about a month's duration" -

supposed cause: S. Vitus' dance - not S.D.

but has been epileptic as a child.

1st certif.: Throwing ornaments about & breaking anything she could get hold of - imagining her Father & mother were dead - Swearing & using foul language - says she hears people talking - "delusion" - (cont.d) at times sullen not speaking to her mother for weeks - destroying anything she fancied would annoy the people.

May 27.04. (signed) Arthur C Major of 9 Eldon Square Reading

2nd " corroborates.

May 28.04 (signed) C W Marriott of Aubrey House - Reading

Prev: Hist: (F: a friend who has known her intimately for years)

Has always been "of an evil temper" - & has been somewhat weak-minded - very badly managed by her family - greatly indulged & never thwarted.

Has lately been much worse - has been frequently away from home & then has been better - of late has smashed crockery windows & furniture & very resistive & troublesome at times excited & very noisy - Delusions of being engaged &c (no foundation)

Takes food ravenously - pica -

Sleeps uncertainly -

Had chorea as a child - & 2 epileptic fits between the ages of 6 & 9 - none since -

Knits doll's clothing - cannot otherwise occupy herself -

Fam: Hist. Father "eccentric".
Mother of lower social grade - weakminded -

Condition on Admission A. Physical.

Gallery VI
Ht. 5 ft 1
Wt. 8 st 9 ½

She is badly formed but is fairly well nourished - Palate arched & asymmetrical. Ears malformed - different on the 2 sides - right ear simian in type. Tongue furred & teeth-indented - Teeth poor -
chest moves poorly but presents no PS & disease - cardiac sounds toneless -
2nd sound at apex slightly blurred - Pulse 88 - regular -
Knee jerks brisk - plantar & other superf: reflexes present & normal in character - no ankle clonus -
Eyes grey - pupils somewhat dilated & react very readily to L A & to skin stimulation -
Many acne spots on face & between shoulders -

B. Mental
She is distinctly weakminded & childish - & there is some mental confusion -
She has a delusion that she is engaged to be

boy she scarcely knows. She has marked auditory hallucns, which chiefly seem to consist of her own name & which are on both sides. She admits having smashed much crockery at home & to have been there quite unmanageable. Screaming & yelling. she says that before these times come on she "feels funny" but cannot give any further account of her feelings. She eats ravenously & appears so far to sleep well. She can only occupy herself with the simplest knitting of doll's clothes.

June 20. She continues quite unchanged. is fairly amenable but uses foul language at times. was very noisy when her people came to visit her. Phys: health good but has occasional toothache RCD

June 27. Continues as above. RCD

July 4. She continues childish & weakminded with auditory hallucns. she is however fairly amenable & has made no attempt at smashing here. so always slowly when visited by her own people Phys health unpaired. RCD.

Sept 4

Aug: 11. Continues as on last note. but the auditory hallucns are less marked. RCD.

Sept 1½

Oct. 25. Went on Oct: 14 to Hove Villa RCD

March 28 1905. Discharged "relieved" from Hove Villa S/P.

Discharged.

2750. *Florence West Bradley* single-
Adm. June 1. 04 aged 47 - of no occupation - Ch: of Eng.
R.O. " 1 " Prev address - Holloway Sanatorium as a V.B.
Cir L. " 2 " "1st" attack of uncertain duration - Cause unknown - not E or D but suicidal -

1st certif. She is suffering from dementia - she is childish in her manner & expression - there is mental indecision & she says she cannot make up her mind. There is loss of self control & she confesses that she walked into Virginia Water Lake - & that she could not resist the impulse & when in could not make up her mind to get out & come back.

May 31.04 (signed) Wm W. Ployer of Egham -

2nd " corroborative

May 31.04 (signed) G. G. Hodgson of Chertsey -

Prev: Hist. 1st attack at age of 20. May 85. certified & in Bethlem till her admission here on March 27 86 mania with delusions of identity - discharged recovered July 21. 86. Entered in Aug. 85. "Serious disappointment" in 1878 then 3 times attempted suicide (strangulation & poison) not then certified

In 1883 fell off a gate on to her head - unconscious for "some time" -

Led an out of door life since - gardening &c & has been very well mentally until Nov: 99. Then began to be dreamy & seemed to lose the power of initiative & decision - taking "hours to dress". Admitted as V.B - Dec: 12 -/99 - & has gone on well - very dreamy with marked loss of decision at times very restless & agitated & easily

upset by trifles - masturbating terribly -
on May 20.04. she walked into V. Water Lake
while out for a walk - when in could not
make up her mind to get out - consequently
has been put on a suicidal caution & certified

Condition on Admission - A. Physical

Gallery vii
Ht. 5 ft 3½
Wt. 7 st 7½

She is well developed & is well nourished
Hair dark becoming very grey - Eyes light
brown - pupils equal & react to L A & to light
stimulation Tongue clean - Movements
slightly anaemic - Teeth very fair -
Chest moves fairly well & presents no PS
of disease - pulse 84. regular -
some constipation
catamenia irregular -

B. Mental

She is very dreamy dazed & stuporous. there
is a marked lack of initiative & she cannot
make up her mind to anything - this lack of
decision is shown in the most trifling things
& she will take an hour to decide what
coloured tie to wear & will get into a state
of profound agitation & yet not decide the
matter - She is always worst in the early
morning when she is often very restless &

agitated - taking an immense time to dress herself - she improves as the day goes on & by evening is fairly cheerful & can occupy herself - There is marked mental confusion & all her mental faculties are very slow - She admits walking into the Lake on May 19 - states that the water attracted her, that when in she could not make up her mind to come out & wishes now that she had "ended it all" - she states that she "is weary of life" & sees no end to it as she keeps getting worse

suicidal caution

June 22 - She continues just the same - has made no further attempt & seems ashamed of the last - chiefly because she spoilt her tie! RCD.

June 28. Quite unchanged. RCD -

July 10. 7 at 9½ She continues mildly depressed - anergic & automatic - agitated & restless in the early morning, improving as the day goes on - no further suicidal attempt. RCD.

Aug: 11 - 7 at 10 Continues as on last note but is somewhat less restless & agitated - RCD.

Nov: 7 - She continues mildly depressed, anergic & automatic - worrying over little details of dress &c - She occupies herself fairly well & is somewhat better physically from a course of Fellows' Syrup - RCD -

Feb. 1. 1905 8 st. 2½. There is little mental change - patient is very anergic sits for hours trying to make up her mind to write a letter and finally does not write it. She occupies herself fairly well - Her physical health has improved S.H.C.

May 3 Patient continues mildly depressed restless in the

Est. 2½ Caution removed

morning, improving as the day goes on — fairly well occupied under supervision but unable to decide on anything by herself. Her physical health is good. S.H.R.

Aug. 8 She continues as described in above note. S.H.R.

Nov. 24 Patient continues mildly depressed, self conscious and incapable of deciding anything for herself. She is in good physical health.

1906 Feb. 15 There is no mental or physical change. S.H.R.

May 12 Patient is now fairly well occupied and less anergic but requires assistance & supervision in all her actions — She is slightly hypochondriacal S.H.R.

31 Aug. Patient continues as described in previous note — in good physical health. S.H.R.

Nov. 20 Patient continues mildly depressed, occasionally complaining of vague pains in the morning which go off in the evening. She is well occupied under supervision but lacks initiative and decision. S.H.R.

1907 Feb. 20 There is no mental or physical change. S.H.R.

May 20 Patient continues mildly depressed, very checked at times absolutely refusing to open her mouth for the dentist to see a tooth which had been aching for a week — entirely lacking in initiative and decision. Physical health good. S.H.R.

Aug. 26 Patient continues as described in last note S.H.R.

Nov. 11 Patient continues slightly depressed, mildly hypochondriacal entirely lacking in initiative and decision — well occupied under supervision. Her physical health is good. S.H.R.

1908 Feb. 21 Patient is always mildly depressed and hypochondriacal. She is quiet and somewhat listless but well occupied under supervision. Her physical health is good. S.H.R.

May 8 There is no mental or physical change. S.B.

Aug. 5 Patient continues hypochondriacal, mildly depressed but well occupied under supervision, joining in games etc — Her physical health is good. S.B.

Nov. 28th Patient continues as described in last note. Her bodily health is good. M.S.B.

1909 Feb 25 Wt 8st Patient is mildly depressed, hypochondriacal without decision, requiring supervision well occupied. Bodily health good. M.S.B.

May 11 Wt 8 st. Patient continues well occupied under supervision. Mentally is unchanged is hypochondriacal, at times mildly depressed. Is in good physical health. M.S.B.

Aug. 20th Wt. 8st. 3½ lb. Patient is mildly depressed, slightly hypochondriacal - Complained of her ears. but nothing found. Ears syringed & Eustachian Tubes inflated. Fairly well occupied - S.B.

Nov. 10th. Wt. 8st. 3½ lb. Patient continues mildly depressed - but well occupied under supervision - Has not complained of any ailments lately is less depressed if anything - Is in good physical health. S.B.

1910

Feb. 10th Wt. 8st. 2½ lb. There is no mental change. Pt is in good physical health S.B.

May 19th Wt. 8st. 2 lb. Patient is mildly depressed. but well occupied useful & pleasant in the Gallery. Incapable of any initiative. Is not so hypochondriacal. Was in bed a few days last month with mild influenza - S.B.

Aug. 18th Wt. 8st. 2 lb Patient is mildly depressed - well occupied & pleasant Physical health good. S.B.

Dec. 12th Wt. 8st. 2½ lb. Patient continues slightly depressed but not markedly hypochondriacal. Is well occupied & helps in the Gallery work. Physical health fairly good S.B.

March 13th Patient is mildly depressed but well occupied & helpful in the Gallery under supervision. She has been suffering lately from a good deal of indigestion & neuralgia. S.B.
Wt 8st 2lbs.

June 9th Patient has been rather more depressed lately. Her digestive symptoms have been more marked lately. & she has been put to bed in Gallery VIII & very strictly dieted. She gets pain in the hypochondrium from 1½-2 hrs. after her food. The pain being relieved at first by retaining food. Has vomited two or three times small quantities of undigested food. S.B.
Wt. 7st. 11lbs

July 12th Patient has very much improved by her treatment in bed in the open air. She seldom gets pain now & shows increase in her diet well. Mentally she is becoming cheerful & interested in her recovery & her surroundings.

July 22nd Patient has been today discharged recovered. but remains as a voluntary Boarder. see B. 4. p. 147.

Discharged.

2752. Irene Maud Tancred.

Adm. June 3. 1904 age 26 - single - actress - unitarian -
R.O. June 5. 1904 108 Brompton Rd S.W. - 1st attack
(Urgency) of one month's duration - supposed
cause Overwork - not E.S or D.

1st Cert. She says that "animate things" have talked to her for some time but can-not explain what she means. She says she "gets hold of views" but does not know how it is done & that lately she has been directed by God. She says that a cure for consumption has been given to her "like a gift." She says that today she has been singing to her mother and aunt and is sure they were close to her although I am in-formed they were not in the house

June 3. 04. R. Percy Smith.
36 Queen Anne St W.

2nd Cert Corroborative
June 4. 04. W. W. Floyer
Egham.

Prev: Hist: Has always been of a nervous and obstinate disposition with attacks of moodiness. Has always taken a pessimistic view of life, thinking that there is nothing much worth living for and that it would save trouble to pass away.
Has been on the stage 6 yrs and has worked hard & probably over-worked herself. She has also smoked too many cigarettes. Flatulency & constipation. A love affair is partly

responsible for this attack.

Fam Hist. Stated to be nil but hist of Father's side unknown.

Condition on admission.

Physical

Well developed and well nourished. Complexion pale, somewhat anaemic, hair light brown, tongue coated, teeth unusually good, eyes grey, pupils equal and react normally, heart & lungs present no physical signs of disease, some bruising of legs. Constipation.

Mental.

Acute Mania - She is unable to fix her attention on anything that is said to her, her talk being rambling and disconnected. She sings, repeating the same air over & over again. She has auditory & visual hallucinations - which quite occupy her attention. She remains quiet in bed for the most part but occasionally gets up & rushes about. She is taking plenty of food ~~well~~ but sleeps badly.

June 10 She was looking very ill a couple of days back with a thickly coated tongue & poor pulse and loss of vitality. At this time but only for a day she refused her food. She is now looking better again. There is no alteration as yet in the mental condition. She is still lost & dazed, her attention being

P.T.

apparently constantly occupied with hallucinations. W.T.

June 17. She is still very dazed and dreamy, will only occasionally answer a question and then only in monosyllables. Frequently emotional and there is a good deal of hysteria in her condition. She is taking her food well and is out of doors most days. She is very lethargic. There is a good deal of constipation. W.T.

June 25. She is dazed & confused. Talks much to herself in a very rambling way, apparently trying to piece together the events of the last few months. Today she has taken some food voluntarily for the 1st time since admission having previously been fed by spoon into each mouthful. She is still inclined to undress in public & still sleeps badly. RCD

July 1. Continues very dazed & confused, talking more or less incoherently - much troubled with auditory hallucinations - at times emotional - at others violent & destructive. Has been tried in 7 - but had to return to No. 5 in 2 days. RCD.

July 10. She continues very excited noisy & destructive yesterday she seized all the knives & forks within reach & threw them violently in all directions about the dining hall. RCD.

July 25. No. 6. She continues erratic - better at times but very variable - very impulsive & at times very noisy & restless - there is at times marked mental confusion - She is emotional & quite unoccupied - RCD.

July 25 (later) Her mother removed her today against advice

Discharged July 25. 04

In the morning before discharge she had refused to come in from the court when it began to rain heavily. It took 6 nurses had to carry her in fighting kicking & biting.

Mary Ann Cleare.

Adt. June 4. 04. Age 63 - married - wife of Butcher - Ch of Eng - 21 St John's Rd. Brixton - 1st attack of 3 wks duration - supposed cause Family Trouble - not E.S or D.

1st Cert. She is very depressed and unhappy, believing that she and her family are doomed. There is mental indecision. She cannot make up her mind to do any thing. She is restless & obstreperous - She appears to be in a state of mental ~~stupor~~ stupor and will not answer questions fully. She wanders aimlessly about.

June 4. 04. W. W. Floyer
Egham.

2nd Cert

Prev Hist. About 3 wks ago she received news of a family trouble in wh her son was implicated. and wh has brought on the present attack. She has become moody, sitting for hours without speaking, morose, with worried look, and apprehensive of some evil. Sleeping fair and taking food well. Up to 3 wks ago she had been well, leading an uneventful life & occupied with house hold affairs.
Married 36 yrs. 10 children & 2 miscgs. 8 children now alive, the youngest being 20.

Fam Hist No hist of insanity.

Condition on Admission.

Gallery VII
Wt. 8 st 9½
Ht. 5 ft 1

Physical.

Medium height, nutrition fair, eyes brown, arcus senilis present, pupil equal and react normally, muscular tremors in face present, heart & lungs present no physical signs of disease, no teeth, wearing artificial ones, dilated veins of left leg and she wears an elastic stocking, tongue coated,

Mental Condition:
Melancholia.
She is dazed and mentally confused. Constantly on her feet and wanders about as if in search of something but will not say what. Does not answer questions readily and is unable to collect her thoughts. She shows much indecision in all her actions. She has the delusion that she is lost and doomed and that she is in the power of the Devil. W.T.

June 11 She behaves quietly and orderly but is very self absorbed and does not associate at all with the others. She has a woe begone aspect - answers questions very slowly and is depressed and mentally confused. She takes her food and occupies herself a little with needle work. W.T.

June 19. There has been no further change until yesterday when she became a good deal more depressed and restless, wandering about aimlessly and

she threw herself down on the ground - she would not give any account of her conduct. Today she is better again. W.T.

June 26. Continues depressed & unsociable - but is taking her food - & only once since above note has thrown herself on the ground. RCD.

July 4. Æt 9½ She has improved to some extent - takes more notice of her surroundings - is less depressed & confused & her conduct is more reasonable - she is still unoccupied & is restless, rarely sitting down. RCD.

July 20. She has many delusions of unworthiness - that "the Devil" is inside her, that she has ruined her family, that she has pawned all the family belongings, that others around her accuse her of terrible crimes (? auditory hallucⁿˢ) &c Phys: health improving - RCD.

Aug: 11 - Æt 55½ -4 Has slightly improved but is still quite unoccupied & has many delusions as above - takes food rather badly. RCD.

Nov: 7 - No: 7 She has improved of late - she now occupies herself fairly well & seems to have lost her delusions - she is still somewhat depressed & there is some mental confusion Physically there is less dyspepsia & she is now taking food fairly well RCD.

Jan. 9. 1905 Æt. 10½ Patient still occupies herself well and there seems to be no delusions though there is still some mental confusion S.MR.

Feb. 20 Æt. 11½ Patient is extremely quiet, well occupied however, and apparently not now depressed or delusional. The mental confusion has gone. S.MR.

April 15 By a conversation with the Medical Superintendent

today patient showed the persistence of her delusions. She spoke of an unpardonable sin she had committed but would not say what it was as that lay between her & God. She also told him of a conspiracy amongst staff and patients to deprive him of the M. S. and place the Senior A. M. O. in his stead. saying the patients near her at night got out of bed & discussed it, & that she often overheard it discussed. S.M.O.

Aug. 29 Patient was today discharged "relieved" She was examined before leaving and found to be in good physical condition free from marks & bruises — S.H.R.

Discharged

2755
Adm. June 8. 1904.

Nom. Flora Fox Byng.
Chancery patient.
Age 68 - widow - no occupation, Church of England, previous residence Berridale Compton St. Eastbourne, duration of attack 15 yrs, not E S or D. Supposed cause Heredity.

Pkw: Hist: She has previously been a patient at St Andrews Northampton, The Priory Roehampton, Moorcroft Home Billington and Cathcart in private care. Her condition for some time past has been as follows - Extravagant ideas, running into debt, wants useless things, grasping, often rude to those looking after her, worries people she is with about her plans, grumbling, talks to herself but apparently no hallucinations. Said to be allowed to go out by herself. Sleeps well. Is said to be accomplished & a good linguist.

Fam. Hist. Two brothers have been insane. Daughter intemperate.

Condition on Admission.

H.C. Physical.

Well developed, very stout, hair short & dark turning grey, eyes grey, pupils equal and react normally, heart, enlarged, sounds indistinct especially at apex, 1st sound much blurred at base, practically a murmur, breath sounds harsh, a few scattered râles occasionally heard, a few teeth only in upper jaw, none in lower, tongue clean. Pulse 84.

Mental.

Very loquacious and when started talks without ceasing, rambling from one topic to another - frequently weeps. - there is much grumbling and dissatisfaction about everything that is being done for her, she makes extravagant demands for such things as silver vegetable dishes, she is wilful and headstrong and intolerant of being thwarted. She writes letters and reads the newspaper but otherwise does not occupy herself. She talks to herself but apparently has no hallucinations. W.T.

June 21 - She continues much the same - is at times very irritable & unreasonable, at others is pleasant & enters into conversation - talks much to the hedge of at the bottom of the garden, freely admitted auditory hallucns to me - there is a marked tendency to exaggeration R.C.D.

June 26. Continues unchanged - has been less abusive since the last note RCD

July 4. Do unaltered - but is more reasonable in her requests - varies considerably. RCD

July 12. She varies much: is at times very unreasonable & abusive - asking for brandy to be kept in her room, unlimited champagne &c &c is utterly unconcerned of the other ladies - at others she is fairly reasonable, talks in a rambling disconnected way of places that she has visited &c - Phys health good but she is very stout RCD

Aug: 8. She continues to vary considerably - if she has her own way in everything, is voluble & rambling in talk - when thwarted in the least, becomes noisy excited & abusive - Phys health good - but for an occasional irregularity of the pulse - she complains of constipation but this is imaginary - is continually asking for medicine but refuses to take it - even when a prescription (procured many years ago by herself from a chemist) is made up to please her Has been stung twice on the wrist by a gnat, raising 2 blisters which she has irritated by using hot water against advice RCD -

Aug: 14. Was yesterday transferred to single care

Discharged Aug: 13. 04

2761 **Emily Mary Warren Edwards**

Adm. June 21. 04 married - housewife - aged 52 - Ch. of Eng.

RO. Dec: 17. 03 1st attack of ± 16 months' duration -

Cin. L. June 22. 04 Supposed cause: climacteric Prev. address

Transfer 2 Nassau Sq. Mortimer Sq. W. Transfer from Camberwell House - not E S or D -

1st certif: Very restless, cannot sit still, cried twice during conversation, feels certain she is a long time pregnant, altho' examined on 17th Nov. & assured such was not the case - very jealous of husband, accuses him of immoral relations with servant, previous servant same complaint - says he sleeps in room at end of corridor to be near kitchen. Have seen her remove of tumis in tears, said her son would die 12 o'clock next day because he ate an orange. (Cont.) Has repeatedly struck every member of the family - hides her jewellery in ridiculous places, taxes her children with having stolen it. If daughter embraces her father, calls her names & charges her with indecent conduct spends the greater part of night wandering up & down corridor -

Dec: 16. 03. (signed) T. H. Crampton of 30 Myddelton Sq: E.C.

2nd " corroborates

Dec: 16. 03 (signed) G. H. Savage of 3 Henrietta St. W.

Prev: Hist:

Family Hist, said to be nil -

Condition on Admission A Physical

Gallery J. Pt is a big well made woman - is fairly
Ht. 7ft well nourished - Complexion of good colour -
Wt. 7st 11½ mucous membs not anaemic - Tongue clean
Teeth fair - chest moves well & presents
no P.S.O. disease - Pulse 80 regular -
Hair dark brown - Eyes brown - pupils equal
& react to L.A. & to skin stim.
abdomen presents no P.S.O. disease -
Kneejerks normal - plantar & other superf
reflexes normal - no ankle clonus -
Hallux valgus of left foot with 3 corns -
old scar (linear) on left knee - caused (Pt
states) by a fall from a window -
2 or 3 small scattered bruises -

B - Mental -
When admitted she was very excitable
restless noisy & abusive - but she soon
quieted down - & today 22nd is amenable &
her conduct orderly - She dropped a bangle
which was picked up & she was told that it

would be taken charge of - she accused the nurses of theft & was very abusive - When examined she talked freely & connectedly though in a somewhat garrulous manner - brought various charges against the nurses of the 2 asylums in which she has been lately which were evidently exaggerated - She admitted her delusion of pregnancy but spoke of it as a delusion & seems now convinced that the idea is false - She admits excitable behaviour at home & various delusions connected with her husband - but states that she has now lost these - No hallucinations elicited - She sleeps well & takes food well -

June 28. She continues much the same - is at times very noisy excited & abusive, accusing the nurses of theft though repeatedly told that the articles of jewellery which she says they have stolen are in the safe - at times she is quiet & reasonable, talking fairly connectedly & pleasantly - on the 24th a Pt. (~~Mrs Higgins~~) took up a (silver) knife at dinner & struck her on the wrist making a slight scratch - RCD

July 4. She continues as on last note - RCD -

July 12. 7 to 11½ She continues to vary considerably - is at times very noisy & abusive - accusing all around her of theft &c - continually asseverating that she must instantly get away - She sleeps well & takes food well RCD

July 20. She continues as on last note - RCD -

Aug: 19. 7 to 10½ Varies much - but is almost entirely unoccupied & her whole conversation consists of disturbing about the wickedness of those who sent her here & requests that she may have

instantly - Phys. health good - R.C.D.

Sept. 24 She continues as on last note - hallucn of hearing are very marked at night & she nightly receives communications by a mysterious agency - she accuses all around her of theft &c. Has lately had some slight muscular rheumatism for which she has been treated - she refused to wear some boots sent to her, took them off & walked about on wet grass. R.C.D.

Nov. 7. She is frequently very excited, raising more or less uproar alone at all around her - she nightly receives mysterious communications, in which she implicitly believes - Phys. health good R.C.D.

Jan. 7. 1905 Patient is very excited at times and quarrelsome
Est 5½ Her physical health is good. S.M.P.

Feb. 7. She continues unaltered. S.M.P.

Impossible Feb. Patient says that in turning rapidly in bed she strained her back and complains of sharp pain in the right lower lumbar and gluteal region - This is being treated, patient remaining in bed. S.M.P.

Feb. 23. She is now out of bed. The pain much less & yielding to massage - S.M.P.

May 3. The pain in the back has quite gone - Patient is very abusive at times when told that she may not leave at once. She accuses the other patients and the nurses of various crimes - theft &c. She is usually very noisy - on going to bed - when the hallucinations of hearing are marked. S.M.P.

Aug. 13 She continues as described in above note - in
Est. 5½ good physical health. S.M.P.

Nov. 27 Patient continues excitable and noisy, very abusive at times and full of delusions - Her physical health is good S.M.P.

1906 Feb. 19 Patient continues very noisy and abusive with many delusions of identity and suspicion – Her physical health is good. S.H.P.

May 12 There is no mental or physical change. S.H.P.

31 Aug. Patient is still noisy and abusive, full of delusions of identity and suspicion. Her physical health is good. S.H.P.

Nov. 20 There is no mental or physical change. S.H.P.

1907 Feb. 20 Patient in good physical health. Delusions of identity and suspicion persist unchanged S.H.P.

May 20 There is no mental or physical change. S.H.P.

Aug. 26 Patient continues noisy and abusive, with many delusions of identity. Her physical health is good.

Nov. 11 There is no mental or physical change. S.H.P.

1908 Feb. 21 Patient always noisy and abusive with many delusions – identity, persecution etc. She takes her food well, is sometimes noisy during the early part of the night, but as a rule sleeps well. S.H.P.

May 8 There is no mental or physical change. S.H.P.

Aug 5 Patient continues very noisy and abusive at times with many delusions of identity. She is frequently noisy in the early part of the night, but as a rule sleeps well. S.H.P.

Nov. 28th Patient is very noisy, gives free expression to her delusions, is abusive and at times violent. Her bodily health is good. She sleeps fairly well. Got a blow on the nose from another patient which she much resented, no serious injury was done. M.S.B.

1909 Feb 19th Patient is in condition of chronic excitement. Wt. 8st 13 lbs. Is abusive & scolding. Very deluded. accusing all around her of theft etc. Is in fair bodily health M.S.B.

May 12th Patient is very noisy and abusive. Gives free expression to her delusions of identity & persecution. Is violent at times.

is in good physical health. Sleeps fairly
well; takes her food well. M.S.B.

Aug. 20th. Patient is still excited - abusive & very
Wt. Gen 0 1/2 lb. deluded accusing the people around
her of all sorts of impossible things.
Has delusions of persecution & is sometimes
violent. Physical health appears good.

Nov. 8th. Patient continues noisy & abusive. Delusions
Wt. Bsl. 12 1/2 lb. of persecution persist. & patient is often
violent. Is in good physical health.

Nov. 15th. Patient was discharged today "relieved"
15 single care

Discharged

Flora Harriett Tebbutt

Adm. July 14.04
R.O.
Cin L.

widow - aged 52 - of no occupation
Ch of Eng: - Prev: address 5 The Avenue
Bedford - 1st attack of some years duration
not previously treated - supposed cause:
climacteric not E Sor D -

1st certif: She complains that she is unable to swallow anything, that her inside has fallen & her rectum hangs down in a pouch - & that she cannot possibly live more than a day or two (com.d) is perfectly able to swallow & that this other delusion has been getting gradually worse since Christmas

July 11. 04 (signed) H C Addison
of 104 Marlborough Rd Bedford

2nd " corroborates.

July 11. 04 (signed) A C Hartley
of 4 De Parys Avenue. Bedford

Prev: Hist: (F's daughter by Dr Tinker)

Has been a widow for 18 yrs - had much straining bringing up family of 4 on straitened means - son became melancholic (here as U.B. July to Oct: 00) after failing to pass exam: this disturbed P. - 2 yrs ago had a gynaecological op.n (? nature - ? uterine prolapse) developed delusions of intestines falling, them & being unable to swallow &c - taking food badly of late - Has lately refused to get up - & so has been in bed.
Has hinted at suicide all her life when annoyed at anything but has never attempted anything. These threats have never been taken seriously -
climacteric 2 yrs: ago -
widowed 18 yrs: - children 4 ✓ 25

Condition on Admission — A Physical

Gallery III
Ht. 5 ft 4 (?)
Wt. 7 st 2 (Aug: 2)

She is a weakly looking woman - looking thin & worn with dark circles below her eyes. complexion pale & sallow - Hair dark brown. lank - Eyes brown - pupils equal & react to L A & to skin stim: Tongue furred & teeth indented - so edentulous but wears fairly well-fitting artificial dentures.
chest moves fairly well & presents no PS of disease - cardiac sounds toneless.
Pulse 80 - regular.
slight varicose veins of both legs.
no PS of disease detected in abdomen.
colon loaded.
Knee jerks fair - no ankle clonus - plantar & other superf: reflexes present & normal.

B. Mental.

She is depressed languid & apathetic - states that she feels "tired out" & can take no interest in anything - owns that she has been in bed of late as it was "too much trouble to get up" - & that she has not taken food well - She is very hypochondriacal. states that a complete hysterectomy was done 2 yrs: ago for "cancer of the womb" - (see prev: notes) that she has been more or less ill & depressed ever since that

her intestines are falling, that they are "shrivelled into cords" - that at times she "cannot possibly swallow" &c &c -
Her memory is somewhat impaired - but she can talk coherently, though she soon works round the conversation to her own delusions
No hallucns elicited - She is unoccupied & spends her time lying on the sofa -
She takes food but not willingly - & sleeps well -

July 22. She retains her delusions as above - 2 days ago at her urgent request reports made a P.V exam^n - uterus is there & intact though she insists that it has been removed - the vaginal walls are lax & all parts back tone - uterus is slightly lower but is in good position - RCD
& there is no leucorrhœa - RCD -

July 31 - Continues very hypochondriacal - talks of little but her imaginary illnesses - she is not robust - RCD -

Aug. 7 - 7 at 2 Continues much the same - is perhaps a trifle less entirely taken up with her own imaginary ailments - RCD

Aug: 15. Continues very hypochondriacal & is entirely unoccupied - her delusions are absolutely contradictory & impossible eg in the course of 2 minutes she will complain of absolute constipation for months & of such severe diarrhœa that she dare not eat - RCD

Sept. 23. 7 at 9 She has slightly improved since the last note - & has gained 7 lbs in weight She is still unoccupied & very hypochondriacal but is less hopeless - RCD -

Nov: 7 - She continues to slowly improve but is

still very hypochondriacal & so quite unoccupied – she is slowly but steadily gaining weight RCD.

Dec: 3. No 7 Has improved to some extent & is now in No. 7. she is still hypochondriacal but is somewhat less depressed & makes faint attempts at occupying herself. is distinctly stronger than she was. RCD.

Jan. 27. 1905 Pst. 12. Patient continues to improve but is still ~~somewhat~~ very hypochondriacal – She occupies herself to some extent. Her physical health is improving, but she is still under treatment for dyspepsia – S.H.P.

May 3. Patient is still very hypochondriacal persuaded that her muscles are wasted away – that her form has altered etc She is however much better occupied and taking no drugs. She has left off wearing an abdominal belt – S.H.P.

Aug. 13 She continues as described in above note. S.H.P.

Nov. 24 Pst. 1 Patient has been more cheerful and less hypochondriacal lately. goes out regularly and is well occupied. S.H.P.

1906 Feb. 19 Patient has been very hypochondriacal lately – declares she is suffering agonizing pain etc – She was thoroughly examined physically and found to be in excellent physical health. She was however so troublesome & annoying to the other patients by constantly complaining to them of her symptoms that she was sent to Hall. VIII where she now is.

March 27 Patient was discharged to-day 'recovered' was examined before leaving & found to be in good physical health free from marks & bruises. S.H.P.

Discharged

2765 Ma[redacted]da Ann Mardon - single -
Ad. July 16. 04 aged 58 - Ch: of Eng: - Prev: occupation
R.O. " " " governess - Probably 4th attack - age on
Cin L " 18 " 1st attack "about 50" - duration of present
attack about 3 weeks - supposed cause
over anxiety - not E S or D -

1st certif: She is suffering from acute mania, noisy
shouting & laughing - has delusions - states
that she is the daughter of the King of Kings.
shows bruises on knees which she says
have been caused by the nurses - is incoherent
in conversation

July 14.04. (signed) G. G. Hodgson
of Chertsey

2nd " corroborates
July 14.04 (signed) Wm W. Floyer
of Egham -

Prev: Hist: Has no relations -
arrived here on April 8. as VB see ~~ff~~ p:129
& has been unfit to remain as such

(Pt. Friend Miss Free) Has been a governess for many years & lately acted as
companion to many semi mental pts. had much
strain - Has had 3 previous attacks in the last 8 years
1st attack came on after influenza - then depressed - lasted
about 2 months - 2nd attack about 2 years after & the 3rd
2 years ago - these mania - was recovered "absolutely between

For some weeks before this 4th attack was somewhat nervous & was much upset at the illness of a friend -

Fam Hist: Both parents insane
Pt. states that her mother died in Bethlem

Condition on Admission A Physical

Gallery V
Ht. 5 ft 1
Wt. 7 st 5 (Aug: 2)

Pt. is small & slightly built - is fairly well
nourished but she is flabby & soft - complexion
pale & faded looking - numerous menst: somewhat
anaemic Tongue ~~flabby~~ ~~but~~ tooth indented

Teeth fair -
chest moves fairly well & presents no P.S. of disease but her heart is slightly dilated & the cardiac sounds are toneless. Pulse 92 regular but soft - slight oedema of ankles - many small scattered bruises on legs & arms - rather larger bruises on forearms right arm & left wrist - all noticed on admission
Knee jerks fair - no ankle clonus - plantars & other superf: reflexes present & normal -
Eyes hazel - pupils equal & react though slowly to L A & to skin stim^n - arcus senilis in both.

Mental. Acute mania
She is in a state of maniacal excitement talks & shouts & sings incessantly all day - is very emotional, alternately hilarious & weeping without cause - She talks in a foolish flippant manner & is rude & insulting to complete strangers - She cannot attend to her dress & person but sits up in bed with dishevelled hair & dress - she exposes herself indecently & her language is often coarse & indecent - She takes food well but sleeps badly - no hallucⁿˢ elicited -

July 22. She continues very noisy & excitable - shouting & talking more or less incoherently - is still in bed. she eats well & her physical health is improving - she is a better colour & her pulse is stronger. RCD -

Aug: 1 - No: 2 Oct: 5 Is much quieter - now talks coherently on ordinary topics - is fairly orderly in her conduct & attends to her dress & person - she is stronger - went today into No: 2 RCD

Aug: 8. She has considerably improved - mentally & bodily - Talks coherently though volubly & is very fairly orderly & quiet in conduct RCD.

Aug: 17. She continues to improve but still talks (though naturally reasoned) almost the whole time she is awake - she occupies herself fairly well & attends to her dress & person. Physically is much stronger RCD -

Sept: 23 - She continues as on last note - talkative & fussy but coherent & occupied - She continues stronger & is less anaemic RCD

Oct: 25. She was discharged on Oct: 20.

Discharged Oct: 20. 04

Caroline Hobson Worrall. cont from p. 180.

Aug. 11th. Patient's leg has taken a very long time to unite - but has done so now - but Patient is very chary of using it in any way.
She is now getting up every day & wheeled about in the chair. has walked with assistance from bed to chair. Shortening remains about 1 inch. Bedsore developed soon after injury, but is nearly healed now. She is eating & sleeping well. Mentally is very confused. excited at times - During her illness has been very noisy at times troublesome resisting violent to the nurses trying to bite & scratch. S.B.

Dec. 12th. Patient is up all day - but will not use her
Wt. 7st. 13lb. leg in any way & will not even hop about on her sound one. She is fairly amenable now, contracted & happy & seldom noisy, ~~the~~ general physical health is good. Mentally she is demented & deluded. S.B.

March 13th. Patient is rather restless & at times wildly excited at times talks a great deal - rather incoherently. These periods of excitement recur fairly alternate with quiet periods. She cannot walk at all & will not even use her sound leg. S.B.

June 9th. Patient is fairly quiet at present but at times gets excited & noisy. Demented & quite unoccupied. Physical health fairly good but she cannot walk at all. Her leg is now somewhat contracted.

Sept. 11th. Patient is very demented but fairly quiet occasionally noisy at nights. She will not use her legs but they have benefited by massage & the contractures is less. S.B.

Dec. 16th. Patient is passing through a stage of excitement at present. She is noisy restless also. Wants a sedative every day. Rolled out of bed the other evening & gave herself a large bruise on the forehead. She is very confused & her remarks are mostly incoherent & rambling. Physical health good. S.S.

March 12th. Physical health fair, mental condition fair. ~~unchanged~~ -ly quiet, incoherent, but not very talkative. (E.M.J.)

April 15th. Patient is excited, talks & shouts, replies to questions are incoherent & irrelevant. Fell out of a chair & bruised her face & spends most of the day sitting or lying on a mattress on the floor. Clutches tightly the hand or dress of anyone who comes near her, & is very noisy but not violent. (E.M.J.)

May 20th. Quieter and sleeping better. (E.M.J.)

May 23rd. Transferred "not improved" to Digby's Asylum Exeter.

Discharged.

2766

Eleanor Frances Collingridge

Adm. July 23.04 wife of medical practitioner - aged 52
RO " " " ch of Eng: - Prev: address 16 Queen's Road
Cinl. Richmond - 1st attack of about 8 wks:'
(Has seen) duration. Supposed cause: anxiety & worry of husband's illness - not E or D but suicidal.

1st certif: (1) suffering from delusions that have no foundation in fact viz: that she is ruined & has no money & that her husband is ruined very distressed & agitated & restless with loss of memory & sleepless - (Com'd) has been suffering from delusions for about 3 wks: & once made an attempt to get out of the window.
July 23.04 (signed) T. Williamson
of Rothesay House - Richmond

2nd " corroborates
July 23.04 (signed) G E Shuttleworth
of Lancaster House - Richmond

Prev: Hist: 8 wks: ago husband was very ill - Pt nursed
(Fr husband) him & had much anxiety -
see certif: on 15th ~~July~~ May? made an attempt to throw herself out of the window - severely cut both wrists - flexor tendons severed - great haemorrhage - unconscious for some hours - transfusion - A few hours afterwards seemed well mentally then delusions began & have increased - Restless - taking food badly - sleeping badly - Gen: health fair - but not robust - said to have been tuberculous in early life - Pneumonia 2 yrs: ago - & ago last May - left no PS - no trouble at menopause -
children 4 — 24, 23, 20, 11 & 12

Fam: Hist: said to be nil.

Condition on Admission & Physical

Gallery III
Ht. 4 ft 10½
Wt. 6 st 7
(Aug: 2)

Pt is small & poorly developed. she is poorly nourished - a few small bruises over elbows, especially over right elbow. & some small partially healed abrasions over lower part of both shins -
across flexor surface of Rt wrist is a scar about 1½ inch long -
across flexor surface of left wrist is a deep broad scar extending right across - & adherent at the base for about ⅓ inch to the bone - this is just healed - the 4 fingers cannot be flexed & there is little movement - sensation is dulled & delayed. the radial artery cannot be felt beyond the wound - nutrition is fair & there are no trophic changes -

Suicidal cutting

Eyes hazel - pupils equal & react to L & to skin stimn - conjunctivae a little yellowish - & there is slight arcus senilis in both -
complexion sallow & sunburnt - mucous membs: of fair colour - somewhat pale -
Tongue pale & tooth indented -
Wears upper & lower artificial dentures.
chest moves fairly well - breath sounds poor but there are no PS of disease -
cardiac sounds toneless - pulse 84. regular but poor -
constipation - colon loaded -
knee jerks fair - no ankle clonus - plantar & other superf: reflexes present & normal -

B. Mental Melancholia –

She is depressed – is distressed & agitated sits unoccupied looking the picture of misery or walks restlessly about the room twisting her hands. She talks coherently when directly addressed but can talk of little but her great sinfulness & of poverty – there is marked mental confusion & marked loss of memory. She takes food badly & has to be fed with each mouthful – she sleeps variably – no hallucns elicited –

July 31. She has somewhat improved – is less agitated & restless – & takes more interest in other people & topics apart from her delusions Taking food better & is sleeping better RCD –

Aug: 7. She ~~continues~~ remains the same as on last note RCD

Aug: 15. She is less restless & distressed & occupies herself a little – she retains her delusion of great poverty but is losing those of great sinfulness – she is taking food better & is sleeping well – RCD –

Aug: 23. She is slowly improving though she has not lost her delusions – but she is less restless & distressed & occupies herself very fairly with needlework books & whist RCD

Sept: 15. No 7 Has considerably improved – has almost lost her delusions occupies herself & is fairly interested in the amusements & occupations of the Hospital RCD

Sept: 22 Steadily improving – is bright & cheerful & clearly recognizes her delusions as such – Taking food well & is not now anaemic RCD

Sept. 29 The improvement steadily increases – she is cheerful & occupies herself well – is very

Caution removed

rejoiced at her convalescence & talks brightly & cheerfully of the future - Caution removed yesterday RCD

Oct: 20. Has gone on well & was discharged on Oct: 9 -

Discharged Oct: 9. 04

2767

Caroline Hobson Warren

Adm. July 23.04 single - aged 49 - of no occupation
R.O. " 22 " Ch: of Eng: Prev: address. 9 College Road
Cin L. Exeter - 1st attack of about 1 month's
(not seen) duration - supposed cause: climacteric
not E S or D.

1st certif: Vacant aspect & manner - says "lions come to devour her every day" & that she is "being taken to Hell"-

July 22.04 (signed) John Mortimer
of 6 Northernhay Place Exeter

2nd " corroborative

July 22.04 (signed) C J Vleiland
of Otterden Barnfield Exeter

Prev: History (Fr sister) Usually very active - domesticated - rather morbidly conscientious.
For last 12 months has complained of her "head feeling woolly" - some mental confusion - coincident with climacteric
1 month ago - heard alarming stories about Wyasdale - much terrified - since has had delusions of lions escaping from a menagerie to eat her up - also delusions of money difficulties (originating in a dividend being a few days late)
Teeth bad - Gen: health good - plethoric at 12
Habits "domestic" - no fits.

Fam: Hist: Sister died of phthisis & mother - maternal Grandfather epileptic
Father dead - several times insane -
Paternal aunt also certified
Sister certified & epileptic See XI - p: 275

Condition on Admission — A Physical

Gallery III
Ht. 5 ft 6½
Wt. 8 st 8½ (Aug: 2)

Pt. is tall & well built though with narrow chest. Hair dark & lank. Eyes pupils equal & react to L A & to skin stim?. complexion sallow. Tongue & mucous membr: somewhat anaemic
chest moves poorly but presents no PS of disease. Pulse 76. regular.
Tongue furred.
Teeth bad. many caries — upper incisors absent.
Knee jerks fair. plantar & other superf: reflexes present & normal. no ankle clonus.
Skin greasy.
a few small bruises over wrists & upper arms.

B. mental — melancholia c̄ stupore.
Pt. looks dazed & confused. she stands about in a vacant aimless manner. is quite unoccupied. cannot attend to her dress or person but is resistive when washed & dressed.
Her reaction to questions is very slow & there is marked mental confusion & loss of memory. She has vague delusions of terror, that lions are coming to eat her up &c

no hallucⁿ elicited
She refuses food & has to be fed by tube -
She sleeps badly & is very restless &
troublesome at night - refusing to stay in
bed -

July 31. She continues very stuporous & confused -
stands about foolishly, "goes for" doors &
is resistive when washed dressed & fed -
has to be fed by tube frequently - very restless
at night. RCD

Aug: 7 - 8 at 8½ So a trifle less stuporous & is taking food
rather better than she did - RCD -

Aug: 11. She is distinctly better - has begun to talk a
little & has written a letter - does not "go for" doors
& begins to wash & dress herself. Takes food
voluntarily. RCD -

Aug: 18. No 7 The improvement is steadily increased - she
now occupies herself & attends to her dress &
person - she talks readily on easy topics without
much rambling - is taking food well & sleeping
well. RCD.

Aug: 23. She continues to improve - can now enter
into a coherent conversation on easy topics
occupies herself well & takes an interest
in the amusements of the Hospital - most of
the mental confusion has passed off RCD

Sept: 22 Improvement maintained & increased RCD

Nov: 7 - No 1 She is considerably better but is very
loquacious, her conversation being rambling
& foolish - she is fussy & restless but
occupies herself fairly well & much of the
mental confusion has passed off -
Her teeth are receiving attention RCD -

Dec. 5. Patient's general health is good. She is

very loquacious, converses fairly well with occasional
Est. 12½ lapses when she asks "what was I saying?" She
occupies herself fairly well - S.M.P.

Feb. 22 She still shows much mental confusion and is
Est. 1 rather childish, still somewhat furry and restless - Her
general health is now very good. S.M.P.

May 3 - Patient is still very childish and easily confused. She is
Est. 10½ slightly less loquacious, and her memory is improving
She is fairly well occupied, eating and sleeping well S.M.P.

Aug. 13 After a period of so quiet and mild excitement
in July, patient is now more restrained in
conversation and generally more self controlled. She
is fairly well occupied and her general health is
good. S.M.P.

Nov. 26 Patient is again mildly excited and very loquacious
Est. 2½ becoming incoherent in conversation with frequent
lapses of memory. Her general health is good. Only
one menstrual period this year (Aug.) S.M.P.

1906 Feb. 19 Patient is much quieter and better controlled of late
well occupied & in good physical health. S.M.P.

Ap. ~~March~~ 25 Patient is again stupefied and confused, requiring
III to be spoonfed and led about - dirty
occasionally in her habits and very troublesome
at night refusing to stay in bed - S.M.P.

May 12 Patient is less stupefied but is full of the idea
that some evil is about to happen to her, that she is
not safe. Her habits have improved. S.M.P.

31 Aug. Patient has improved much since last note, is
quiet, well occupied, no longer full of requests
to go home in a few days etc. etc. S.M.P.

Nov. 20 Patient continues quiet and well occupied, but
childish and garrulous and unfit for any
responsibility S.M.P.

1907 Feb. 20 There is no mental change - S.M.P.

May 20 Patient continues weak-minded and garrulous. She suffers from occasional attacks of gout and is very constipated. S.H.P.

Aug. 26 Patient ~~was~~ continues weak-minded and garrulous - has slight acne rosacea - S.H.P.

Nov. 12 Patient continues weak-minded and garrulous with intervals of excitement and much confusion when she is restless and sleepless. Her physical health is fair. S.H.P.

1908 Feb. 21 Patient fairly free from excitement at present but always garrulous, full of impossible plans. She is in better physical health, less constipated. S.H.P.

Ol. Mort.

May 8 Patient has been showing symptoms of gout, some swelling and redness of left wrist and right knee which has yielded to treatment. She is in a state of chronic excitement, with exacerbations. S.H.P.

℞ Aspirin ℥x + 1.C. ℥

Aug. 5 Patient is now in fairly good physical health, but is more excited at present - not sleeping, very garrulous, irritable & full of impossible projects. S.H.P.

℞ Pot. Brom. ʒi. m. ℥ss

Nov 28th Patient continues to suffer from fits of excitement. At all times she is restless & talkative, her bodily health is fair. She is at present suffering from some constipation, for which she is treated with Ol. Ricini. M.S.B.

Dec 30 Patient is at present violently excited and resistive, sleeping very little at night. M.S.B.

Jan 1. 1909. Had to be transferred to day to Gallery No V. is very excited and emotional, loquacious and incoherent. M.S.B.

Jan 14. 1909 Patient was attacked by another patient (Mrs Parson) her lip was cut & left cheek bruised. Three stitches were inserted - patient was transferred back to gallery No. IV. She continues excited, emotional & incoherent. M.S.B.

1909 Feb 15th Patient has quite recovered her accident
Wt 8st 8lb there is very slight scar on lip. Mentally she is free from excitement, but garrulous and weakminded. Is very grateful to S.M.O. for successful treatment of cut lip, wrote long letter expressing her thanks. Bodily health good. M.S.B.

May 12th Patient has been fairly quiet since last entry. Is just now garrulous & mildly
Wt 8st 2lb excited, restless and full of impossible projects. Physical health is good. M.S.B.

Aug. 20th Since last entry Patient has been mildly
Wt. 8st. 7½lb excited & talkative & restless until about the end of May. She then became quieter
Gallery III. very confused & aphasic. not being able to express herself properly owing to the wrong words she is also weak minded & quiet not talking nearly so much. Physical health fairly good she has put on weight lately S.B.

Nov. 8th. Patient has been quiet since last entry
Wt. 8st. 3½lb with no attacks of excitement. She is very weak minded - not very talkative at present in good health but rather constipated - S.B.

1910
Feb. 10th Patient is just getting over an attack of
Wt. 8st. 10lb excitement. She is very confused now -
Gallery V. restless especially at night & sleeping badly. She is in fairly good physical health. S.B.

May 19th On May 16th Patient was "pushed down in the gallery by another Patient" & in falling sustained an intracapsular fracture of her right thigh, bruise on right elbow & left wrist. Patient was moved to Gallery VIII. & put up in a Thomas Splint the fracture being reduced under an anaesthetic. Physically she is fairly well. but has some tendency to retention of urine - also very constipated. Mentally very confused & talkative restless. S.B.

cont. page 168

181

2772

Ad^d. July 31.04. Louisa Jane Daines - single - aged 50 - of no occupation - Ch: of Eng:

R.O. " " " Prev: address 1 Mountfield Gardens - Tunbridge

C. in L. Aug: 2 " Wells. 2nd attack of about 2 months' duration - supposed cause: over anxiety - 1st attack aged 43 - treated at Mr^s Skinner's Winchelsea - Sussex - (96) not E S or D -

1st certif: She is in a state of mental excitement - Talkative, excited, her conversation being rambling with a tendency to incoherence - she is restless & complaining, resists all interference & is obstreperous. she believes she is being burnt up & that she is turning black -

July 29.04 (signed) Wm. W. Floyer of Egham.

2nd " corroborates

July 29.04 (signed) G. G. Hodgson of The Cedars - Chertsey

Prev: Hist: (From notes) Is said to have been violent & unmanageable with delusions of meaning & delusions of electricity & of "the Devil" affecting her -
was admitted as V. B. July 18 but proved not be fit to remain as such -

Fam: Hist: Sister also insane

Condition on Admission A Physical

Gallery V P^s is well developed & is well nourished - is fat & muscles are soft & flabby -

H^t 5 ft.

W^t 90 st 11 ½

complexion sallow & greasy - small red patches on both sides of neck & on back of left hand, caused by irritating gnat stings - several small bruises on wrists & shins.
Tongue furred - breath offensive - Teeth poor - wears rather badly fitting lower denture
Eyes brown - pupils equal & react to L.A. & to skin stim^{n} - conjunctivae yellowish.
chest moves fairly well & presents no P.S. of disease - Pulse 84.
Knee jerks fair - no ankle clonus - plantar & other superf: reflexes present & normal.
Slight superficial varicose veins of both thighs.

B - Mental Mania.
She is very restless & excited - pacing restlessly up & down with disordered dress & hair - at times very noisy - shouting more or less incoherently. She is very resistive & struggles violently when dressed taken to bed &c When addressed she replies in a rambling semi incoherent manner. She has delusions of poison being put into her food, which she consequently refuses - of being burnt alive &c &c - She has hallucin^{ns} of hearing - which abuse her & tell her of tortures to come - she has a tendency to tear off her clothing, taking off her stockings, unfastening her dress &c - She refuses food & has to be fed - at times by tube. at times by spoon - & is rather restless at nights

Aug: 7. She continues very restless excitable & deluded. Her delusions being of poison & impending torture. She is very resistive & struggles violently, consequently has 2 or 3 bruises - she bruises very easily being very soft & stout. There is marked dyspepsia with a furred tongue. This is clearing under treatment & she has taken food better the last 2 days.

Aug: 15. She is very restless & deluded - will not keep on her clothing & is destructive - at times is wet & dirty - very resistive & takes food badly. RCD.

Aug: 23. She is slightly less resistive but is very restless & deluded. Still usually has to be fed by tube. RCD.

Aug: 29. She is less resistive but is very destructive & is terribly dirty in her habits. Still frequently fed by tube. She retains her delusions of poison & has marked hallucinations of sight & hearing, speaking of faces in the air which mouth at her & of voices accusing her of crimes & warning her against poison. Phys: health improving. Her tongue is now clean & she is not now sick. RCD

Sept: 22. Still very deluded but is less restless destructive & dirty. Phys health improved. At times troublesome about food owing to delusions of poison but takes it better than she did. RCD

Nov: 7. She has improved to a considerable extent
No. 7. she is now quiet & attends to her dress & person. She is somewhat depressed with some mental confusion & vague delusions of impending troubles of various kinds.

she occupies herself fairly well & is taking food though she is still fanciful about this & is apt to think that it has been tampered with if not actually poisoned - Phys health very fair RCD -

Feb. 7 - Patient continues slightly depressed with vague delusions of coming misfortune but she occupies herself fairly well and attends to her dress and person. She has had this week a slight bilious attack which is yielding to treatment. SHP.

Apr. Last menstrual period August 1904.

May 3 - Patients habits are now clean and she is fairly well occupied. She has still vague delusions of impending trouble. She is occasionally rather irritable and inclined to be abusive - SHP.

Entered in error.

April 15 Patient has steadily improved. The depression has passed off and she is now fairly cheerful and well occupied - SHP

April 28 Patient was to day discharged recovered

Discharged.

2778

Adm. Aug: 11. 04
RO " 17 "
Cir L. " 18 "
(Urgency)

1st certif:

Lucy Alleyn Dawson - wife of Lt Col (retired) of no occupation - aged 51 - Prev: address 27 Lexham Gardens SW. 1st attack of about 11 days' duration - cause unknown - not E S or B -

She is full of delusions - she believes she is persecuted & followed about & that people dislike her that she & her husband are going to die & that she will be drummed out & thrown into the river, as a drunkard. She hears voices, which talk to her & influence her conduct. she says she has loss of self control & that when the impulse is upon her that she cannot resist taking alcohol to excess - & that thoughts of killing herself by excess of alcohol have entered her head. There is mental agitation & confusion with impaired memory. (Cont.) has become beyond husband's control - that she rushes about under the influence of her delusions & is under the belief she is dying -

Aug: 11. 04

(signed) Wm W. Floyer
of Egham.

2nd "

corroborative.

Aug: 12. '04

(signed) H. F. Lund.
of 2 Fopstone Rd. London SW.

Prev: Hist:

Fam: Hist:

Condition on Admission. A. Physical

Gallery II
Ht. 5 ft 1½
Wt. 8 st 11½

She is fairly well developed though she is slightly built. Hair lightish brown. Eyes hazel - pupils equal & react to L.A & to skin stimulation - Tongue slightly furred Teeth poor - many slightly carious - mucous mem: somewhat anaemic & complexion is pale & faded -
chest moves fairly well & presents no RS of disease - cardiac sounds rather poor -
Pulse 84 regular -
Knee jerks fair - plantar & other superf: reflexes present & normal. no ankle clonus -
menopause about 6 years ago.
Some dyspepsia -

B. Mental -
She is mildly depressed & says that she feels "quite different from her normal self" - She says that people all dislike her & that she is talked about & pointed at by people around her - that while staying at Hampton Court a few days ago, she thought the bargees talked of her & plotted to kill her by disembowelling & then proposed

to throw her body into the river - that she then took alcohol to excess which made matters worse & made her "see terrible things at night" - that then she thought she herself "smelt horribly" & that then she smelt other strange odours - but that she has not had these hallucinations of smell & sight the last 2 or 3 days - She says that at times she becomes seized with a feeling of intense terror & then does not know what she is doing There is some mental confusion & her memory is impaired - She takes food fairly well & sleeps fairly -

Aug: 10. She has considerably improved - she is much less apprehensive & is beginning to laugh at her delusions though they are still present at times - There is less mental confusion & she is less depressed - RCD -

Aug: 24. She continues to steadily improve - she seems to have lost her delusions & the hallucns of sight & smell - there is much less mental confusion & the feelings of apprehension have passed off - she occupies herself very fairly & takes an interest in the arrangements of the Hospital Physically is much less anaemic & the dyspepsia is almost cured RCD

Sept: 1 - Continues to steadily improve - RCD

Sept: 15. Was discharged yesterday - remaining as a Voluntary Boarder - see III p:

Discharged Sept: 14. 04

2780

Ad.d Sept: 7. 04
RO " 6 "
Cir L. " 8 "

Adela Rosina Henning - aged 48 wife of Curate. Ch: of Eng: Prev: address S. Raphael's Home. Bexhill 1st attack of about 7 weeks' duration Supposed cause: climacteric not E or D but Suicidal

1st certif: Pt was very slow & evidently had great difficulty in conversation - and she knew nothing of what happened during night but except for moaning which was infantile gave but little indication of unsoundness of mind. on a previous occasion more than once she has informed me that she attempted suicide by carbolic acid & from history of symptoms black urine long continued insensibility shows we ~~thou~~ shave no reason to doubt it Pt today seemed under delusion that she was not in the S. Raphael's Home but somewhere else. (Cont.d) makes for the window on every possible occasion shamming sleep to put nurses off their guard occasionally does not recognize her nurses. Talks nonsense for hours together - sobs & worries & often does not know where she is.

Sept: 6.04 (signed) J PB Wills of Chuntemps - Bexhill

2nd " corroborative Sept: 6.04 (signed) JH Lightfoot of Sydenham House Bexhill

Prev: Hist:

Pt. nursed (1 month) Has not occupied herself - has constantly made

attempts to get through windows - once jammed her sheet into her mouth - Has been restless by day & night - taking food well, sleeping badly - clean in habits

Fam Hist. Said to be nil

Condition on Admission - A. Physical

Gallery III
Ht. 5 ft 4
Wt. 9 st 5

Pt. is well developed & is very fairly well nourished - Hair of neutral brown - Eyes pupils equal - react though slowly to L A & C skin accord. complexion pale & sallow mucous memb. anaemic Tongue somewhat furred - Wears artificial dentures.
chest moves fairly well & presents no P.S. of disease - Pulse 84 regular.
Some constipation - colon loaded -
Knee jerks fair - no ankle clonus - plantar reflex
superf: reflexes present & normal in character -
Slight superficial varicose veins -
Marked tremor of facial & lingual muscles -

B. Mental Melancholia

Pt. is dazed & confused - she sits unoccupied gazing about her in a foolish aimless sort of way. Her reaction to questions is slow & hesitating & she has vague ideas of time & place - There is marked mental confusion & her memory is very poor - She has vague delusions affecting

her husband & children & vague confused delusions of suspicion affecting herself - & states that she does not cannot sleep as men are in many of the beds in her dormitory - she thinks that many of the people about her are detectives & will "take her off to prison" She has hallucns of hearing - hearing the voices of her children crying & calling to her - & other voices which abuse her & accuse her of crimes - She is restless & quite unoccupied - She sleeps badly but takes food well - She owns to having attempted suicide "some time ago" by drinking carbolic acid as she "felt so miserable" & states that she even now frequently feels suicidal impulses -

Suicidal centre

Sept: 14. There is some improvement - she is less dazed & confused & has begun to occupy herself - RCD -

Sept: 21. She continues to slowly improve RCD

Sept: 28. She occupies herself a little & can talk more coherently & connectedly - there is less mental confusion but she is still much troubled by the auditory hallucns & "queer fancies" (as she calls them) especially at night - RCD -

Oct: 5. She is very confused & muddled - though she can talk coherently (with a slow hesitation) on easy topics & occupies herself in needlework &c The hallucns of hearing are still bad especially at night - RCD

Nov: 2. She shows marked mental confusion & loss of memory - has "queer fancies" (hardly amounting to delusions) at night time - The hallucns of hearing are less marked than they were - she is somewhat elated & over satisfied with

9 2 00 m

everything - but is emotional & variable, at times weeping without cause - The facial & labial tremor persist & there is a queer reiteration of speech - somewhat suggesting general paralysis -

RCD -

Jan. 9. 1905 Patient went today on trial" S.M.P.

April 1 1905 Patient was today discharged recovered S.M.P.

Discharged. April 1 Jan. 9 05.

2785
Adm. Oct 14. 1904
R.O. Oct 12. 1904

Agnes Edith Stuart MacIver.
Age 36 – single – no occupation –
Ch of Eng – late of Kensington Infirm-ary. London – 2nd attack of 6 months duration – supposed cause shock & P.A – not E but she is S – doubtfully D.

1st cert

She is rambling and incoherent in conversation. does not give reasonable answers, says some of her teeth have been removed and three of the teeth of the Prince Imperial have been inserted She has no knowledge of her surroundings.
Oct 12. 1904. Meredith Townsend.
London.

2nd Cert

Corroborates.
Oct 12. 1904. Henry Percy Potter
London.

Prev: Hist.

She has lived in India for the last 8 yrs (with the exception of 2 yrs when she was home) keeping house for her brother in the I.C.S. Her health in India was good. Duration of attack 5 mos. She worried herself with entertaining etc and this coupled with shock from seeing a carriage accident led up to the attack. ~~She~~ Said to be very nervous about horses. At onset of attack took to drinking spirits and smoking many cigarettes. (50 per diem) Second ideas strongly pronounced and her talk on this subject incoherent: habits bad. Arrived in Eng. on Oct 4th. After being home 3 days made her escape & was found by the

also secreted a knife from the dining table, which he opened "in secret" slightly and hid it under his pillow. Should be taken away. Struck a nurse with it.

fabric and taken to the Kensington Infirmary. Ate very but scanty (of late). On voyage home threatened to throw herself overboard and wanted pistol to shoot herself. Was had one P.A. 18 years ago - of a similar nature

Fam: Hist. No hist of Insanity or Phthisis.

On admission.

Gallery 5. Physical

Ht.

Wt. 8 st 12½

Tall, well developed, fairly well nourished, complexion sallow and pasty, there is an eruption over body probably due to Bromide or dirt, she was in a somewhat neglected condition on admission, on the L shoulder there are two pustules resembling recent vaccination, hair dark, thick & straight, short cut, tongue fissured, teeth fair, eyes brown, pupils equal and react normally, thoracic organs present no physical signs of disease.

Suicidal Caution

Mental.

She is in a restless and excited state. She talks freely but in a rambling incoherent way, and is unable to answer questions sensibly. She sometimes imagines that she is still on board ship and sometimes that she is in the East. She has delusions as to the identity of people about her and can

give no account of herself or of what has recently happened to her. When up she interferes with the others, is excited and spits about. She takes her food well. W.T.

Oct 21. She continues in the same restless state talking in a disjointed and incoherent way and is impertinent and interfering with others. She sleeps and takes her food fairly well. W.T.

Oct: 27. She is excited noisy & restless - more or less incoherent with marked mental confusion - She spits freely all about her room - usually takes food well & sleeps very fairly - RCD.

Nov: 2. She continues excited & noisy more or less incoherent - she can give no account of herself & continues to think herself in India or on board ship - She is at times destructive yesterday breaking a plate & tumbler at dinner - She takes food well & is sleeping better RCD.

Nov: 10. She continues much the same - RCD.

Nov: 17. She is somewhat quieter & now keeps on her clothing & does not spit about the room - so has also been in the gallery part of the day - she is however incoherent & can give little account of herself. RCD

Jan. 3. 1905 Patient is somewhat less excited, but is still
10st. 4½ incoherent. She sleeps and takes her food well. S.M.R.

Jan. 15. 1905 Patient again much excited - in bed. S.M.R.

Feb 1 The extreme excitement has subsided but
10st 1½ (without clothes) No. V patient is still noisy and restless. S.M.R.

March 8. Patient varies much - She is at times very excited
10st. 12½ and is then kept in bed - When out of bed

she is restless and unoccupied very incoherent in conversation and showing much mental confusion. S.H.P.

April 25 Patient is now in Gallery VII. She is less excitable but still varies very much being at times very incoherent in
11st 5½ conversation and much confused. Last week she was talking in a very objectionable manner of requiring a monthly nurse etc — S.H.P.

July 18 Patient now in Gallery V as she has been most
9st excited and noisy - her language being very foul. She is
10st. 8. full of delusions, rapidly changing - has auditory hallucinations
her conversation is quite incoherent - Her habits are frequently very dirty — S.H.P.

Aug. 13 Patient continues as described in above notes. S.H.P.

Nov 17 Patient again in VI. she is still very confused and spends
9st. 9½ much of her time in most eccentric needlework which
11st 1. she thinks beautiful, but her conversation is not objectionable
1906 and her habits are clearly Catamenia slightly irregular. S.H.P.

1906 Feb. 19 Patient improves slightly but is still eccentric in conduct and somewhat rambling in conversation.
Her physical health is good - S.H.P.

May 4 Patient went today to Home Villa - S.H.P.

18 June Patient returned today from Home Villa. S.H.P.

31 Aug. Patient has improved considerably, is no longer excited though always very voluble and somewhat rambling in conversation. No delusions can be elicited. Patient is in good physical health. S.H.P.

Sept. 10 Patient went "on trial" today - was examined before leaving and found to be in good physical health free from marks and bruises

3rd Oct. Patient was discharged "recovered" S.H.P.
from trial today. S.H.P.

Discharged

2786. Annie Davies.

Adm. Oct 14. 1904 Age 35 - Single - no occupation -
R.O. Oct 14. 1904. Ch of Eng - late of La Turbie, S. France
Rev. W. Caling - 1st attack of 3 weeks duration - supposed cause Shock - Pt E, but she is S. Uncertain D.

1st Cert She is very depressed and excitable alternately, makes rambling statements and is very incoherent. She fancies she is in Hell and is a devil and again that she is condemned never to die but to suffer for others sins. She has attempted suicide by drinking meth. - ylated spirit.
Oct 13. 1904. Thos Croft Saville
Putney.

2nd Cert. Corroborates
Oct 13. 1904. Thomas Clayd Shaw
London.

Prev. Hist. fr. Sister. Last April attack of haemorrhage from stomach. Said to be gastric ulcer. Had previously suffered from indigestion - never very strong.
Onset of present attack last Aug. Sleeplessness, worrying unduly about her personal appearance and thinking only about herself. Became worse 1 mo ago - with delusions of self accusation and attempted suicide by swallowing 8 oz of methylated spirit: this caused her to believe that she would be tried publicly. Was at nursing home 10 days before coming here. She has been engaged to be married 8 or 9 mos and this has

been the cause of worry.

Fam: Hist. From D. Wills. Sister & sister's child have had epilepsy. Cousin's child an idiot.

Fam. Hist. Father, mother & eldest half brother died of Phthisis - (the mother suddenly 2 yrs ago from Pulmonary hemorrhage.)
No hist of insanity.

Condition on Admission.

Gallery 7. Physical.
Ht. 5 ft 0
Wt. 6 st 13

Slightly built, nutrition poor, slight scoliosis, complexion pale, mucous membranes anæmic, eyes grey, pupils equal and react normally, heart no murmur but action jerky and slight irregularity of rhythm, lungs healthy, pulse small, teeth fair, prominent, constipated.

Suicidal Caution

Mental.
Melancholia. She is dazed, confused and lifeless, speaks only a word or two at a time and then so low as to be almost inaudible. Delusions of self accusation - blames herself & attributes all her troubles to her own idleness. She has hallucinations of sight and also visions - chiefly of Hell and she has seen the figure of Christ. She is troublesome about taking her food.

Oct 21. There has been some improvement. She

is less confused than she was and enters more readily into conversation. She has seen no more visions but still believes in the reality of those that she has seen. She took her food badly at first but is taking it better now. W.T.

Oct: 27 She has considerably improved – she is fairly cheerful in the afternoon & evening, though still depressed in the morning – she occupies herself fairly well & enters into conversation – She states that she feels much clearer mentally & does not feel as wicked as she did – Taking food fairly well – RCD –

Nov: 2. There has been rather more mental confusion during the past few days – with vague delusions of sinfulness but she denies present hallucns of sight – Taking food fairly well RCD

Nov: 15. No 3 She is more depressed & restless & taking food badly. Has consequently been moved into No 3 RCD

Nov: 22. She varies much – at times is very depressed & restless with delusions of sinfulness & of apprehension – at others she is quiet with some mental confusion – RCD –

Jan. 5. 1905 Pst. 12½ Patient improved on the whole, less depressed still showing mental confusion – S.M.R.

Feb. 7. 7st. 4. Last night patient tore down the upper ventilating space of the lavatory window evidently with a vague desire to injure herself. She shows much mental confusion – S.M.R

March 8. 7st. 8½ Patient has improved much since the preceding note has gone with a nurse for longer walks, is well occupied and cheerful and last night attended and enjoyed the patients' dance. She states now that she sees the folly of her delusions S.M.R.

April 4 Patient went today to Hope Villa S.M.P.
April 12 Patient was today discharged from Hope Villa
Recovered S.M.P.

Discharged—

Annie Stevenson Baker.

Ad. Oct 15. 1904. Age 71 – married – wife of retired naval officer – ? Ch of Eng. – Late of 44 Woodhurst Rd, Acton, W – 2nd attack of 5 wks duration – 1st attack 3 years ago – Suspected cause P.A and Domestic Trouble Not E. S. or D.

1st Cert. She states that she has killed her husband and friends, also that she is the cause of all the wickedness in the world. Every one that goes near her is buried.

Oct 14. 1904. Ernest B. Landon
Acton.

2nd Cert. Corroborates.

Oct 14. 1904. William Arthur Radd
Acton –

Prev. Hist. Had a mental attack 3 yrs ago lasting 3 mos and got quite well after it. So said. Has had an attack also about 30 yrs ago.

The onset of the present attack was very sudden on Sept 8. Shock at death of a relation is thought to be the exciting cause.

She has been depressed and has been troublesome about taking her food. She has had delusions that she killed Christ – that she is responsible for having caused ruin to all about her – and that every thing is lost. Sleeps badly.

Has had no children.

Holloway Sanatorium Hospital,

Virginia Water

.2

Copy

NOTICE OF DEATH

Date of Reception Order, the 14th day of October 1904.

I hereby give you Notice, That Annie Stevenson Baker a Private Patient, received into this Hospital on the fifteenth day of October 1904, died therein on the seventeenth day of October 1904

Signed W. D. Allame M.D.
Medical Officer.

Dated the nineteenth day of October 1904 One Thousand

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name - - - - - -	Annie ~~Stevenson~~ Baker
Sex and age - - - - -	female 7/1
Married, single, or widowed - -	married
Profession or occupation - -	none
Place of abode immediately before being placed under care and treatment (if known) - - -	44 Woodhurst Road Acton W.
Apparent cause of death - -	Syncope from fatty degeneration of heart & vascular disease.
Whether or not ascertained by post-mortem examination - - -	yes
Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased	5:20 p.m. Sudden collapse. No struggle. Two small superficial bruises on right thigh.
Duration of disease of which patient died - - - - - -	uncertain
Names and description of persons present at the death - - -	Miss Millicent Strong (Lady Nurse).
Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - - - -	no.

Signed W. D. Allame M.D.
Medical Officer.

Lunacy R. 21. (1797 O.B.—10-99. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

21

Ad.

1.

2

Ex.

Fam Hist. No hist of Insanity or Phthisis.

On Admission.

Gallery 3. Mental.

Melancholia. She is indolent and forlorn looking and takes no interest in what is going on about her. She has delusion that she is responsible for all the troubles of others, that she is lost and that there is no hope of her salvation. She is troublesome about taking her food and says that she is unable to swallow.

Oct 17. She remained in same condition as above until today. I had asked the nurse to have her put to bed in the afternoon so as to make the usual physical examn. This was done at about 5 o'c and at the same time signs of difficulty in breathing appeared. I was summoned to see her and a hasty examn showed a marked systolic murmur at apex of heart. At the time of my arrival, the nurse informed me that the dyspnoea was less marked than it had been immediately before I arrived. Some brandy was offered her which she refused, and hot water bottles placed. Suddenly the dyspnoea became much more pronounced and cyanosis also. I hastened to give her a hypodermic injection of ether but without avail and she died at 5.20. p.m. N.T.

2789 Evelyn Frances Baker.

Ad. Oct 21. 1904 Age 28 – single – no occupation –
R.O. Aug 5. 1904. Ch of Eng – Late of Peckham House – First attack of 4 months duration – Supposed cause Love Affair – Not E. S. or D.

1st Cert She has an idea that in a question of an hour she is to be married to one of two gentlemen but she does not know to which of the two. During our conversation she every now and then addressed observations to some imaginary person. She said she had been christened Evelyn Frances but that she had christened herself Angela. When thwarted by her attendants she soon showed symptoms of violence excitement & clung hold of me.

July 31. 1904. Henry Horsley.
Croydon.

2nd Cert Corroborates.

July 31. 1904. Edward Hulse Willock
Croydon.

Prev: Hist.

Fam Hist: (from Aunt.) Her father was queer and had to his away from home under care for some months - he recovered.

On admission.

Gallery 6
Hs.
Ws. 7008

Physical.

She is very thin, complexion pale, mucous membranes anemic, hair light, eyes brown, pupils dilated but equal, and react normally, tongue clean, heart first sound a little indistinct but no murmur, attrit fact, lungs healthy, teeth fair.

Mental.

She is somewhat restless but enters readily into conversation. She is unoccupied and her mind appears to be constantly occupied with hallucinations of hearing which are constantly present. She says that the voices began this summer and she concludes that they are a sort a wireless telegraphy and are due to the Transit of Venus and that this condition is likely to become prevalent with all people.

She says that she is able to hold conversations with dead people as well as with living. She looks upon these hallucinations as a convenience rather than an annoyance. She talks her fill on her bed. W.T.

Oct: 27. No. 5 She is very excited & noisy at times, apparently in obedience to the voices - when excited she throws herself on the floor, screams & kicks - She varies considerably: is at times coherent & readily enters into conversation, at others there is marked mental confusion & her conversation is rambling & irrelevant auditory hallucns very marked - RCD.

Nov: 2. She is somewhat less noisy & occupies herself to some extent - but her conversation is disjointed & irrelevant & her manner curiously flippant & off hand - The hallucns of hearing are very marked & she speaks of them as "a sense granted to her but denied to others". Taking food well - RCD -

Nov: 10. No. 7 She has distinctly improved - she is now quiet & orderly, occupying herself well - the hallucinations are less marked than they were RCD.

Nov: 18 No. 1. She continues to improve - she is still somewhat restless but she can now talk connectedly & she occupies herself well - Phys health improved RCD

Nov: 22. She continues somewhat restless & last night wet her bed - soaking the mattress - there seems no physical cause at all for this but she evinces no shame RCD

Dec: 3. Has again wet her bed - RCD

Jan. 5. 1905 Ht. 11½ Patient continues to improve but is still

somewhat restless. No nocturnal incontinence since last note.

15 Feb. 9st. Patient has again wet her bed, but this time the occurrence has troubled her and she states that she had this habit as a schoolgirl and is anxious for some medicinal help. She states that she is anxious to leave St Ann's Heath and to meet again the gentleman mentioned in annexed letter when she wanted know whether her feelings had undergone any change. S.H.R

March 17. 9st. 1½ Patient has been sleeping badly of late, is being given a little Bromide. Otherwise she is in good physical health.

April 25 9st. 2. Patient is now sleeping well. There is no mental change and she is somewhat lazy and dreamy, constantly forgetting hours and rules. S.H.R

June 30 Patient was discharged today going to single care. Mentally she is very dreamy, somewhat lazy and forgetful. She thinks she is now free from the ideas which occupied her mind on admission. Physically she is in good condition and free from marks & bruises. S.H.R

Discharged.

2791

Ad^d Oct: 28. 04.
R.O. Nov: 4 "
Cinct. " 5 "
(Urgency)
1st certif:

Ada Rosina Andrew - aged 34 single - of no occupation Ch of Eng: Prev. address St. Margarets - Station Rd Orpington 1st attack of about 30 hours' duration not E S or D -

Excited rambling & incoherent: states that her dog is dead & that I am going to die & keeps asking if the various members of the household are dead while all the time she is smiling & laughing. Says there is blood on my hands & though I had not seen her before, addressed me familiarly as Mrs Taylor & immediately afterwards as Mr Luther - Evidently has some hallucinations of hearing (com^d) will not trust any of family to have her room because she says they will be murdered & declares that various members of family are dead (this of course is not so) declares the draught ordered by the doctor was to poison her & dashed the contents over the person giving it to her & finally the glass into the fire - Has had no sleep whatever for 48 hours all the time constantly rambling & talking incoherently.

Oct: 28. 04

(signed) T. W. Bailey -
of S Mary Cray - Kent.

2nd " corroborative -
Nov: 3. 04

(signed) Wm W Floyer
of Egham -

Fam Hist. said to be nil
For brother & brother in law

Prev: Hist, (as above) Was much depressed after her mother's death about 9 yrs: ago - home then broken up - since then has lived with her sister & brother in law - usually bright

& lively. industrious & sociable.
Lately has had many little domestic worries
servant stealing various small articles.
she became suspicious, talked of a "burglary
conspiracy" - ideas of apprehension - thought
the family all dead &c For last 2 days has
been quite incoherent - sleepless. Taking
food fairly well.

Condition on Admission — A Physical

Gallery VII
Ht. 5 ft 1¾
Wt. 11 st 6

Pt. is a well nourished, well built girl
with fresh complexion. muscles firm
considering her starvation. Eyes
pupils equal & react to L A & consensually
also to skin stimn. Tongue slightly
furred. Teeth good.
chest moves well & presents no PS of
disease. Pulse 84. regular.
slight constipation.
Knee jerks brisk - plantar & other superf
reflexes present & normal in character.
complains of vertical headache.
catamenia stated to be regular with no dys.

B - Mental

Pt. readily enters into conversation - her
talk is somewhat rambling & she is somewhat
garrulous. she states that she does "not feel
herself" - is afraid of trifles & more thoroughly

at home she thought her brother & sister were dead. but she says she has lost this idea - She is somewhat emotional & laughs readily without cause - She occupies herself fairly well - but she sleeps badly & talks a good deal at night & takes food very badly -
No hallucn^ns of hearing elicited -

Nov: 2. She takes food very badly & has twice been fed by tube - she continues somewhat weak-minded & emotional - with disconnected & somewhat irrelevant conversation - So noisy at night, talking whenever awake
RCD -

Nov: 7. No 5 Is actively acutely excited - singing & gesticulating with dishevelled dress & person - is very noisy & restless at night - conversation actively quite incoherent, at others she can answer simple questions correctly - still much trouble about food
RCD -

Nov: 14. She varies considerably - is at times noisy & excited & is very troublesome about food
RCD

Nov: 22. She continues variable - less noisy on the whole but is unoccupied restless & troublesome about food.
RCD -

Nov: 30 No 7 On the whole is better - she is quieter & can occupy herself to some extent but she is still taking food badly
RCD

Jan. 4. 1905. Patient much quieter and occupies herself better
10st. 1 She is taking her food better C.S. S.MOR.

Feb. 17 The improvement above noted has continued
10st. 6. patient is quiet, no longer excited or troublesome about food, is cheerful and well occupied her conduct in every way satisfactory. S.MOR

Feb. 23. Patient ~~went~~ today ~~on leave~~ S.H.P.

May 11 Patient was today discharged "Recovered" from trial S.H.P.

Discharged 11.5.05

2792. **Maria Jane Hildreth** - single

Adm. Oct: 31.04 aged 42. occupation: inspector under LCC
R.O. Nov: 4 " Ch. Eng. - Prev address 10 Fulham Road
Cinl. " 5 " London SW. 2nd attack of 2 or 3 months'
(Urgency) duration. 1st attack at age of 31 -
1st certif: supposed cause: overwork. not E or S or D.

1st certif: She is very excited believes she has made some very great discovery which is of great importance to the country. She says she has been & is constantly watched & spied upon. (com.d) is very extravagant & is full of suspicions.

Oct: 31. 04. (signed) G H Savage
of 3 Henrietta St. W

2nd " Is under the impression that she will shortly become possessed of an enormous sum of money & has promised to found hospitals & to give me £1000 towards the local Hospital

Oct: 29. 04 (signed) Richard Smith
of Winton North End. Portsmouth

Fam: Hist. according to certif statement of particulars nil -
see vii p: 279 "Father's sister insane"

Prev: Hist. Was here Jan: 17. 94 to Sept: 27. 94 see
(Fr. nurse who knows her well & has been with her 3 months) case book vii p: 279 -
Has since gone on well & has for last 6 years acted as an inspector of shops under the LCC. Went away to Southsea in August - & has since gradually become restless with delusions of exaltation - has written innumerable letters to the King Lord Rosebery &c with reference to some supposed wonderful discovery that she has made which is to cause her to get an appointment with a

Salary of £2000 a year - she has been spending money recklessly & taking many unnecessary journeys &c -
Gen: health usually good - lately has had some trouble with her teeth.

Condition on Admission — A. Physical

Gallery VII
Ht. 5.1 3/4
Wt. 7 st 2

She is slightly built with some scoliosis - is somewhat poorly nourished complexion pale & sallow - Hair of a light reddish brown colour - Eyes grey hazel - pupils equal somewhat dilated & react to light & accomodation also to skin stim & consensually - There is a large oval mole above the extreme outer end of the left eyebrow Tongue somewhat furred - pale & tooth indented Teeth poor - she wears a badly fitting upper denture which has caused some irritation of the palate & gum; chest moves fairly well & presents no PS of disease - cardiac sounds toneless & there is a blurring of the 1st sound at apex & at pulmonary area with a slight irregularity in rhythm - Pulse 72.
She complains of flatulence & discomfort after meals which she attributes probably quite correctly to the ill fitting teeth & consequent want of mastication.
Catamenia stated to be regular but scanty - m/p began 3 days ago.
Knee jerks brisk - plantar & other superf reflexes present & normal in character - slight varicose veins of right thigh -

B. mental.

She is somewhat restless & excitable she rarely sits down for more than 2 or 3 minutes at a time & talks incessantly her conversation is disconnected & rambling, often quite irrelevant. She talks ~~of~~ mysteriously of a marvellous discovery that she has made, of which she must not speak as it is "the property of the County Council". she states that on hearing this, the King will at once appoint her to a ~~post~~ post with a salary of "at least £2000 a year" & that this discovery will "revolutionize England". She writes many unnecessary letters. She is somewhat emotional. She interferes a good deal with other patients & insists that she is a voluntary boarder. She sleeps badly but takes food fairly well.

Nov: 7. She has improved to some extent. is less restless & fussy & has begun to occupy herself. She will now readily enter into conversation on ordinary topics. Her mouth is more comfortable, consequently she is taking food better. she has been moved into an ordinary dormitory (from observation) & now apparently sleeps well RCD

Nov: 14. She continues to improve. & occupies herself fairly well. she retains her above delusion & is fussy about trifles. RCD.

Nov: 22. Today she is restless excitable & irritable. is very much upset because the hot water pipes made some noise at 6 am. is to sleep in another dormitory RCD

Nov: 29 She has quieted down again but she is still somewhat "explosive" – The teeth have been attended to & the flatulence & dyspepsia are greatly improved RCD

Dec. 29 General health much improved. Her mental condition also much improved. She talks rationally. but is high-strung & nervous. She appears to suffer from no delusions. WSD

1905

Jan. 6 Mental condition improved. She now recognizes
Est. 5½ that her great scheme is impossible – that she can never carry it out – but believes still that some one else might. Her general health is good SHP

Jan. 11 Patient went today "on trial" S.H.P.

Jan. 25 Patient was to-day discharged from trial S.H.P.

Discharged –

2794

Adm. Nov: 4.04
R.O. " 3 "
C. in L. " 5 "

Emily Rachel Payne - widow aged 50 - Ch. of Eng. Prev: address 14 Victoria Square Belgravia S.W. 1st attack of several weeks' duration - Cause: unknown - not E nor D but has said to servants that she felt inclined to throw herself out of window -

1st certif. She told me that she was constantly annoyed by hearing people in the street call out "Fulham", "its clubbed" "its booked" & "lock it" & that they rule her front door & lock it for her. She said that by this means gentlemen who might have proposed to marry her have been prevented from coming in. She kept on repeating that she had been a wife once & wanted to be wife again - she said that sometimes the voices emanated from the next house & that the object of her imaginary persecutors was to get married themselves & not do anything for her.

Nov: 3.04. (signed) R. Percy Smith of 36 Queen Anne St.

2nd "

Fam: Hist: Husband died on Sept 22.04 here of G.P.I.

Prev: Hist:

Condition on Admission A Physical.

Gallery II
Ms.
Ws.

She is shortly built - is very well nourished - Hair of dull middle brown turning grey - complexion sallow - mucous membs: somewhat anaemic Tongue furred & teeth indented - Teeth fair chest moves fairly well & presents no PS of disease - Pulse 84. somewhat hard - Liver a little + but her abdominal walls are very thick & it is not easy to percuss out the dulness -
Knee jerks fair - plantar & other superf: reflexes present & normal - no ankle clonus
Eyes hazel - pupils react though slowly to L A & to skin stimn

B. Mental

When admitted her person was horribly dirty - so was also her underclothing &c - Her appearance is dishevelled & untidy - She is quite unoccupied but talks incessantly in a rambling disconnected way of being married again (her husband died only 6 weeks ago) & has quite made up her mind to marry one of the medical officers here - having absolutely no foundation for the statement - Her conversation is frequently very unseemly & objectionable - She shows

Suicidal caution

marked mental confusion & there is distinct loss of memory - She has marked auditory hallucinations & vague delusions of a conspiracy to prevent her marriage with her imaginary fiancé - She eats well & sleeps apparently well

Nov: 12. She continues as on last note RCD -

Nov: 18. Continues unoccupied restless with marked mental confusion - Talks of nothing but her imaginary approaching marriage RCD

Nov: 26. She continues as on last note RCD -

Dec. 21st. Much the same. Rambles in her speech. Says she must leave to "get married" & says she doesn't mind to whom she declares she is not insane & does not think her liberty ought to be restricted. MBD.

Dec. 29th. physical condition fairly good. Insane delusions. She declares that she is on a visit to this Asylum. That she must leave shortly to be married. Also she imagines that evil peoples are doing all they can to prevent her second marriage. Is suspicious in manner & conversation MBD

Jan 14 1905 Patient declares she is shortly to be married and that she is leaving St Anns Heath at once. She

7st. 13½ is unoccupied, restless wandering about the Gallery. Her physical health is good. S.M.R.

Feb. 10 There is no mental change - She is constant

8st. wandering about the gallery, restless and unoccupied declaring she must leave at once -

March 17 She continues as described in last note. See

8st. annexed letter. S.M.R

April 18 There is no mental change. Her physical health is

8st. 2 good - S.M.R.

May 17 Patient removed to Gallery VII, as she required more supervision, owing to her habits of wandering

May 26 Patient went today to Home Villa S.H.P.
July 1 Patient returned yesterday from Home Villa - her
Gallery VII delusions persist unchanged. She is in good
physical health. S.H.P.
Aug. 13 There is no mental or physical change S.H.P.
Nov 27 Patient is more resistive and troublesome than before
7st. 1 requiring to be taken to the dining hall sometimes
and to walk. She still persists that she must leave at
once, as she is going to be married. Her physical
health is good. S.H.P.
1906 Feb. 19 Patient's auditory hallucinations are most persistent
6st. 13. In the dining hall and at chapel she hears the
gentlemen calling out to her ~~now~~ that she has
scrofula and on coming upstairs she walks
about barefoot to prove that she has no such
disease. She spends most of the day looking
for her husband whom she thinks in this
building. She is taking Emulsion of Marsh. S.H.P.
May 19 There is no mental or physical change - S.H.P.
June 18 Patient went today to Home Villa. S.H.P.
Dec. 6 Patient returned today from Home Villa - in good
physical health. mentally unchanged. S.H.P.
1907 Feb. 20 Patient silent and unoccupied for the most part,
persisting occasionally that she must leave at
once that she is seeking her husband or a husband (the Lord in No. 11)
She has frequent auditory hallucinations - hears people
telling her she is diseased etc. etc. Her physical
health is good - S.H.P.
May 22 There is no physical or mental change S.H.P.
June 14 Went to Home Villa - S.H.P.
July 26 Returned from Home Villa in good physical
health, mentally unchanged - restless with delusions
persistent. S.H.P.
Aug 26 Patient's delusions persist - she is constantly

seeking some man to marry her - fancies they are to be found in some adjacent room is always roaming about restless and unoccupied. Her physical health is fair. S.M.R.

Nov. 12 There is no mental or physical change. S.M.R.

1908 Feb. 21 Patient leads a very solitary life mil associate with no one, usually sweeping out of her room when the medical officer enters it. She occasionally remarks that she wants to marry at once & that there is a "Lord" ready for her in No. 11. Her physical health is good. S.M.R.

May 9 Patient continues unoccupied eccentric in conduct, refusing to speak to anyone - persists in her desire for an immediate marriage and fancying that there is some man awaiting her in the next room. Her physical health is good. S.M.R.

Aug. 7 Returned from Hove Villas (Went to Haywards Heath) - in good physical health - mentally unchanged S.M.R.

Nov 28th Patient is unoccupied & restless, constantly to be seen walking quickly up & down her face hidden in her pocket handkerchief. She remains silent when spoken to, and will not associate with others. Her bodily health is good. M.S.B.

1909 Feb. 25 Wt 6 st 7 lb Patient continues unsociable, will never associate with other patients. Delusions persist as above. She is unoccupied. Physical health good. M.S.B.

May 12th Wt 6 st 7 lb. Patient continues unoccupied, and eccentric. Refuses to speak to anyone, and lives apart from other patients as much as possible. Occasional gives expression to her delusions, which chiefly relate to her desired marriage. Is in good physical health. M.S.B.

Aug. 20th. Pt. continues very unsociable keeping unapart
Ht. 6st. 4½lb. all the other patients. Is careful as to her
personal appearance but quite unoccupied
till not speak or answer questions. Physical
health good. S. B.

Nov. 8th. There is no mental change. Physical
Ht. 6st. 8½lb. health good.

1910 Feb. 10th Patient continues silent, unsociable. Keeping
Ht. 6st. 10lb. quite to herself & never speaking to the M.Os.
Often keeps her face hidden. Delusions
persist. Physical health fairly good. S.B.

May 19th. Patient is unoccupied & rather restless - constantly
Ht. 6st. 11½lb. seen walking up & down hiding her face in
her handkerchief - keeps to herself & will not
answer when spoken to. Delusions persist the same.
Physical health fairly good. S.B.

July 19th. Patient went to Brighton today. S.B.

March 25th. Patient returned today from Hove Villa
in good physical health.

June 9th. Patient continues to keep entirely to herself.
Ht. 6st. 13½lb. silent & resenting any interference. She is
very deluded - chiefly as the subject of her
marriage. Physical health fairly good. S.B.

Sept. 11th. Patient is unsociable, seldom speaks -
Ht. 6st. 13½lb. She is somewhat restless often seen pacing
quickly about the court generally with her
face covered. Physical health fair. S.B.

Dec. 16th. There is no mental change. Physical
health is fairly good. S.B.

Feb. 20th. Unsociable, hostile, restless. Physical health
fairly good. E.M.J.

May 31st. No mental or physical change. E.M.J.

June 30th. Restless, very little occupied, seldom speaks to any
-one. Physical health quite good. E.M.J.

Continued on page 262.

2795. **Caroline Maude Nash** -

Adm. Nov: 10.04 married - aged 45 - of no occupation
R.O. " 9 " Ch: of Eng: ~~of no occup~~ Prev address
Cinl. " 11. " Wood Lane House. Iver Heath Bucks
attack of about a year's duration
Supposed cause: climacteric not E or D but suicidal

1st certif: She is restless & depressed - she states that her bowels never act properly but this is not the case. she says that she is tired of her life she is generally melancholic (cont.d) is very restless, cannot settle to anything & takes no interest in things generally. She worries incessantly about the state of her bowels. she has attempted suicide by trying to poison herself & by trying to strangle herself.
Nov: 7.04 (signed) A Charpentier
of 60 High St. Uxbridge

2nd " corroborative
Nov: 7.04 (signed) E Howard Barrett
of Milton Lodge - Iver Bucks

Fam: Hist:

Prev: Hist:

(Fr. nurse) Pt. has been depressed for about a year. coincident with the climacteric - In April last while staying at Brighton she escaped from her friends & was away for a whole day - this led to her

having a nurse who has been with her ever since. She continued 6 wks at Brighton & somewhat improved - went home & again became much depressed & made several attempts at escape. (there is no family friction) She has made several attempts at suicide - in March 04 walked into a pond & was up to her neck when rescued & tried to throw herself downstairs & procured paregoric from a grocer & took probably about ½ oz. - got her son to get her some oxalic acid - dissolved some in a tumbler but was prevented from drinking it & 3 weeks ago while the nurse was dusting the room, she tied a handkerchief round her throat tightly enough to make her face dusky.

She has been distinctly worse since a fall from a bicycle in Aug: 04.

She sleeps badly - refuses food - is very constipated & is under the delusion that her bowels never act -

Has 3 children 3 ♂ 15, ♀ 11, ♀ 9

Family life happy - is normally active & sociable - plays croquet well - & is a good walker.

Condition on Admission

A. Physical

Gallery II
Ht. 5 ft 1½
Wt. 5 st. 4

P.S. is slightly built & is very thin - her bones showing plainly through the skin - complexion high coloured & sallow - mucous membr: somewhat anaemic - Tongue somewhat furred & teeth indented

chest moves poorly & cardiac sounds are toneless but present no PS of disease - Pulse 80.

abdomen shows constipation (aperient given) & she complains of pain along the colon -

she complains of flatulence & a marked feeling of distension. Slight ~~rectal~~ anal prolapse
Knee jerks very brisk - slight ankle clonus. plantar & other superf: reflexes normal in character but all very brisk - some cranial irritability -
Eyes pupils equal - somewhat dilated & react very readily to L & A & to skin stimn
Menopause about a year ago -

B. Mental.
She is markedly depressed, says that she "feels fit for nothing" - she is unoccupied & is restless, aimlessly roaming about the room & gallery twisting her hands & rubbing her hair - She talks connectedly but only on herself, her depression & her own feelings - She has a delusion that she is "absolutely full up", that she has had absolute constipation for many days &c &c - She admits attempting suicide by many ways & regrets that she was not allowed to be successful in her attempts - No hallucns elicited - She is troublesome about food, declaring that all food "stays in her chest" as there is "no passage for it" - She sleeps fairly but wakes up early in the morning -

suicidal caution

Nov: 17. She continues much the same but is now taking food, though unwillingly, fairly well - the constipation is easily treated but she retains her delusion about it RCD -

Nov: 25 - She is looking better & is much less anaemic -

; she is beginning to take a little interest in topics other than the condition of her bowels. the constipation is still somewhat troublesome RCD

Dec. 13. Still depressed + melancholy. She roams aimlessly about as a rule with not occupy herself. She still imagines that she suffers from the most obstinate constipation. She is in bed today with T. slightly raised + cold in her head. WBD.

Dec. 22. Not any improvement in physical condition. Very depressed and delusional mentally. She persists that she suffers from extreme constipation although her bowels are fairly regular; she declares she will never get well. But does not talk of or attempt suicide.

Dec. 29. No improvement. Mental + physical condition remain unchanged. WBD.

1905 Jan. 3 Patient is still very depressed and still has delusions
5 st 4½ about suffering from extreme constipation. Her physical condition is less good - (losing weight) Sy
She occupies herself fairly well. S.M.P.

Feb. 9. There is no improvement mentally or physically
5 st 5½ She is very depressed and delusional - alleging extreme constipation and desiring to abstain from all food - She does suffer from a mild amount of constipation, which is yielding to treatment - She is at present taking Malzine and Pharmon with Schoetts Liquor Peptonae ʒi at meals. S.M.P.

March 23 Patient is now steadily gaining weight - with the
5 st 11½ bodily there is also mental improvement. She is less depressed, has been for walks with a nurse and enjoyed them. She is less troublesome about food and does not now implore leave to have none for a few days as she used to - The constipation still requires treatment. S.M.P.

April 22 The improvement continues - patient is more uniformly
5 st 13 occupied and interested in her surroundings, still very quiet tending to sit apart from others and

Caution removed April 19.

answering questions in a low tone. She is looking forward to going home and eager to be with her boys. She now takes food fairly well and her bowels are fairly regular, aided by a little Cascara (Ext. dr. 3/4) every second night. She admits the physical improvement now (which she would not do before) and has no longer any desire to commit suicide. S.H.P

May 3. 1905 Sat 11½ "Patient was today discharged recovered." She was examined before leaving and found to be free from any physical signs of disease also from marks and bruises. S.H.R

Discharged

2801. **Charlotte Louisa Willis** - married
Adm. Nov: 25. 04 aged 50 - of no occupation - Ch: of Eng:
RD " 27. 02 Prev: address Twyneham - Bournemouth
Cin L. " 26. 04 6th attack of about 2 years duration
Transfer. age on 1st attack 38. not E or S but violent
See case book XV. p: 77.

Prev: Hist: Was discharged transferred to private care March 22. 04. did not do well there & so went to Tredegar where she was transferred here.

Family Hist: Uncle insane

Condition on Admission — A Physical

Gallery vii PR
Ht. 5 ft: 3 1/4
Wt.

Pt. is an immensely stout & bulky woman of unwieldly bulk & girth, with enormous rolls of fat over her whole body -
Eyes grey - pupils equal & react to L A & to skin stimulation - conjunctivae yellowish - slight conjunctivitis of Rt eye - complexion coarse & sallow - mucous membr: of good colour Tongue slightly furred - Teeth - is edentulous but wears well fitting artificial dentures: chest moves fairly well - the breath sounds owing to the thickness of the walls are not easily heard - & the cardiac sounds are muffled there is a slight irregularity in force & rhythm - Pulse 80 -
Knee jerks & all superficial & deep reflexes are difficult to elicit on account of the enormous deposit of fat - & the mechanical difficulties thereby introduced -
Slight superficial varicose veins -
Liver a little +.

Grating of left knee on movement.
Some constipation.
Dyspnoea on slight exertion. & it is practically impossible for her to take exercise.

B. Mental. Mania.
She can enter into conversation on ordinary topics & usually talks coherently. She shows some impairment of memory & there is some mental confusion.
She is easily upset by trifles & then becomes loud & abusive & almost incoherent. She has vague delusions of the death of her husband & sons while allowing that she gets frequent letters from them though she is doubtful if they really come from them. She has very marked hallucinations of hearing. the fire irons, canary birds, wheels of her carriage &c all "talk to her" & she tells freely what they say. At times she is resistive & so apt to be impulsively violent. She takes food well but her "table manners" are very bad. eg she takes up meat &c in her hands & bites off portions of it. Sleeps fairly

Dec: 3. The auditory hallucinations are very marked every object around her "talking to her". She is somewhat resistive at times RCD.

Dec: 6. Yesterday evening she was very violent, several times striking her nurse. RCD

Dec. 13. Very noisy, excited, destructive + resistive. Her conversation is rapid + disconnected almost incoherent at times. Marked delusions + auditory hallucinations.

occasionally wet & dirty in her habits. WBD

Dec. 22nd Quieter since last note. Still confused, noisy & talks incoherent in speech. Occasionally faulty in her habits. WBD

Dec. 27 Very noisy & violent. Has this morning flung a mug of attendant's face & severely bruised it. She talks incoherently & confusedly. Resistive & destructive. Faulty in her habits. Sleeps with in the dder & takes her food. WBD.

Jan. 3. 1905. Patient is very noisy and violent. Yesterday she refused to take food and was fed today by oesophageal tube. Habits faulty. Very noisy at night. S.H.P.

Jan. 9. 1905. Patient taking food naturally today.

Jan. 18. Patient very noisy and violent: had again to be tube fed. S.H.P.

Feb. 7. She continues unaltered. She requires occasionally to be tube fed. She requires Sulphonal (gxx) & Veronal gr(x) nightly S.H.P.

Impossible

March 10 She is still in Gallery V, usually spending some hours out of bed daily, occasionally sitting outside. She is at times very noisy, shouting and singing and occasionally violent, tearing her clothes and throwing dishes and food about the room. Her habits are faulty. She is taking food better and has not required tube feeding for some weeks. Her physical health is fairly good, but she has been sick frequently lately. She invariably requires a hypnotic (Veronal gr. X) at night. S.H.P.

Impossible

April 22 Patient has not now required a hypnotic for some weeks and is now rarely noisy and not violent. She is taking her food well and sleeping well, and there has been very little sickness lately. S.H.P.

April 29 Patient was today discharged "relieved" going to Sicehurst. She was examined before leaving and found to present no signs

of physical disease and free from marks & bruises

Discharged.

2803 **Rosetta Miriam Phillips**

Adm. Nov: 30.04 single - aged 30 - "Ch of Eng." -

RO. " " " Prev: address Kingsgate - Brondesbury -

Cir L Sec: 1 " 4th attack of 3 days' duration -

supposed cause: unknown - not ESOB.

1st certif: Singing crying & spitting about the room & walls. rambling at times more or less incoherently; very noisy & irritable: the early signs of a similar attack in 1903/1902 Attempted several times to get out of the window suddenly.

Nov: 30.04. (signed) P. L. Blaker

of Sunnybank - Short up Hill NW.

2nd " corroborates

Nov: 30.04 (signed) S G Falce

of 1 Cricklewood Villas NW

Fam: Hist. Brother insane - here as Pt. Ap: 00 to Aug 00.

Prev: Hist:

Condition on Admission A. Physical

Gallery V

Ht.

Wt.

She is a stout well developed girl of Jewish type - with small brownish eyes & dark abundant hair - Pupils equal & react to L & A & to skin stimulation - Face flushed & eyes suffused Tongue furred - breath offensive - Teeth bad -

chest moves well & presents no PS of disease

Pulse 96 - regular -

Knee jerks brisk - plantar & other superf. reflexes

present & normal.
marked constipation - colon loaded -

B. Mental mania -
Pt. was exceedingly excited on admission - & had to be carried to the gallery by 6 nurses - shouting kicking & struggling -
This morning she is excited & noisy - gesticulating & shouting more or less incoherently - she is very emotional, alternately weeping & laughing without cause - She will not keep on any clothing & is destructive & violent - vague hallucinations of hearing
Suicidal caution She makes rushes for the window & talks of "wanting to kill herself". though it seems to be only with theatrical effect. she has however been put on a suicidal caution
Dec: 2. She is considerably quieter & less excited - the aperient given has acted well - she can now talk fairly connectedly though she is boisterous & irrelevant & her conversation is freely interlarded with slang. She has been dressed & up for a few hours this afternoon - Taking food well R C D
Dec. 13th. Rather quieter today. But throughout the week she has been noisy, excited, violent to those around her, & destructive. Very delusional, says her next door neighbour has been shooting at her during the night. Faulty in her habits at times.
Dec. 21. Exceedingly noisy, excited, destructive & resistive. She suffers from many delusions & hallucinations both auditory & visual. W.D.
Dec. 29. Mental condition much the same. Very noisy - excited & violent

to be violent. Physical condition good. W.B.D.

Jan. 3. 1905 Patient still very noisy & excited and at times violent. Physical condition good. S.M.R.

Jan. 22. Suicidal caution removed. S.M.R.

Caution removed

Feb. 22 She is no longer noisy, excited or violent. She is

9st. 12. cheerful, buoyant, industrious, well occupied, perfectly amenable to rules. The delusions and hallucinations seem to have gone — S.M.R.

March 13. She is now in Gallery No I, adding greatly

10st. 4. to the general enjoyment by her skilful playing on the violin, constantly occupied and in good physical health. S.M.R.

April 4 Patient went today "on trial" S.M.R

May 3 1905 Patient was today discharged "recovered" from trial"

Discharged.

2804 **Ellen Viner Wheeler Allen.**

Ad. Dec: 3.04 — widow - aged 40 - of no occupation.

RO " " " — Ch: of Eng: - Prev: address 7 Dartmouth

Cin L. 5 " — Rd. N.W. 1st attack of 3 weeks' duration

cause: alcohol - stated not to be E but

S & D.

1st certif: Very excitable & flushed, speaking very loudly & incoherently: weeping & suggesting suicide intervals of depression & melancholia & asking for a dose of poison - (Cont.) has threatened to poison herself; threatens to use a knife on the servants, is said to be very noisy, banging doors & shouting.

Dec: 2.04 (signed) P. L. Blaker

of Sunnybank - Shroot Cuplitt

2nd " corroborative

Dec: 2.04. (signed) S. G. Felce

of 1 Cricklewood Villas NW

Prev: History (fr: brother) Md years ago - 2 children - both dead

Husband died 4 years ago, since which event she has lived with her parents - she has frequently given way to drink, becoming noisy & excited - troublesome in the house, upsetting parents & invalid sister -

Spring 04. operation for fistula - successful - afterwards went for 3 months to Smedley's Hydropathic - improved -

Last 3 weeks has been noisy incoherent - neglectful of her person - & has developed a marked suicidal tendency, snatching up knives & attempting to throw herself from a window

sleeping very badly - Hallucns apparently not present -

Condition on Admission — A Physical

Gallery III
Hc
Wc

Pt is well developed & is well nourished - Hair dark - Eyes brown - pupils equal & react to L A & to skin stim^n - conjunctivae yellow & somewhat bloodshot. Tongue furred - breath offensive - Face flushed - Speech somewhat thick & indistinct. Gait unsteady - & she turns with difficulty Slight foot drop - /
Knee jerks dull - plantar & other superf reflexes present & normal.
Slight tenderness of nerve trunks.
Chest moves well & presents no Ps of disease - Pulse 80 - regular -
Marked constipation
Small bruise on right elbow.
Slight superficial varicose veins of both legs -
Urine 1027 - ac: turbid with urates -
Pt states she had 5 haemorrhoids removed in April 04.
B -

B - Mental

When admitted, she talked thickly & indistinctly & then showed great mental confusion & loss of memory -
next morning after an aperient had acted & the evident effects of alcohol had passed off - she could enter into conversation -
She is emotional & apprehensive - shows loss of memory & some mental confusion -

She shows no delusions but her conversation is rambling & disconnected
No hallucinations ~~etc~~ elicited -

suicidal centre

She admits swallowing opium at home with intent to commit suicide but now denies the wish - Eats badly & sleeps badly
She speaks of falling about in a fit (? epileptic ? drink) but this is denied by the brother -

Dec: 6. Last evening she suddenly had an epileptic fit -

Dec. 13. Conversation rambling & disconnected - No delusions. She eats well & sleeps well. She has not had a "fit" since that of Dec. 6th

Dec. 21st Mental & physical condition unchanged. No more fits. W.D.
Patient was visited on Dec. 5th on same reception order, which was repeated by Commissioners and visited on Dec. 12th in ordinary way. W.D.

Jan. 3. 1906 Mental and physical condition unchanged. No recurrence of fits S.M.P.

~~9st. 13~~ 8st. 8½

Jan. 20 - Patient visited today by her brothers - Heard of the serious illness of her sister without displaying the slightest interest -

Feb. 15 There is no mental change. She is rambling and disconnected in conversation, very lazy and cannot be induced to occupy herself. She still complains of pains in the limbs and there is pain on muscular pressure. She eats and sleeps well. S.M.P.

9st. 2½

March 17 Patient is steadily increasing her weight as she cannot be induced to take exercise, or in fact do anything but lounge on a sofa. She is somewhat peevish in conversation, complaining that her rheumatic pains (neuritis) can never

9st. 7.

be cured here. The place is too draughty etc. etc.
She is in good physical health — S.H.R.

April 22 Patient is still very lazy, rather hypochondraical, disconnected in conversation
9st. but slightly better occupied and taking more exercise
Caution removed
She might increase steadily. S.H.R.

April 28 Suicidal caution removed. S.H.R.

May 30 Patient continues to be absolutely lazy, selfish
9st. 10½ and hypochondraical, constantly imagining ones
fancied ills. Her conversation is still disconnected
and her memory for recent events impaired. S.H.R.

Aug. 13 Patient is mentally unchanged — physically continues
9st. 13½ to gain weight. S.H.R.

Nov 27 Patient is now in Gallery VII. lazy, selfish
and hypochondraical. S.H.R.

1906 Feb. 22 Patient continues hypochondraical — complaining
9st. 13½ of aches all over her body, alleging that she is
hardly fit to go up and down stairs (really in
good physical health) very lazy and selfish — S.H.R.

May 12. Patient continues as described in last note — S.H.R.

11 Aug. Patient still lazy and hypochondraical. very self
absorbed. She has no active delusions — Her
physical health is good. S.H.R.

Nov 20 Patient very lazy and self absorbed — always
complaining of sore throat or vague pains
but in fair physical health. S.H.R.

1907 Feb. 23 There is no mental change — some chronic pharyngitis. S.H.R.

May 22 Patient continues lazy and mildly hypochondraical — wholly
self absorbed. She is very anxious to leave as she thinks
she might marry again. S.H.R.

Aug. 26 There is no mental or physical change. S.H.R.

Oct. 1 Patient was discharged today recovered S.H.R.

Discharged.

Edith Hilda Scaife.

Adm. Dec 7. 04 R.O.

Age 38, married, Actress, Ch of Eng, late of 33 Commercial Rd, Peckham, 1st attack of 7 mos duration, not E or D, has threatened S not under treatment before.

1st Cert

Supposed cause. Anxiety from theatrical failure

She told me that she had come to Peckham to be near a certain clergyman whom she considers to be her husband, that she has written in affectionate terms to him although he had made no response and that she would have to have a child by him. She acknowledged that she had worn her wedding ring and said she did not mean to return to her husband or children. She said she thought the whole world knew her history and that she frequently had very strong insinuations given to her.

Dec 7. 1904 R Percy Smith
30 Queen Anne St W

2nd Cert.

On Admission.

Gallery 1. Physical.

TH. 5ft. 5⅝ Strongly built woman, well developed and well nourished, healthy complexion, eyes grey, pupils equal and react normally, tongue clean, hair cut short, dark but showing grey, teeth good, heart & lungs present no physical signs of disease, pulse good, mucous membranes normal,

Mental.

She is in a buoyant state, very talkative and makes her presence felt. She talks unreasonably about her

own private affairs. ~~but~~ While so doing she often laughs and treats lightly matters of importance. She says that it is impossible for her to live any longer with her husband, that her character and his are quite incompatible, that she feels a disgust for him on account of his actions which however she admits he has committed quite unconsciously and do not reflect any discredit on him, she does not appear to be able to state definitely what these actions are; she says that her affections are now placed on another man whose personality has a great influence over her and who inspired her with a "revelation of the truth" the first time they met. She admits that her affection may not be reciprocated but she does not appear to consider that this is a matter of importance. W.T.

Dec. 18th. Condition much the same. She is slightly excited in the conversation, which is uncontrolled & coloured with emotional & religious ideas. She has a distinct delusion that, before admission, her Bible which was by her bedside was marked during the night by an unseen agent. This she takes as a sign from above.

Dec. 21. Apparently there is slight improvement. She talks much more rationally & appears to have more notority with regard to certain confusions appertaining to her past life. She becomes excited when talking about religious affairs & still persists that she has had revelations & that her prayer-book has been marked by unseen agents.

physically her health is good. W.D.

Dec. 29. physically health good. Eats + sleeps well. The conversation is more rational. But she still declares that she intends to divorce her husband, in order to marry this clergyman with whom she is in love. She appears to have lost all natural affection for husband, children + relatives. W.D.

Dec. 3. Physically her health is excellent. Her conversation is more
13 st. 4. restrained but she shows absolute indifference S.H.P.
for all relatives — Catamenia regular.

Feb. 22 She now converses very rationally and avoids the
13 st. 4½ topics on which she used formerly to dilate. Her manner is occasionally rather "stagey" but she is pleasant, sociable, well occupied taking part freely in all the interests and amusements of the hospital. Though she will not speak of her delusions or hallucinations she has lately written an account of her "experiences" to the medical superintendent in which she relates her belief that a great career is awaiting her, her endeavours to form a "syndicate" to raise £10-000 to advance her professional career, her dislike for her husband and devotion to another man, her religious experiences. the marking of her Bible by unseen agents, her magnetic powers, etc. etc. — From this document of 125 pages the following extracts are taken —

Religious experiences "The electric light cross which hung on the side of my wardrobe facing me (on the back of which were texts) was hanging with the texts fronting me. I thought this was very odd as I had hung the cross myself and did not think that anybody could have touched it I

turned it round taking the loop off the rail to make it go straight but when I laid down again the verses were there"

'Just before I went to sleep I distinctly felt the mattress move up on my right side just where the Bible was like little pushes - I wasn't in the least frightened but slept well till the morning. On waking I felt for my Bible and to my great surprise found the page marked'

Magnetic influence "As I have remarked before the fact that the King was to be there had been dinned into my ears so much I began to feel he must be there to see me or something of the sort. I was quite ready to fall into this supposition and at the end of the performance I turned & looked at the King. It seemed to me as if he looked up for a moment but whether he saw me or not - quite safe?

"I believed I could do great things in music & acting "I was beginning to think to think that perhaps I had some magnetic force in me" - then follows an account of how she willed a friend to perform some trifling action -

"I walked back to the Vicarage with the Vicar. I couldn't explain my feelings. I only knew I must be comforted & helped by him that I needed him & I had to throw myself into his arms & to kiss him" -

March 24 / 13st. 6 Patient has now completed the resumé of her life since 1904 - She still adheres to her desire for divorce from her husband and justifies the burning of her wedding ring and her love for this clergyman. S.M.R.

April 23 / 13st. 6½ There is no mental change. Her physical health is very good. S.M.R.

May 30. There is no change in patient's feelings re

13st. 7 divorce and remarriage. Her belief in the career awaiting her induces her to spend hours in practice of singing with the result that her voice is overstrained. Her manner is at times childishly elated. S.H.R.

Aug. 31 There is no mental change to record. Her physical
12st. 11½ health is good. S.H.R.

Nov. 27 Patient had an interview with the clergyman to whom
12st. 12 she believes herself devoted, in which he doubtless that there was no foundation for her belief. She persists that he besought her to become "flesh of his flesh" but says she is now "done" with him, as he has abused her confidence. She has begun singing again, and is again attending
1906 patients' dances. S.H.R.

Feb. 6 Patient went today "on trial" S.H.R.

March 20 Patient was today discharged "recovered" from trial

Discharged. S.H.R.

Payne, Emily Rachel, widow, aged 58,
Continued from page 236.

Sept. 14th Physical health fair, mental conditions shows no change. E.M.J.

Dec. 30th Patient is unsociable, irritable, has delusions of persecution, is neat & clean in person & habits. General health fair. E.M.J.

1913 - March 28th Marked delusions of persecution, pt. seldom addresses anyone except to abuse them. Spends nearly all her time in her own room & is very unsociable. General health good. E.M.J.

June 30th Very deluded & irritable, unsociable. in good physical health. E.M.J.

continued in Case Book A page 423.

Georgiana Harriet Reynolds.

Ad. Dec. 14. 1904.

Age. 58. Single. no occupation. C. E. Previous address. 4. Belhaven Gardens. Brighton. Third attack duration 4 months. Has never been in an Asylum before.

First Certificate.

She asserted that the church service was reversed & confused & that the communion was not administered in a proper manner in the church which she attends this morning. N.B. There was nothing irregular in the service and it was not Communion Sunday. Patient was taciturn & sullen.

Miss Grace Reynolds of 54 Norton Road. Hove (sister of patient) informs me that patient has threatened to kill herself & attacked her so violently that she could with difficulty tear herself from her grasp. The same witness states that her sister has violently assaulted her sister 3 times in the past summer & made a fourth attack upon this sister (Mrs Alice Mary Reynolds) a week ago, causing her nose to bleed & was only saved from further violence by the nurse Mrs Witherspoon of 35. Stanley St. Abergavenny.

Signed. John Cavendish Molson.
1. Pavilion Buildings
Brighton.

Dec. 12. 1904.

Second Cert.

Second certificate corroborates.

Signed. J. W. Pugh.
45. Upper Rock Gardens.
Brighton

11. December. 1904.

Previous History.

Twenty four years ago patient became delusional & had an attack of Melancholia. Twelve years ago patient was excited & violent for some weeks. No serious illness. Is said to have a strong taint. Since Jan. 1904 when she had an

Copy

16 – 265
A. – 426.

HOLLOWAY SANATORIUM, VIRGINIA WATER.

NOTICE OF DEATH.

Date of Reception Order, the 13th day of December 1904

I hereby give you Notice, That Georgiana Harriet Reynolds

a private patient, received into this Hospital, on the 14th

day of December 1904, DIED therein on the ~~14th~~ 16th

day of January 1927.

Signed H. Devine

Medical Officer.

Dated the 17th day of January 1927.

To the

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name - - - - - - Georgiana Harriet Reynolds

Sex and Age - - - - - F. 80. Married, single, or widowed. Single.

Profession or occupation - - - no occupation.

Usual residence (postal address) before admission. [*If the patient has been transferred from another Institution (including Workhouses, &c.), the place of residence before admission to the first Institution should be given.*] - - - 4 Bellevue Gardens, Brighton.

Cause of Death.			Duration of Disease from onset			
			Years	Cal'dar Months	Days	Hours
† *i.e.*, the disease which initiated the train of events leading to death, and *not* a mere secondary, contributory, or immediate cause, or a terminal condition or mode of death.	Primary † (1.)	Senile Decay				
‡ A terminal condition or mode of death should not be entered as a secondary (or contributory) cause.	Secondary‡ (2.) (Contributory)	Myocardial Degeneration	Some years.			

Whether or not ascertained by post-mortem examination - - - - - no.

Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased, or a statement that there were none - - 9.10 p.m. No unusual circumstances. No injuries.

Names and description of persons present at the death - - - - - Nurse Ivy Emilie Fox
Nurse Agnes Esther Collier

Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration if so applied - - - no.

I hereby certify that the particulars contained in the above statement are true.

Signed H. Devine

Medical Officer.

Lunacy, R. 21. Shaw & Sons, Fetter Lane, E.C.4. A85 63280-3.

attack of Influenza she has been getting steadily worse.

Family History. Father died of Heart Disease & suffered from Melancholia two years before his death. Mother died of phthisis. One great-uncle Insane. Two uncles died of phthisis. Mother's first cousin now in Cotton Hill asylum.

Phys. Condition. Pt. is poorly nourished & Pam. anæmic. Tongue moist & tremulous. Dec. 15. '09 Fauces normal. Left Breast has been removed by operation. Heart. Cardiac Dulness normal. Apex beat in 5th space, about 3 inches from left sternal border. Sounds are normal. Pulse regular. low tension, 90 per. min. Lungs. Breathing somewhat harsh over left apex. no adventitious sounds. Abdomen nil.

Mental State. Pt. is dull & inclined to be irritable - She resents being examined. Her conversation is rambling to a slight degree. It is difficult to discover any fixed delusion. She has hallucinations (auditory). Memory good. She is clean in her habits. Suicidal Caution. She has shown no Suicidal Tendency since admission. (W.D.)

Dec. 22. Anæmic & dystrophic about taking her food. She has during the past few days been talking incoherently to herself - She has hallucinations of voices. There is distinct mental confusion. (W.D.)

Dec. 29. Quite rational. Sleeps 4-5 hours at night. Constantly talks to herself and suffers from hallucinations of hearing. She is at times very dystrophic and restless. Urine Sp. gr. 1020. acid. no albumen. no sugar. phosphates present. (W.D.)

Gallery III

Jan. 3. Patient is still resistive and suffers from hallucinations of hearing. She is eating and sleeping somewhat better. S.M.R.

Wt. 7st. 12½
Ht. 3ft 2

Jan. 10 Hallucinations of hearing less vivid - Patient less resistive. She occupies herself fairly well talks to herself more or less constantly S.M.R.

Jan. 17 Patients' hallucinations are not so constantly present: there is also less mental confusion. Her physical health is improving. S.M.R.

Jan. 25 Patient talks constantly to herself, but is quite coherent in conversation - Her physical health is

improving - the anaemia yielding to treatment -

Feb. 13 Patient was more depressed yesterday and refused
Wt. 9. to take food or medicine alleging an internal chill - of which there was no evidence. She has been talking more constantly to herself for the last week and admits that this is in answer to voices S.M.P.

Feb. 15 - She is now taking food and is less depressed but still talking constantly in answer to voices

March 6 - Patient has been steadily losing weight since
Wt. 4½ admittance. On examination of the chest (the left mamma with Pectoralis has been excised - date 1900 - showed a freely movable scar, no palpable glands in axilla or supraclavicular, but a small nodule the size of a large pea, non adherent to skin or deeper structures freely movable is present about 1½ in below the lower end of the scar -
The loss of weight is probably due partly to the fact that it is difficult to induce her to eat sufficient quantity of food and she is now taking Pharmacy 3T thrice daily. S.M.P.

April 5 Patient has been very restless and talkative
Wt. 5½ lately - practically never silent and very noisy at night also rude and uncivil to the other ladies in the gallery - Her physical health is improving - S.M.P.

Suicidal caution removed May 17th

May 30 Patient varies much, at times she is pleasant and
Wt. 8½ cheerful again depressed, uncivil to the other ladies and talking much to herself: at such times she is very sleepless. The nodule in the chest remains stationary in size and patient is now steadily gaining weight. S.M.P.

June 12. Patient is now the whole more constantly excited than she has been - talking constantly to herself making rude remarks about those passing her. She is also restless and noisy at

right. She was today sent to II for some time
She has constant auditory and visual hallucinations
She sees marked men in the grounds, ~~see~~ hears
insulting voices - has many delusions of suspicion
e.g. that her bank account is being overdrawn by the
medical officers. S.H.R.

Aug. 13 Patient now in Gallery VI. Very frequently excited
and somewhat noisy but quieter than in June
and with delusions and hallucinations less marked
S.H.R.

Oct. 26 Patient went today to Home Villa S.H.R.

1906 March 30 Patient returned today from Home Villa in
good physical health, quiet & pleasant, still however
talking to herself. S.H.R.

April 27 Patient has slight oedema of the right foot not
extending up the leg - The heart's action is good,
nothing abnormal can be detected in the abdomen
There are no enlarged glands in the groin -
Mentally patient is better occupied, less
suspicious, more agreable & less hallucinatory (appears
to have no visual hallucinations) than she has
been hitherto. S.H.R.

May 24 Oedema of right foot now gone. S.

31 Aug. Patient is at times suspicious and disagreeable
with delusions of identity. She has constant auditory
hallucinations and is always talking to herself
She went yesterday to Home Villa. S.H.R.

Dec. 6 Patient returned today from Home Villa - in
Gall. II good physical health. S.H.R.

1907 Feb. 20 Patient continues to have many auditory hallucinations
but is less irritable and in better physical health S.H.R.

April 26 Patient went today to Home Villa - S.H.R.

June 14 Patient returned from Home Villa in good
physical health - less irritable but still with
constant auditory hallucinations - S.H.R.

Aug. 26 Patient still has fairly constant auditory hallucinations — is constantly talking to herself — is much less irritable but occasionally is somewhat abusive. Her physical health is good. S.H.P.

Nov. 12 Patient is at times excited and abusive. She always talks much to herself and has more or less constant auditory hallucinations. Her physical health is good. S.H.P.

1908 Feb. 21 Patient continues to have more or less constant auditory hallucinations — is at times excited and abusive. Her physical health is good. S.H.P.

May 9 Patient continues uncertain — at times very irritable and abusive — has constant auditory hallucinations — S.H.P.

May 18 Went to Home Villa. S.H.P.

Aug. 5 VI Patient returned from Home Villa July 1 in good physical health. She continues to have auditory hallucinations, talks constantly to herself and is at times very irritable — S.H.P.

Nov 30th Patient continues irritable and uncertain in temper. Auditory hallucinations persist. M.S.B.

1909 Feb 25 Wt 8st 1lb. Patient is variable at times irritable & abusive. Auditory hallucinations persist as above, constantly to be heard talking to herself. Bodily health is good. M.S.B.

May 12th Wt 8st. Patient continues uncertain. At times abusive and violent. Constantly under the influence of auditory hallucinations. Is in good physical health. M.S.B.

June 8th Sent today to Home Villa

July 30th Wt. 8st. 4½lb Returned today from Home Villa. in very good physical health. Quiet reasonable at present. but auditory hallucinations persist. S.B.

Nov. 10th. Patient continues quiet amenable & polite
Wt 9st. 4lb. Auditory hallucinations present. Patient sometimes talks all 'thro' the night. Has not been violent for some time. Physical health fairly good. S.B.

1910.
Patient remains quiet & pleasant on the ward.
Feb. 10th. but constantly under the influence of auditory
Wt. 8st. 7½lb hallucinations. Violent occasionally.
Is in good physical health. S.B.

May 19th. There is no mental change. Physical
Wt. 8st. 3lb. health fairly good. S.B.
June 9th. Patient sent to Hove Villa S.B
Sept. 8th Returned today from Hove Villa
Dec. 12th Patient is uncertain & continually under
Wt. 7st. 11½lb the influence of auditory hallucinations. Sometimes irritable & abusive. Noisy at night.
Physical health fairly good but looks thin & anaemic S.B.

March 13th Patient is quiet at present. but talks a
Wt 8st. 1½lb good deal to herself. is weak minded.
Auditory hallucinations persist very marked
Physical health fairly good. S.B.

June 9th Patient has been more noisy lately especially
Wt. 7st. 10lb. at night. talking to herself a great deal.
Auditory hallucinations continue. At times she gets irritable & abusive. Physical health fair. but looks thin & anaemic. S.B.

July 27th Patient went today to Hove Villa. S.B
Oct 27 Returned today from Hove Villa S.B.
Dec. 16th Patient is quiet at present well occupied
Auditory hallucinations continue very marked. Physical health fairly good but continues to be very anaemic S.B

March 12th Patient has had chilblains & cracks on fingers,
otherwise in ~~good~~ fair health. Quiet, occupied. [E.M.]

June ~~19~~ 20th Patient went to ~~Lanf~~ Bournemouth to-day.
[E.M.]

Continued page 309

Margaret Georgina Haydon.

Admitted Dec. 28th '04. Female, aged 36 years. Single. No occupation, Protestant, non conformist. Address 18. Pembroke Rd. Clifton. Second attack - duration three months. Cause strain & worried & overwork, due to constant nursing of sick mother & money troubles. Also heredity. Suicidal.

1st Certificate. Margaret Georgina Haydon is suffering from Melancholia. Tells me she is bringing financial ruin on her family (which is not the case to my knowledge). That her soul is dead, that she has no will, no desires, no interests in life & that the sooner death comes the better. Mutters inaudibly often, and occasionally moans and ejaculates "my God what shall I do". At Barlington House, Pembroke Rd. Clifton ~~the~~ Mrs. Perry attendant on Mrs. Haydon tells me that Margaret Georgina Haydon is very apathetic & depressed, & takes no interest in anything. That on two occasions she has secreted lengths of rope & made half-hearted attempts at controlling her neck.

Signed. Frederick St John Bullen.
12. Pembroke Rd. Clifton Bristol
26th Dec. 1904.

2nd Certificate. Corroborates the above.

Signed. Helen Beatrice Hanson.
The Bank House. Hounslow
Middlesex.
26th Dec. 1904.

Family History. Mother alive suffers from Heart Disease. Father committed suicide depressed for some months before. One sister has had an attack of Melancholia. Two aunts, one great-aunt & great uncle have been Insane.

Personal History. No serious illnesses except pneumonia when a child. Cause of present attack supposed to be over-work, strain, & worry while nursing sick mother. Fifteen years ago pt

had a similar attack since, cause unknown.
Pt is suicidal has twice attempted to strangle herself & once she tried to break her neck over the back of a chair and once to throw herself out of window. All the attempts may be described as feeble.

Condition on Admission Dec. 28th 1904

Phys. Well nourished & well-grown. Fair hair. Blue eyes. Florid complexion. Mucous membranes healthy & not anaemic.
Ht. 5ft 1½
Wt. 85 ll
Tongue clean & moist. Teeth normal.
Chest. Lungs. normal, vocal fremitus normal, breath sounds normal. Heart. H.C.D. 2nd ins, right border sternum. H.B. 5th space internal to nipple line. Sounds normal.
Pulse regular. 90. rather high-tensioned. Urine. no abnormal constituents.
Abdomen nil. Reflexes very brisk. Knee-jerk exaggerated.

Mental. Patient suffers from melancholia with delusions of unworthiness. She says her intense wickedness makes her miserable and depressed. Religion is a sham; nothing is worth living for and she would like to end her own life by destroying herself. She says that she has never done anything particularly wrong & feels wicked & depressed for no reason.

Suicidal Tendency

Jan. 3 1905 Patient is still very depressed - says that the future is certain Ruin - does not occupy herself in any way - S.M.P.
Gallery III.

Jan. 10. Patient is occupying herself well and on the whole is less depressed but says her life is a deception that she is acting a lie. She is eating and sleeping well. S.M.P.

Jan 17. Patient becomes very emotional when speaking of the causes of her depression (her unworthiness the financial troubles of her family) otherwise she is quiet and constantly occupied - S.M.P.

Jan. 25 Patient is more self absorbed and more inclined to speak constantly of her unworthiness and

unfitness for the future says she would like to end her life. Her physical health is good. S.M.R.

15 Feb. 8st. 10. Patient is constantly occupied — sews, knits, plays chess with the other patients and is anxious to be helpful, but does so, she says, feeling that the life here is a masquerade in which she is only playing a part while the facts of her sinfulness — the family poverty, her inability to ~~later~~ earn her own livelihood, constantly fill her thoughts. Her facial expression is always one of deep worry and dejection. S.M.R.

March 17 8st. 8½ There is no mental change — she has lately had an attack of cold (now recovered from) which has slightly weakened her — S.M.R.

April 26. 8st. 10 Patient has quite recovered from her cold. She is as she has been since admission, well occupied and helpful but her expression is invariably that of dejection and she has a curious habit of groaning audibly. She admits that now she has grown accustomed to life in the Sanatorium that she thinks less of her sinfulness, inability to earn her livelihood the family poverty etc but says these facts are all unchanged. S.M.R.

Suicidal caution removed May 16.

May 30 8st. 10. Patient is steadily improving. She says herself that she now feels her sins can be forgiven and that she is much less apprehensive about the future. Her expression is now bright & cheerful and she no longer groans audibly. She is now most anxious to return home. Her physical health is good. S.M.R.

June 12 The improvement above noted continues and patient is looking forward to going home and has ceased to express fears as to the future. S.M.R.

June 26 Patient was discharged today recovered was examined before leaving found to be in good physical condition (breath-sounds faint at bases) and free from marks and bruises.

S.H.P.

Discharged.

2814 **Ellen Florence Pearson.**

Adm. Dec 29. 1904. Age 46 – single – last Asst. Supt.
R.O. Aug 1. 1904. P.O. Savings Bank – Ch of Eng –
Last residence Overdale, Whitefield,
Manchester – 1st attack of 2½ yrs
duration – supposed cause
Heredity – not E.S. or D.

1st Cert. She is suffering from delusional insanity. She believes that a certain doctor now in Australia wishes to marry her and is prevented by friends. She says she has seen him recently in London, that she must go to Brisbane to prove whether he is there or not. She will not believe that he is married and she says Jesus communicates directly with her.

July 26. 1904. F. W. Savage.
3 Henrietta St. W.

2nd Cert. Corroborates.

July 31. 1904. James Sayer
49 Welbeck St. W.

Previous History.

per Visitor. She has been employed for 29 years in the P.O. Savings Bank and is said to have performed her work in a very satisfactory manner. She is said to be accomplished but of a dreamy nature – she takes strong likes and dislikes to people and has usually entertained prejudices against mem-bers of her own family. She appeared to be quite well until July 1902 when

She met a Dr. Bancroft and she formed the delusion that she was to marry him, that her mission in life was to help him and that this conduct was dictated to her by the voice of God. Since then she has frequently seen in sermons, newspapers, books etc imaginary references to this supposed tie between herself & Dr. Bancroft. She was able, notwithstanding, to continue her work until March 1904. Since then she has been a patient at Moorcroft Hillingdon and at Ovendale, Whitefield. Cat ng.

Fam: Hist. Paternal uncle insane
Maternal Grandfather peculiar.

Her Father died of GP and also all his brothers and sisters.

Condition on Admission.

Gallery 1. Physical.
Ht. 5ft 2½ Well developed and well nourished. Hair becoming grey. Myopic. Eyes hazel. Pupils, equal and react normally. Complexion florid. Teeth fair. Tongue clean. Mucous membranes natural. Heart. a soft systolic murmur heard all over cardiac area but best at apex. Lungs, nothing abnormal discovered.

Knee jerks normal.

Mental.

She has the delusion that she has to marry a certain D. Bancroft whom she met in July 1902, that it is her mission in life to help him and that she was told this by the voice of God. She believes that since then she has seen many apparitions of this imaginary union between herself and D. Bancroft in sermons, bottles, newspapers & magazines. She believes that her brother has recently been in England and that she has seen him which is not the case and she believes that the Postal Authorities have systematically tampered with her letters. W.T.

Jan. 6 1905 No change in mental state. S.M.P.

Jan. 13. Patient persists in saying that her brother has been in England lately and did not visit her, also in delusions as to her union with D. Bancroft S.M.P.

Her physical health is good.

Jan. 20. Patient continues unaltered. S.M.P.

Jan. 27 Patient cannot be induced to speak about her delusions - says she has explained the matter once (vide letter) and will not do so again. She is constantly occupied, practices, studies Greek and takes a great deal of exercise S.M.P.

Feb. 17 She has been more excited to-day than hitherto and declares that it has been revealed to her that her sister Jessie Pearson is in danger. She has accordingly written to the King

Feb. 13.

imploring him to do all in his power for her sister. See annexed letter. S.H.P.

March 17 Patient has ceased to worry over the supposed
Ast. 12. danger to her sister and when visited lately by that sister, urged her "to confess" and at once left her when she would not do so — She evidently has a vague belief that if Dr. Bancroft is not actually confined here, is at any rate in close touch with the place as witness annexed letter of 25th Feb. Various delusions of suspicion also appear in this letter —

Her physical health is good. S.H.P.

April 25 Patient still believes that Dr. Bancroft is either
Ast. 11. here or in daily communication with the W.S. and writes to him daily care of Dr. Moore. She S.H.P.
also believes that in the most ordinary actions of the nurse in charge of her Pallet there is a symbolic meaning and says she knows quite well what she means (the men) but will not explain anything. S.H.P.

May 24 Patient writes daily to "His most Gracious Majesty
Ast. 10. the King" She is now convinced that Dr. P.B. and the King are for her the same and that the King is the head in her vision (see annexed letter) Her physical health is good. S.H.P.

June 12. There is no mental change — S.H.P.
Ast. 9½
June 30 Patient went today to Home Villa — S.H.P.

Aug. 13 Patient returned from Home Villa on Aug 11 in good physical health mentally unchanged S.H.P.

Nov. 27 Patient's delusions continue unchanged. Her physical health is good but menstruation is now
1906 very irregular. S.H.P.

Feb. 16 Patient was discharged today "relieved" going to Barnwood House. She refused obstinately to

be examined before leaving. S.H.P

Discharged.

2815 **Beatrice MacLaren**

Ad. Dec. 30 1904. age 41, single, of no occupation, Ch. of England

R. O. Nov. 4. 1904 - Previous address, 14 Bouverie Road West Folkestone

First attack about three weeks ago. Not G. S. D.

1st certificate Supposed cause heredity. That she had a haunted, angry look keeping her eyes fixed to the door. She told me people did not notice her as they had done, but were waiting up and down waiting to catch her. On October 26 she told me she was followed by spies, that the whole world knew that she had signed a paper admitting immoral conduct with her nephew - that everyone was persecuting her, these being, to my knowledge delusions

Nov. 3. 1904 (Signed) Thomas Wadeland Smith of Walmer

2nd certificate corroborates (signed) W. F. Chambers of Folkestone

Previous history. (from sister) Little to note. She has lived with a nephew for 8-10 years until he got married - since then she has lived alone - some three or four years.

She has had no serious illnesses - but has suffered from Pruriaris (with which a sister is also affected) since her seventh year.

Fam. Hist. — Uncle insane
Father and mother and grandfather and grandmother first cousins —

Condition on admission A. Physical —

Gallery VII
Ht. 5 ft 5⅜
Wt. 16st 12.

She is well developed, well nourished, complexion sallow with a tendency to seborrhoeic dermatitis. Mucous membranes healthy. Tongue clean but pale not hemulous. Teeth good. Hair grey.
Nothing abnormal discovered in heart or lungs.
Pulse 80, regular — well healthy.
Catamenia said to be very regular 21
Bowels somewhat constipated — digestion good
Knee jerks very active. Plantar & other superficial reflexes present and normal. No ankle clonus.
Eyes blue — pupils equal, regular, react to L. A. to skin stimulation —
No abnormalities of sensation
Special senses — sight hearing etc — good —
Patient has suffered from and been under treatment for Psoriasis since her seventh year. There are now two large patches in right hypochondrium and epigastric region dry scaly — smaller patches on chest back forearms and a few feet on the legs.
There is marked seborrhoea of the scalp.

Urine acid sp. gr 1025 no albumin or abnormal constituents

B. Mental. Subacute Melancholia
She has a depressed, worried look. She complains that people (boys of Harrow especially)

have refused to bow to her and were not treating her as courteously as hitherto. She does not now appear to have delusions about her food (which she takes well) She complains of lapses of memory. She sleeps well and occupies herself with needlework occasionally.

Jan. 6. 1905 VII — Patient very depressed, bursting readily into tears. She complains bitterly that people are rude to her, will not enter into conversation etc but appears now to have no delusions about her food. Seborrhoea and Psoriasis being treated { Thyroid gr. 5 b.i.d. for six days. Sol. Iodine Lotio acidi salicylici } S.M.P.

Jan. 13. 1905 — Patient's depression is more acute and she is inclined to dwell on the (alleged) ill treatment she received from nurses at poisoning of food etc. She has many delusions of suspicion. S.M.P.

Jan. 20. 1905 — Patient's depression is still very marked and the delusions of suspicion increase. She accuses the other patients (conduct) of spitting at her. She is with difficulty induced to occupy herself. The seborrhoea capitis is improving. S.M.P.

Jan. 27. — Patient is slightly less depressed. The Psoriasis and Seborrhoea capitis are much improved. S.M.P.

Feb. 15 — 10 st. 8½ — Patient has constant fits of weeping over trifles i.e if she asked to put on a certain pair of shoes. She is still very suspicious of the actions and motives of all around her and very bitter against her relatives who have sent her to this hospital. She is usually unoccupied. She eats and sleeps well. S.M.P.

March 17 — 10 st. 8½ — Patient is very variable, at times weeping over trifles, again fairly cheerful, joining in the

amusements of the hospital. She still retains delusion that attempts were made to poison her at and says that her relatives have spread malicious reports about her — She has been better occupied of late and is in good physical health There was last week a recrudescence of the Psoriasis which is now (at patients' special desire) being treated with a Chrysarobin paint — S.M.R.

April 1 Ist. 7 The Psoriasis shows marked improvement — Patient has been removed to Ward I and is on the whole less taciturn more cheerful and less frequently depressed S.M.R

May 12 Ist. 7 Patient has been gradually growing more depressed for the last two weeks, avoiding the society of the other ladies and seeking quiet corners. Today she appeared quite childish in conversation, shy and smiling demeanour in reply to questions. On being questioned persistently she finally stated that the voice of God had forbidden her to reply to questions — S.M.R.

June 12 Ist. 3 Patient is less depressed and also less childish, answering questions reasonably though avoiding any conversation. She is again in ward. There is a slight recrudescence of the Psoriasis in the scapular regions S.M.R.

July 24 9 Ist. 11 Patient who has been refusing to eat or speak was yesterday sent to Ward III. She keeps her teeth clenched & makes cataleptic signs all day apparently crouches herself when addressed and answers in monosyllables. She complains of pain in the left ear but refuses to allow it to be examined. S.M.R.

Aug. 13 9 Ist 2½ 288 Patient returned yesterday to Ward III. She makes fewer signs and twice now answers pleasantly any remarks addressed to her and takes her food fairly well

2816 Hannah Eliza Bouteher

Ad. Jan 1 1905 Single, age 22, Dressmaker, Ch. of England
P.O Jan. 1 1905 Previous address 92 Kings Road, Windsor
C. in L. 2 Jan. 1905 First Attack of three days duration. Supposed cause worry. Not E. S. D.

1st certificate She talks incessantly and incoherently says that she has found weakness and truth says that she has dreams of the devil and was very glad of it. Is inclined to be violent at times. Does not answer questions put to her but rambles off to other subjects.
Jan. 1. 1905 (Signed) James Ward Scott of Windsor

2nd certificate corroborates (Signed) Wm Fairbank of New Windsor.

Prev. History

Fam. History — said to be no history of insanity

Condition on admission & Physical.

5 Patient is slenderly built, well nourished - complexion fluked hair black - eyes hazel skin moist -
Ht. mucous membranes healthy teeth good - tongue rather
Wt 78 lb. 5 ½ furred.
Heart and lungs present no physical signs of disease - pulse rapid and rather feeble
Bowels constipated -
Catamenia menstruating on admission
Reflexes. Organic normal - Knee jerks present
Superficial reflexes present and normal -
Pupils equal and regular - react to light and accommodation -
Urine acid 1022 no albumin or abnormal constituents

B. Mental — Acute Mania

Patient is extremely restless tossing about the bed She resists physical examination and has refused to take food since admission requiring to be fed by the oesophageal tube -
She talks incessantly and incoherently - of the devil sins etc - She does not answer questions put to her - Not faulty in habits

Jan. 6. 1905
V There is no improvement in patient's condition. She is very restless, chatters incessantly & has required to be tube fed since admission — Habits faulty still

Jan. 8. 1905 Patient took food naturally today for the first time since admission.

Jan. 13. 1905 - Patient has been able to answer simple questions correctly for the last two days and is now taking food herself - S.M.P.

Jan. 20 - Patient has been up for the last two days. She is however very restless and destructive, tearing her clothes on every opportunity -
She has required Sulphonal (gr. 20) nightly since admission S.M.P.

Jan. 27. Patient is less restless does not talk so constantly to herself but is still very destructive of clothing and requires to be constantly watched She answers simple questions correctly occasionally, but is usually quite incoherent S.M.P.

Feb. 3. 7st. 2 without clothes Patient has scratched both legs very considerably and requires constant watching to prevent further mutilation - She is very destructive of clothing restless incoherent and silly. S.M.P.

March 6 - 7st. 9. Patient is still destructive, and if not prevented mutilates her arms and legs - She is usually incoherent but has conversed sensibly with relatives for a few minutes - She constantly requires to be washed dressed and fed and is frequently noisy at night, requiring a hypnotic - S.M.P.

April 6 She is very destructive and on every opportunity tears her clothes or picks her hands or feet - Her hands are bad and she frequently masturbates - Her expression is absolutely fatuous and she is incapable of connected conversation

April 15 Patient was discharged today "Relieved" S.M.P.
examined before leaving and found to be in good physical condition free from bruises. Discharged

Discharged.

Beatrice McLaren (284)

Sept. 5. Patient very noisy & excited - now in Gall. 5 - S.M.P.

Nov. 27 Patient again in Gallery III, very variable, occasionally well occupied and fairly pleasant, again walking up and down the gallery calling everyone devils and refusing most of her food. When excited she has constant auditory hallucinations. She is very obstinate over treatment for her Psoriasis, absolutely refusing any local application. S.M.P.

Feb. 22 Patient has been very excited of late, is fairly well occupied joins in games etc. She still makes a mystic sign on meeting anyone and evidently has constant auditory hallucinations. The Psoriasis is fairly quiescent at present. S.M.P.

10st.

May 12 Patient is now in Gall. VII quiet, well occupied and joining in all the Hospital amusements. She still makes a sign on meeting any one and talks loudly to herself (about men in the grounds) for hours after going to bed. She is in good physical health. S.M.P.

31 Aug. Patient again in Gall III, very morose, making mystic signs and talking much to herself. She has been very noisy at night lately, screaming loudly as if repulsing some one, cursing the Medical Superintendent, talking of men lying in wait for her in the grounds etc. etc. The only treatment she will allow for her Psoriasis is washing with Sulphur Soap. S.M.P.

Nov. 26 Patient is less morose and better occupied but still has constant auditory hallucinations and frequently insists on being addressed as Mrs. Baden-Powell says McLaren is not her name. S.M.P.

293

1907 Feb. 15 Patient went to Home Villa today S.M.P.

2819

Martha Georgina Isabella Cadell

Ad. Jan. 21. 1905 Single, aged 46. Physician, Church of Scotland
U.O. Jan. 21. 1905 Previous address, 15 Talbot Road, Bayswater London - First attack of eighteen months duration not previously treated. Supposed cause 'heredity overstudy and strain' Epileptic (three fits) not/suicidal or dangerous

1st certificate "She is in a state of acute mania, yelling and vociferating at the top of her voice alternately chuckling at and assaulting the two nurses and absolutely incapable of coherent conversation.

20th Jan. 1905 (Signed) J. Butterer Wood M.D.
of Cavendish Square

2nd certificate

Previous History from her sister/ Dr. Grace Cadell. Patient is said to have had three epileptic attacks first in the eighties and last about 18 yrs ago - nothing of convulsions during dentition -
Patient qualified in 1893 - Her medical education was somewhat troubled owing to an action against Dr. Sex Blake - She went to India about 1894 as a medical missionary remained there one year & eight months, was invalided home with malaria, lay then - She then started practice in London & began working for the Edinburgh University degree which necessitated constant journeys to Edinburgh -
Lately patient has been sued by the County council for rates (she is a passive resister) & the acute attack dates from her appearance in court last Monday - Eighteen months ago her family had noticed her carelessness of personal appearance

Family History — Father insane (dead) also paternal uncle. Maternal grandmother said to have died of phthisis

Condition of on admission. A. Physical

Fully V
Ht. 5 ft 7½
Wt. impossible

Patient is of medium height, thin & ill nourished and when admitted was in rather a neglected condition (dirty) Her hair is dark, becoming grey, eyes light grey, complexion sallow. Teeth very poor, some broken, upper artificial denture. Tongue furred & tremulous.
The examination of heart and lungs is inadequate owing to patient's restlessness and excitement.
A rough systolic murmur in pulmonary area replacing the first sound is heard in the mitral area. The heart is not enlarged - Pulse 72
The chest shows marked supra scapular flattening, but otherwise there are no other physical signs of disease. (expiratory rattles feeble)
There are slight bruises on left shoulder, both forearms and legs, all observed on admission —
The pupils are equal and regular, react to accommodation
Knee jerks very active —
No abnormalities noted in abdomen
Climacteric passed at age of 40 —
Urine 1026 acid deposit of mucus & phosphates, no albumen

Mental. B. Acute Mania

Patient is in a state of maniacal excitement - She talks, shouts & sings incessantly and is very restless

She asks those around her if they are not the devil, grimaces at them and makes mischeiving gestures.
She is absolutely neglectful of her person and when admitted was in a state of great uncleanliness.
She sleeps badly and has to be spoon fed.

Jan. 28. 1905 The acute attack is subsiding. Patient has not required forced feeding for some days, has been up and dressed for the last three days and behaves quietly. There is still much mental confusion and patient now says that her incessant talking on admission and the days following was in answer to voices which are not troubling her so much now. She is sleeping better. S.M.R.

Feb. 4 Patient is now in No VI gallery - reads
8 st. 9½ walks and occupies herself fairly well - talks fairly coherently but shows delusions of suspicion. The hallucinations appear to have gone.
She is now sleeping well. S.M.R.

Feb. 11. Patient was removed to No VII gallery but
No VII was yesterday sent back to No V as she was very abusive, somewhat excited and having a bad influence on the other patients informing them that they were falsely detained, not properly treated medically etc etc. She gets excited over her detention in Hospital abusing all those connected with it. Except for a little reading she is unoccupied. She is in better physical health S.M.R.

Feb. 18 She is much quieter, though still very restless

over her detention in Hospital constantly asking when she is to go. S.H.R.

March 17 Pst. 10. Patient is now in Gallery II, still absorbed in the question of her departure from Hospital asking daily if she may leave to morrow and getting excited and indignant when denied permission to do so. S.H.R. She also seems to have the idea that doctors and nurses are making a pecuniary profit from her stay here and states that a nurse who was in Gallery V when she was there and is now in II has followed her for her money.

April 25 Pst. There is little mental change. Patient is still distrustful of the motives of the staff and either abstains from intercourse with them or indignantly declares there is a conspiracy to keep her in the Sanatarium in order to profit by her and abuses them roundly. She is not much occupied and her facial expression is one of sullen distrust. Her physical health is good. S.H.R.

May 24 Pst. There is no mental change. S.H.R.

June 12 Pst. 3. Patient is now better occupied (knitting) and less disagreable. She is most anxious to leave, states that she is the best judge of her own case, but seems now to have recognized that the staff are not profiting by her stay in hospital. S.H.R.

2 August Patient was today discharged "relieved" S.H.R.

Discharged.

(Died two months after discharge.)

Beatrice MacLaren (286

1908

April 3 – Patient returned from Home Villa – in good physical health except for chronic Psoriasis – mentally unchanged – believing she is Mrs Baden-Powell – with many auditory hallucinations. S.H.P.

Aug. 5 II Patient persists that she is Mrs Baden Powell changes the name MacLaren on her clothes to this & frequently will not answer to MacLaren. The Psoriasis responds well to local treatment with Resinol ointment and baths. S.H.P.

Aug. 7 Went to Home Villa – convinced her husband Colonel Baden Powell is in the workhouse there and that many of her relatives are on the staff here under assumed names. S.H.P.

1909 May 7th Patient returned from Home Villa, May 4th – mentally is unchanged. Delusion that she is wife of Col. Baden Powell persists. She is disinclined to enter into conversation. Is in good physical health. M.S.B.

Aug. 20th Patient is mildly depressed – has auditory hallucinations. Complaints of people screaming down workers etc. Is fairly well occupied & fairly sociable. Still believes she is the wife of Col Baden Powell. Physical health good. S.B.

Wt. 12st 7½ lb.

Sept 8th Went today to Home Villa S.B.

1911. July 27th Patient returned today from Home Villa. She is in good physical health. She continues to have the same delusion that she is the wife of Col. Baden Powell.

Sept. 11th Patient is rather unsociable and will not enter into conversation with M.O.s. Continues deluded – has auditory

Wt 12st. 11½ lb.

hallucinations. Physical health good. S.H.
still has some Psoriasis S.H.

Dec. 16: Patient is variable - at times pleasant & sociable at other times irritable & sullen grumbling at everything. Still persists in her delusion that she is Mrs Baden Powell. Physical health good - is taking Thyroid Extract gr 1½ for her Psoriasis. S.H.

March 12th Patient's mental condition remains the same, still believes she is Mrs. Baden Powell. Physical health good. E.M.J.

April 30th Has had a bad cold & was rather "run down" after it, but has recovered well & taken tonics. E.M.J.

July 30th Patient occasionally has outbreaks of violent "temper", but makes great efforts to control herself. Her conversation is coherent & sensible, but she has delusions of persecution & her delusion about being Mrs. Baden-Powell is unchanged. Physical health good, except for some psoriasis. E.M.J.

Sept. 20th Mental condition unchanged, physical health fair. E.M.J.

Dec. 30th Patient has been controlling her temper well lately, but delusions are unaltered. General health good. E.M.J.

1913 March 29th Cheerful & pleasant most of the time, but has fits of depression & irritability fairly often. Continues to sign herself & to mark her things "Baden Powell". Physical health good. E.M.J.

June 30th Is occupied with walks, reading, bridge etc. Delusion still fixed. Fairly self controlled. E.M.J.

Sept. 30th No mental or physical change. E.M.J.

continued in Book A. page 429.

2821

Lois Ella Woolley

Ad. 13 Feb. 1905
P.O 12th Feb. 1905

Age 21 single, occupation nil, Church of England
Previous address Carlisle House Ravelegh Rd, Deal
First attack of 10 days duration, not previously treated
supposed cause "worry" Not E. S. or D—

1st certificate

She buried her face in the bedclothes and refused to look on me. She commenced to sing incoherently nursery rhymes and repeated (parrot like) every sentence I uttered, then commenced wildly calling out some nonsense

(Signed) William Pandy M.R.C.S. L.S.A. Lond
of Ramsgate

Date 12th February 1905.

2nd certificate

corroborates.

(Signed) F. B. Nucke. M.R.C.S. L.R.C.P. Lond
of Deal.

Previous History

Patient is one of a family of thirteen, of whom eleven are alive and healthy. She has never had any serious illness, except pneumonia at the age of five yrs.

In the second week of January 1905 patient became acutely excited. The supposed cause being serious family financial losses, and remained so for four or five days the excitement subsiding under treatment by hypnotics.

Shortly afterwards patient spent a week in London with friends and returned home exhausted by sightseeing theatregoing etc. Her parents departure was the immediate cause of an hysterical outbreak which culminated in maniacal excitement, patient being also quite sleepless and refusing all food

since the 10th February

Family History Good. no history of insanity
no history of phthisis

Condition on admission A Physical

Patient is of moderate height, well developed and well nourished. Her hair is fair, eyes grey, complexion good teeth very good. tongue furred and fissured.
The heart and lungs present no physical signs of disease. The pulse 78 is strong and regular.
No abnormalities are to be noted in the abdomen.
The mucous membranes are a good colour.
The pupils are equal, regular, react to light, accommodation consensually and to skin stimulation.
Owing to patient's restlessness the condition of the deep reflexes was not ascertained
Catamenia said to be regular.
Urine 1024 acid. deposit of phosphates. no albumin no any other abnormal constituent.

B. Mental. Acute Mania

Patient is in a state of acute excitement. She grimaces, chatters constantly and incoherently, breaks into snatches of song, turns somersaults and cannot be induced to enter into conversation or to answer the simplest questions. Her incoherent chatter is interlarded with scraps of French. no definite delusions can be ascertained no hallucinations
She has refused food since admittance & requires

to be tube fed. She is also sleepless. She constantly exposes her person and cannot be induced to remain covered –

30th Feb. Patient has been tube fed since admission. She is less excited and noisy but refuses to be dressed and is destructive when it is attempted. Consequently she has remained in the padded room since admission. She now answers simple questions fairly coherently. She has had Sulphonal (gr. XX) almost nightly – S.H.R.

23rd Feb. She was removed yesterday to Gallery No VI

27th Feb. She has only required tube feeding twice since her removal to No VII and though she is capricious as regards food is now taking quite sufficient nourishment – She is no longer destructive of clothing, is occasionally noisy & excited especially at night when requiring a hypnotic. She is now fairly coherent in a short conversation and is beginning to occupy herself with games or knitting – S.H.R.

6th March – 6 P.M. 9½ There was a recurrence of the former excitement with the menstrual period now just over – Patient was sleepless, noisy, shouting and singing and again incoherent – This is subsiding and she is now slightly depressed. She is now in Gallery VI S.H.R.

13th March – The excitement continues and patient has returned to a padded room in No. V. She still now at keeps her clothes on and is less restless, no longer shouts but sings snatches of songs frequently, and cannot answer coherently more than two or three consecutive questions – S.H.R.

20th March – Patient will not now keep clothes on and is filthy in her habits, smearing her hair with fæces several times a day – She is restless but not

violent and frequently noisy, especially at night. S.H.P.

April 27 Impossible There is no improvement - patient's habits are even more disgusting than previously noted. (She has frequently attempted to drink the contents of her chamber) She is with difficulty induced to keep any garments on, tears everything she can tear, pulls out her hair and is very restless turning somersaults etc constantly. She frequently screams at the pitch of her voice and will not answer the simplest question coherently. She requires a hypnotic nightly. S.H.P.

May 12. Impossible There is no material change, patient continuing as described in above note. S.H.P.

June 11 Suicidal caution Patient yesterday was found to have inflicted a deep scratch 4 in. long across her throat, evidently with her nails, and was accordingly put on suicidal caution. She has a mischievous habit of picking her skin, pulling out her hair. She is still a great contortionist frequently standing on her head with feet against the padded wall and her habits are still filthy. She has behaved better in the dining hall lately. She takes food and medicine well. S.H.P.

July 18 Patient is less self abusive - but at times very noisy and restless. She frequently tries to undress when outside and is usually found with no clothing in the padded room in which she has to sleep owing to her restless habits. She cannot converse coherently, usually bursting into laughter when addressed or putting her fingers to her nose. She has many mischievous habits and is occasionally very filthy. S.H.P.

Aug. 30 Patient was today discharged "Not improved" going to Bethlem. She was examined before

leaving and found to be in good bodily condition, free from bruises with a faint star across her throat - S.H.P.

Discharged.

(Decd ?

Seen at Bethlem by two "I" nurses - said to be much improved recognized them at once and spoke coherently - but wept when they left. S.H.P.

2822

Lilian Aspinall.

Ad. 17 Feb. 1905 Age 37, married (separated from husband) no
P.O 15th Feb. 1905 occupation, Church of England. Previous address 7 Onslow Place, Kensington S.W. First attack, duration, 10 days, not previously treated. Supposed cause, mental worry and drink Not epileptic. Has threatened to take her life and kill her youngest child.

First certificate She told me she heard voices of people and thought bullets were being shot into her through the window She is excited in manner and apparently remembers nothing of her recent behaviour –

(Signed) Meredith Lawrence
14 Feb. 1905 (of Kensington)

Second certificate Is noisy and troublesome to control, resists and fights with attendants. Is rambling in her statements, sleepless.

(Signed) Henry Percy Potter.
15 Feb. 1905 (of Kensington Infirmary)

Previous history (from herself) One of three children. parents alive and healthy – Married at 25. Three children, normal labours. children alive and healthy –
She has drunk heavily for the last two years. The exciting cause of the present attack was the death (after operation) of her brother

From her sister Married 15 years, separated for 9 years. Three children, eldest fifteen. She is said to be callous, selfish and deceitful – to have caused the destruction of her youngest child (illegitimate?) and the family nurse feels that she will carry out the threat if she can. She is very extravagant, has been & is now in debt. Drinking began at 17 years (this she admits herself) for the last 2 years she has been drinking heavily

spirits & stout. Her brother died three weeks ago - she is said to have been

Family History

callous about this, but drank more. She is said to have delusions of persecution (by housekeeper) and hallucinations of sight - She kept late hours and suffered from insomnia.

No history of insanity, phthisis, inebriety in family.

Condition on admission A. Physical -

H.
Wt. 9st. 10
Gall. III

Patient is a tall, well developed, well nourished woman. Her complexion is good, eyes blue hair fair - The mucous membranes are a good colour - Her teeth are good (some carious molars) her tongue is much furred and the odours of the breath heavy. The hard palate is much arched

Heart and lungs present no physical signs of disease. pulse 70 equal in time and force, moderate tension vessel wall healthy -

No abnormalities to be noted in abdomen.

Digestion said to be good, but patient suffers from constipation -

Muscles well developed and firm - no pain on pressure - The superficial veins of the left leg are varicose.

Slight general hyperaesthesia - no anaesthesia or subjective sensations -

Knee jerks much exaggerated no ankle clonus other deep reflexes present - not exaggerated

Skin reflexes normal -

The pupils are equal, regular react normally to L. A. skin stimulation and consensually

Catamenia regular $\frac{28}{5}$ -

Urine - 1022 acid, no abnormal constituents -

B. Mental. Alcoholic Insanity

Patient enters readily into conversation and converses pleasantly in a rather flippant manner. She

Suicidal caution

admits freely that she has been drinking heavily. She cannot recall her recent illness at all distinctly, and denies absolutely ever having expressed any desire to injure herself or her youngest child. No definite hallucinations can be elicited. She says that both now and at Kensington Infirmary she has heard "voices above her" but these may be explained by natural causes. She expresses some one delusion of suspicion - i.e that the brandy and soda given her by her housekeeper was poisoned and maintains that the woman's object was to get rid of her, but gets confused over the motive and time selected.

24th Feb. She has been quiet and restrained since admittance fairly well occupied, adapting herself easily to the new conditions of life. Her appetite is good & she sleeps well. S.M.P.

3rd March. She continues as described in last note. S.M.P.

10 March. She will not now admit her delusion - says that people when ill have fancies and that she probably had some. She continues quiet, well occupied pleasant and sociable. S.M.P.

12th March. Suicidal caution removed and patient sent to Gallery no I. S.M.P.

Caution removed March 17. She continues as described in note of March 10. S.M.P.

April 27. Patient continues facile and contented, too much so for a woman of normal intellect. She is very easily led by those of stronger will and seems to require moral support (e.g that afforded by the rules and regulations of this Sanatorium)

May 30 10 st 4½. Patient continues as described in above note - in good physical health. S.M.P.

June 18 Patient continues apparently quite contented with her
1884. 6. detention here – facile and amiable – She continues
to gain weight – S.H.P.

July 18 There is no mental change – S.H.P.

Aug. 26 Patient was today discharged "recovered"
remaining as voluntary boarder. S.H.P.

Discharged.

2826 Helen Louise Kennedy.

Ad. March 10 1905 17, single, no occupation, Protestant

R.O March 10 1905 Previous address - 37 Willoughby Rd. Hampstead

First attack? Doubtful duration a few weeks (not previously treated) Not P.S.D.

First certificate (a) She was lying in bed, totally unoccupied or interested. It was difficult to get replies to questions. She admitted that she had run away from home & done dishonest and improper things, but said she was bound to do the same again. (b) Facts communicated - I have known of her for some years as being morally insane. She is dishonest, untruthful and tends to immorality. Her parents of the same address say she assumes always to escape from home taking with her things belonging to them and has no sense of shame or sin.

(Signed). H. H. Savage M.D. F.R.C.P.
3 Henrietta St. W.

Second certificate corroborates -

(Signed) A. H. Cook. M.B. Lond.
12 Rosslyn Hill Hampstead.

Previous history (from mother) Pathind was a full time child, but labour was difficult and instrumental. She was late in learning to speak - 18 months - though otherwise precocious, and there is a slight rachitic history. From babyhood she has been obstinate and resisting, stealing cakes &c and apples, sweets from shops. Punishment had no effect on her. She attended a Kindergarten, then a day school where she did very well, standing first or second in a class with girls three ages than she was. This she accomplished without any study and she is said to have no application. In her eleventh year she was threatened with chorea and was removed from school and placed under masters & governesses. She has always got on well with schoolfellows and teachers and got into no scrapes at school. Though at home she was obstinate, resistive disobedient and rude and

frequently passionate to her mother. She is however generally devoted to children and animals. She manages money well, but has of late resented her parents' narrow means and craved for amusement, even arranging an adventurement for a parlourmaid that she might leave home and see more of life.

Her general health is good - as a child her habits were faulty till her seventh year and this was a matter of indifference to her. Catamenia began at 14 - so normal. She is noticeably more fractious and "difficult" at the menses. Last January she travelled on the continent with her parents and after her return was very discontented, applied for parlourmaid's situation and is known to have corresponded with unknown men.

She left home secretly on the 25th Feby but was traced to a great hotel near Euston on the 26th & brought home. Dr. Savage was then called in & advised her removal to the Holloway Sanatorium. Patient was in the meanwhile kept in bed & her clothes removed from her room, which was locked, and with one her carelessness she packed the lock obtained clothes and left home on the 1st March. She was traced to Paris, and found at the Post office there on the 9th and immediately brought here. She will give no account of herself while in Paris and says at 21 years she will be again free and then do what she wants.

She sings a little does fancy work - bent iron work basket work and wood carving - is very fond of reading and a good hockey player.

Family history: No history of insanity
" " Consumption

Condition on admission A. Physical.

Ht. 5 ft 5 in
Wt. 8 st. 12½

Patient is a well developed, well nourished girl. Her complexion is sallow, eyes blue, hair dark brown

The mucous membranes are a good colour - the tongue slightly furred, the teeth fairly good, edges eroded palate highly arched
Heart and lungs present no physical signs of disease pulse 72 regular in rate and rhythm - tension medium, vessel wall healthy -
No abnormalities to be noted in abdomen, digestion good - slight constipation
Catamenia normal -
Urinary system no subjective or objective symptoms
Urine
Pupils equal, regular react to L. A. skin stimulation and consensually.
Triceps jerk active in both arms - Supinator jerk present - Knee jerks exaggerated - no ankle clonus - skin reflexes normal -
Special senses normal -

Condition on admission. B. Mental - Mood Depressed
Patient replies to questions in a rather sullen manner, answering very slowly any questions regarding her past life, occupations etc - She says she left home because it was dull and expresses no regret for the trouble she caused her parents - She says she hates all she was made to do at home and shows no interest in any occupation - She says she does not care for her parents but admits that there is no reason for her want of affection - Questioned as to her actions in Paris she admits she went out with unknown men, did things which were not right and that if she were free she would go there and do them again

March 17 VI Patient has been quiet and well behaved since admittance, helpful in the Gallery, quite amenable to all rules and regulations S.H.P.

March 24. She continues as described in last note - showing no desire for home - in fact she says she never wants to return there - nor does she miss her parents in the least S.H.P.

March 31 Since last note patient has been visited by her parents whom she said reluctantly, evincing absolutely no affection for them - S.H.P.

April 7 There is no mental change She is in good physical health. S.H.P.

May 24 Patient continues well behaved and amenable to all rules and regulations, apparently quite satisfied with her life here, constantly occupied - S.H.P.

Gall 2½

June 18 Patient will not admit that her conduct in being sent here, was wrong and says she intended certainly never live at home. S.H.P.

July 18 Patient was removed from Gallery VI to Gallery I on July V - is behaving well there. She is in good physical health. S.H.P.

Aug. 13 Patient continues well occupied, perfectly amenable to all rules and regulations with no desire for home or parents. S.H.P.

Nov. 28 Patient when in town in summer was observed to drop a letter near a Popillar (recovered) and her father when visiting in Oct. stated that she had evidently been in communication with people in Paris. When out walking with a nurse and a party of patients she twice got out of sight of the rest of the party consequently she is again restricted to the grounds. She is in good physical health. S.H.P.

Feb. 22 There is no mental change - S.H.P.

May 12 Patient continues amenable. apparently quite contented with life here evincing no desire for parents or home. S.M.P.

31 Aug. Patient shows no desire for home or parents and while outwardly amenable, is indirectly troublesome always trying to gain her own ends, scheming to evade minor regulations &c. &c. - Her physical health is good. S.M.P.

Nov. 20 Patient always well occupied and amenable to regulations. says she would now prefer to live with her parents. as dull as that would be. She is now growing tired of H.S. S.M.P.

1907 Jan. 25 Patient was discharged today recovered S.M.P.

Discharged.

Miss Georgiana Harriet Reynolds, aged 67.

Oct. 17th 1912. Continued from page 270.
Patient returned from S. Ann's, Canford Cliffs, to-day, in good health. E.M.J.

Dec. 30th. Quiet, weakminded, occupied + apparently contented, General health fair - E.M.J.

1913. March 29th Weak minded, amiable, fairly occupied. Suffers from cracks in hands in cold weather, health otherwise good. E.M.J.

June 30th No mental or physical change. E.M.J.

July 4th. Went to Bournemouth today. E.M.J.

continued in Book A. page 426.

2827

Ad. 13 March 1905
P.O. 11 March 1905

Elsie Maria Mott.

25. single, Nonconformist, Previous address Westwood Lodge Victoria Road, Lewisham. First attack. not previously treated, supposed cause unknown duration Not epileptic, has suggested suicide, not dangerous -

First certificate (a) She was silent and difficult to get to speak on anything and then only talked of being quite unlike other people, of being without ordinary feeling and that people shunned her & remarked upon her poor looks. She said she was only fit to be put away.
(b) Facts communicated "Her parents tell me she threatens to commit suicide & they dread lest she escape -

(Signed) G. H. Savage M.D. F.R.C.P.
10th March 1905 3 Henrietta St. W.

Second certificate corroborates -
Signed H. W. Collier. M.B. B.S. Lond.
Murillo House, High Rd.

Previous history (from doctor)

She began to be "peculiar" at boarding school (aged 16) where she was teased about her looks. and the morbid feeling thus induced have steadily increased, so that she now spends days in silence refusing to mix in society -
Her physical health is good - Her habits are not faulty

Family History

An uncle insane.
Maternal grandfather very violent temper.

Condition on admission. A. Physical.

Ht. 4 ft. 11
Wt. 6 st. 10

Patient is a slight girl, well nourished and fairly well developed. Her complexion is sallow, eyes blue hair brown. The mucous membranes are a good colour. The teeth poor, (she wears an upper artificial dentura) the tongue slightly furred. The hard palate arched. Heart and lungs present no physical signs of disease. pulse 75, regular in rate and rhythm, tension medium vessel wall healthy.
No abnormalities to be noted in abdomen. no constipation.
Catamenia normal
Urinary system. no subjective or objective symptoms
Urine, 1035 acid very heavy deposit of urates, no albumin, sugar, blood
Pupils equal, regular, react to L. A, skin stimulation and consensually.
Knee jerks present, no ankle clonus. skin reflexes normal. Very slight triceps jerks.
Special senses healthy.

Condition on admission B. Mental.

Patient has a sullen, disagreeable expression and converses very reluctantly. She was inclined to resent physical examination, saying "She was quite strong. She says her desire to be alone and to avoid all society even that of relatives and friends has been present for years, but has increased greatly of late. When asked the reason for this she says she is not like other people and unfit for life. She admits freely that she has threatened to commit suicide and says that

Suicidal tendencies

everyone has a right to commit suicide if they choose and that she may yet do so – No hallucinations could be elicited. She says she is rather sleepless and has been getting Sulphonal powders at night lately –

March 20 Patient has been sleeping better since admission; she is well occupied but sits apart from others as much as she can and resents attempts at conversation saying all she wants is to be left alone and that she does not want to talk. She is somewhat resisting S.H.R.

March 27 Patient is still resistive at times, very sullen and silent, repulsing crossly attempts at conversation saying "I don't want to talk – Leave me alone." She is now sleeping well and taking her food better. S.H.R.

April 3. She continues as described in last note. S.H.R.

April 10 Patient is slightly less depressed, smiles occasionally
6st 11½ and is more regularly occupied. Since last note she has been visited by her sister whom she absolutely refused to see and she constantly reiterates that she wants to see no one only to be let alone. S.H.R.

May 12 Patient continues depressed & morose. She is
6st. 12½ now convinced there is "some underhand work going on between her relatives and the officials of the Sanatorium but will not state what it is. She has been much more restless at night lately frequently requiring a hypnotic A.2 S.H.R.

June 12 Patient continues much as described in last note
7st 1½ always enquiring as to the underhand work going on between her relatives & the hospital officials but she is better occupied and sleeps better at night. S.H.R.

Suicidal Caution removed. July 2.05.

July 18 Patient was removed from Gallery III to I on July V and has continued to improve, mixing more freely with the other ladies

and having ceased her enquiries as to "underhand ways" her face is brighter, her attitude much less depressed and she is well-occupied. She says she could not yet bear to live at home. S.H.R.

Aug. 13 Patient continues to improve mentally. She is in good physical health. Catamenia now established S.H.R.

Nov. 28 Patient is apparently now quite free from all delusions
7st. 2½ is well-occupied and cheerful, though always quiet and retiring. She is in good physical health. S.H.R.

Dec. 21 Patient was to have gone home on the State but became rather hysterical at the idea (she has always disliked her home) refused to go to bed one night and was sullen & obstinate - is now in V. S.H.R.

Sawdal Caution 1906 Jan. 28 Patient very sullen & morose. quite unoccupied occasionally resistive requiring to be washed & dressed. She has been talking of ending her life and was today put on suicide caution. She is in good physical health. S.H.R.

Feb. 22 Patient is occasionally resistive refusing to rise and dress herself. She is still very morose and most frequently unoccupied, sitting apart from others refusing to work. Her physical health is good. S.H.R.

March 1 Patient tied a handkerchief tightly round her neck last night. S.H.R.

May 12 Patient has made no further attempts to injure herself is quiet and well-occupied but still very moody & silent S.H.R.

June 12 Patient has continued to improve — no longer moody — well occupied & cheerful. S.H.R.

June 25 Patient was discharged "recovered" today S.H.R.

Discharged.

2830

Anna Maria Sophia Bloxam –

Ad. 18 March 1905
P.O. 16 March 1905
C. in L. 20 March 1905

67 single, occupation nil, Church of England, Retired address 4 East Terrace, Walton-on-Naze, Essex. First attack, duration about 6 weeks, cause unknown no previous treatment, not E.S.D.

First certificate

'She said she was O.K. that I was Mr Simpkins great grandson of a friend of hers – later I was Mr Watts, She held a rambling, disconnected conversation with imaginary individuals in the room. Facts communicated She says her food is poisoned that she continually hears voices & talks to imaginary people, that she is electrified by one of the nurses in attendance which produces appendicitis

'Signed – J. B. C. Brockwell
of Walton on Naze

15 March 1905 –

Second certificate

corroborates
14 March 1905

Signed J. P. Dee
of Walton-on-Naze –

Previous history

Family Hist. Sister insane

Gallery III
Wt. Pst. 6.

Condition on admission A. Physical—

Patient is a fairly well built, well nourished woman. Her hair is brown, rapidly becoming grey, complexion somewhat sallow eyes blue. The mucous membranes are a fairly good colour, the teeth poor, tongue slightly furred.

Heart. The first sound in the mitral area is impure — pulse 75 regular in rate and rhythm, tension low. Vessel wall healthy.

The lungs present no physical signs of disease —

No abnormalities to be noted in abdomen

Urinary system — no subjective symptoms —

Urine 1025, acid, no albumin or abnormal constituents

Pupils equal, regular, react to L. A. skin stimulation and consensually —

Patient is very deaf, uses a speaking tube and even then hears very indistinctly

Knee jerks present, not exaggerated, no ankle clonus skin reflexes normal, no Triceps jerk. On both legs pigmented scars of former ulcers. Slight bruises on right arm on admission

Condition on admission B. Mental.

The examination was conducted with difficulty owing to patient's extreme deafness —

She appears full of delusions — of suspicion, unseen agency etc — says she will take an oath that she refuses to be mesmerised any longer by a friend whose name she gives — asks if she is to be electrified, cupped etc. She talks constantly to herself, apparently in answer to auditory hallucinations and is noisy at night, standing on her bed

and banging the door - shouting and singing.

March 25 She has been rather noisy at night for the first two nights after admittance but is now sleeping better doing a little plain needlework & going out regularly. She is very deaf and question and answer are usually very much at cross purposes - She complains of having been decoyed here, and is afraid that she may be electrified. She has evidence auditory hallucinations - S.H.R.

April 1. Patient has been sleeping much better. She persists
Pt. 6. that she is to leave at once and waves aside all objections. The delusions and hallucinations persist S.H.R.

April 8 Patient talks much to herself, evidently has constant auditory hallucinations. She still persists that she must leave at once, but takes her continued detention quite pleasantly - She is no longer noisy at night and is in good physical health. S.H.R.

April 15 Patient's most persistent idea is that she must leave at once and when told that is impossible, she is very disagreeable, abusing the nurses and complaining of everything. She is occasionally rather resistive.

May 19. There is no mental change. Patient's physical
Pt. 9. health is good. S.H.R.

June 12 Patient is still most anxious to leave at once but with many delusions - declaring there is nothing bad in the
Pt. 1. but on the whole less disagreeable. She is in sitting room etc.
good physical health. S.H.R.

July 18 Patient continues very abusive and at times resistive. She has many hallucinations - is constantly replying to "voices" and also has visual hallucinations, as last week she was found hammering on her door at night with a knotted towel because its "scenery" and in especial "a cockatoo" were annoying her. Occasionally she requires a sleeping powder S.H.R.

Aug. 13 Patient is occasionally very noisy, weeping
Oct. 2 and screaming loudly because "she has received a telephonic message that her relatives are being tortured" etc. etc. She is frequently very noisy at night hammering on her door. Her physical health is good. S.H.P.

Nov. 27 Patient has been so noisy by day and by night that she is now in Ward V. She is very deaf and probably does not realize how she shouts. She has constant visual and auditory hallucinations - sees monkeys coming down the chimney sitting on her bed - parrots on the door - hears telephonic messages and shouts replies. Her physical health is good. S.H.P.

1906 Feb. 22 There is no mental or physical change. S.H.P.

May 12 Patient has many delusions of identity and constant auditory & visual hallucinations. She is frequently very noisy in her room at night because of monkeys coming down the chimney etc. etc. Her physical health is good. S.H.P.

31 Aug. Patient continues full of delusions, identity unseen agency etc. with many auditory and visual hallucinations. She is frequently very noisy at night and refuses obstinately all hypnotics. Her physical health is good. S.H.P.

Nov. 20 There is no mental or physical change. S.H.P.

1907 Feb. 23 Patient continues very deluded with numerous delusions of identity and of suspicion - accuses the medical staff of "cinematographing" the patients (sic) (saw X ray apparatus) of sending currents of electricity into her at night etc. etc. She has constant auditory and visual hallucinations. S.H.P.

May 22 There is no mental or physical change. S.H.P.

Aug. 26 Patient has constant auditory and visual

Hallucinations - sees monkeys coming down the chimneys - parrots on the wall - is frequently very noisy telephoning messages by day and by night. Has many delusions of persecution and identity. Her physical health is good. S.M.P.

Sept. 6 Went to Home Villa - rather noisy on departing S.M.P.

Nov. 13 Returned from Home Villa - mentally unchanged but good physical health. S.M.P.

1908 Feb. 27 Patient very deluded - believes she is "electrified" "mesmerised" etc. by members of the staff. She has frequent auditory and visual hallucinations. She is frequently noisy at night owing to her hallucinations - refuses obstinately any drugs. S.M.P.

May 9 There is no mental or physical change. S.M.P.

Aug. 5 Patient very deluded - full of delusions of being "electrified" mesmerised etc by the doctors or nurses - frequently noisy at night because of auditory & visual hallucinations (sees monkeys in her room etc) Her physical health is good but she is very deaf. S.M.P.

Nov 28th This patient is very noisy especially so at night. Gives free expression to delusions of persecution by the doctors & nurses by 'electrical machines' etc; also describes her visual hallucinations which are many. Her bodily health is good, but she sleeps badly. W.S.B.

1909 Feb 15th Patient gives free expression to her delusions. Has delusions of unseen agency, that she is 'electrified' by night. Also visual & aural hallucinations, sees people entering her room etc. Is noisy & scolding at times. In good bodily health. W.S.B.

May 8th Delusion of unseen agency & persecution persist. Wt 9st 4½lb. Is very noisy at times, has frequent auditory & visual hallucinations. Stating that M.O.s enter her room at night.

At present is fairly quiet, well occupied & out daily in good physical health. M.S.B.

Aug. 20th. Patient is very noisy & disagreeable
Wt. 9st. 5½lb. especially at night. She is very deluded. & has auditory hallucinations. Is constantly writing letters complaining of her persecution by M.O.s & other people. Physical health good. S.B.

Nov. 8th. Patient has not been so noisy lately.
Wt. 9st. 6lb. Continues very deluded. with ideas of persecution. & constantly writing letters about it. Physical health good.

1910

Feb. 10th. Patient is very deluded with ideas of
Wt. 9st. 4½lb. persecution. Is constantly charging the M.O.s with various 'crimes'! Thinks she is acting upon by electricity at night. Physical health is fairly good but patient is getting feebler.

May 25th. Patient continues to have delusions of persecution.
Wt. 9st. 8½lb. unseen agency. Is noisy at times especially at night. Well occupied. out every day. Physical health fairly good. S.B.

Aug. 11th. Patient is now in Gallery IV. She has been
Wt. 9st. 10½lb. very noisy lately & threatening violence. Delusions continue the same. Since last entry has had a cold. but always refuses all treatment. Attempts to lose my white shad. Is feeble in physical health & has had one slight syncopal attack this summer. S.B.

Dec. 12th. Patient is in Gallery V. Since last entry she has had
Wt. 9st. 9½lb. two attacks of vomiting & diarrhoea. which quickly stopped with rest in bed & milk diet. Her circulation is poor & she gets a bad colour at times & pulse feeble. Mentally she is unchanged. Very deluded. often noisy & abusive. Frequent hallucinations. S.B.

Cont. p. 326.

2832

Martha Helen Nicklin -

Ad. 24 March 1905 - 4/1 single, of no occupation Wesleyan
P.O. 21 March 1905 - Previous address, Sunnyside London Rd. Dorking
Not First attack - age on first attack 36 years
under care of a companion (but not certificated
more or less for two years) Supposed cause
of first attack - influenza -
Not E. S. - occasionally rather violent -

First certificate - She seemed absolutely lost when I asked her questions which I had written down on paper for her with the exception of her name which she wrote. She kept continually tapping her chest and head. She was most excited & looked most strange.
Facts communicated Mrs. Hurst of 36 Howard Rd Dorking, the patient's attendant informs me that the patient will run to the water closet whenever she has a chance 20 or 30 times in the day & there delays in pulling the plug and this she does for apparently no ~~reason~~ cause. That she gives way to most violent attacks of temper without any cause whatever. That she will start writing many letters, will write a few lines & leave them all unfinished

(Signed) Hugh T. W. Blakeney
20 March 1905 of Dorking Surrey

Second certificate corroborates
(Signed) W. Falconer Clark.
20 March 1905 of Dorking

Previous History Hearing at birth supposed to be normal and as a child from sister-in-law of a year she could say a few words. After vaccination and measles companion (postponed) when there was much inflammation

of the arm. the power of hearing gradually disappeared. She attended a school for the deaf and dumb, then came home and took up domestic duties seeming happy and contented. At 36 after a severe attack of influenza she suffered from religious depression, imagining she had done some great sin) from which she recovered slowly and never completely.
She now goes constantly to lavatory just to pull plug down and watch water flow. She occasionally gets violent if refused. She occasionally thumps her head vigorously against the wall and after an acute attack of excitement is slightly faint.
Patient is very constipated. suffers from internal haemorrhoids. Her habits are cleanly.
Catamenia normal.
Has artificial teeth.

Family History
Father died of consumption at 41
Sister died in asylum - pneumonia?
One brother died in youth. overstudy.

Condition on admission A. Physical.

Gallery III
Wt 7st 9½
Patient is a small, rather ill developed woman with pigeon breast. Her hair is dark turning grey her eyes grey - complexion pale - mucous membranes rather anaemic, tongue slightly furred - teeth upper and lower artificial - hard palate arched.
Heart and lungs present no physical signs of disease pulse 80 vessel wall thickened, regular in rate & rhythm, tension rather high.
No abnormalities to be noted in abdomen - internal haemorrhoids. She is much constipated.
Catamenia regular.
Knee jerks present not exaggerated - no ankle clonus

Pupils equal, regular, react to L. A. Skin stimulation
Urinary system. No subjective symptoms –
Urine 1020 and no albumin or abnormal constituents
Special Senses – patient is absolutely deaf and dumb.
E

B. Mental. Congenital mental deficiency

Patient has a childish, rather silly expression and is constantly grimacing – She does not know where she is (ascertained by written question) but takes all as a matter of course and makes no attempt to find out anything about her new surroundings.
When answering questions in writing she never completes a sentence and in talking on her fingers suddenly breaks off after a word or two –

March 31 Patient has been fairly quiet and given little trouble since admittance – She does a little simple dusting etc in the gallery – She has a constant habit of grimacing and often taps her head, S.H.P.

April 7 Patient continues quiet and amenable, apparently quite contented in her changed surroundings. S.H.P.

April 15 She continues as described in above notes. S.H.P.

April 22 She continues well behaved giving no trouble. S.H.P.

May 12 Est. There is no mental change. Patient is in good physical health. S.H.P.

June 12 Est. Patient continues amenable to all Gallery rules well occupied and helpful to the best of her ability – apparently quite contented with

life here. She is in good physical health S.H.P.

July 18 She continues as described. S.H.P.

Aug. 13. Patient is very occasionally depressed with fits of weeping but is usually cheerful and well occupied. as helpful as possible in the Gallery and ready to join in any games in which her deafness allows her to take part. S.H.P.

Aug. 22 Patient went today "on trial." Was examined before leaving and found to be in good physical condition, free from marks and bruises S.H.P.

Nov 27 Patient is still on trial. S.H.P.

Dec. 14. Patient was today discharged "recovered" from trial. S.H.P.

Discharged – (recovered).

Anna M. S. Bloxam. cont from p. 322.

March 13th Patient continues very deluded – frequently
Wt. 10 st. 6 lb. excited – attempts to bring people with serious assaults on her. Has many delusions of persecution agency – electricity etc. auditory hallucinations continue. Physically is much better. S.B.

June 9th Patient has been quieter altho' whole excepti-
Wt 10 st. 4 lb. at night. Continues very deluded believing she is acted upon by electricity etc. Has visual auditory & hallucinations – Physical health fair. has had no vomiting or diarrhoea lately.

Sept. 11th Patient's mental condition is unchanged
Wt. 10 st. 2½ lb. Physical health is fairly good altho' has had no gastric disorders lately. S.B.

Dec. 16th Patient continues to have many delusions of persecution & unseen agency – is frequently giving MOs abuse into

1912. charge for assaulting by reaching in her with electricity etc. Hallucinations persist. Physical health is fair good. S.G.

March 30th. Physical health fair, Patient usually sits in a corner of the gallery or in the court, tatting, and not taking much notice of those around, though she becomes abusive if spoken to or disturbed. E.m.j.

June 22nd. No mental or physical change. E.m.j.

Sept. 14th. Has delusions of persecution and unseen agency. Occupied constantly with tatting, but with little else. Her deafness & delusions preclude any reasonable conversation. Physical health quite good. E.m.j.

Dec. 30th. Patient is in Gallery IV + is quieter + not so hostile. Occupied with tatting only. General health fair. E.m.j.

1913. March 28th. Demented, has fixed delusions of persecution believes people enter her room at night & steal her things. General health good. E.m.j.

June 29th. No mental change, Physical health quite good. E.m.j.

Sept. 30th. Demented deaf, suffers from delusions of persecution, Physical health good. E.m.j.

continued in Book A. page 432.

2834 Emma Ewart

R.O. March 27. 1905 Single 63, occupation nil Presbyterian
P.O March 30 1905 Previous address, 54, Oakley Square N.W.
First attack, duration 4 months, cause not known
Not R. suicidal, not dangerous to others -

First certificate

She is mild, restless and excited, screaming that she is going to Hell, that the devil is looking for her that everyone's soul is gone and that only bodies are walking about.

(Signed) R. G. Young M.D.
26th March 1905 19 Mecklenburgh Sq W.C.

Second certificate

Previous history (from sister)

Patient has always lived at home with sisters - for the last two years in the country - rather a dull place.
Three or four times in her life she has suffered from religious depression, the first time at the age of 15.
The present attack began in December - there is no cause known - She became gradually much depressed about her own sinfulness, ceased to attend church. A fortnight ago patient saw Dr. Young - he advised a nurse and that she should be kept at home but last Thursday patient took a powder which she supposed to be salts of lemon (doubtful) and also six phenacetin tablets with intent to kill herself. Dr. Young then certified her insane.
She has been rather troublesome about food

lately and untidy in person. Her habits are cleanly - Of late she has not been sleeping well.

Family History

Father died of consumption
No history of insanity in family

Condition on admission A. Physical

Wt. 7st 4½ Patient is a fairly well developed, well nourished woman. Her eyes are blue, very deeply sunken hair grey - The mucous membranes are rather pale, tongue furred teeth artificial -
The heart and lungs present no physical signs of disease pulse 75 regular in rate & rhythm, tension medium vessel wall healthy
No abnormalities to be noted in abdomen.
Urine
Pupils equal, regular, react to L. and A. Skin stimulation & consensually.
Knee jerks present not exaggerated: Right Triceps jerks
Skin and organic reflexes healthy.

B. Mental. Melancholia

Patient has an anxious, worn expression. She enters readily into conversation and at once states that the devil has possession of her, that she has no natural love for her sisters and that she is to be sent to the lowest hell of selfishness. She also states that she will scream until she is killed, and the night after admission screamed all night, but has not again done so - No hallucinations could be elicited She occupies herself occasionally with a little

Suicidal caution

simple needlework and takes food fairly well.

April 3. She continues to think she is the worst sinner in the world, but occupies herself fairly well, sleeps and eats well. S.H.P.

April 10 April 13 Caution removed

She is less depressed, admits that she is not the worst sinner in the world and is anxious to improve mentally and go home. Her general health is good S.H.P.

April 17 Patient is now in Gallery IV, improving steadily the depression disappearing also the delusions of unworthiness. She is well occupied, and in good physical health. S.H.P.

April 24. Patient continues to improve is now well occupied and cheerful, very anxious to go home, stating that her morbid feelings have left her. S.H.P.

May 18 Pt. 52 Patient was to-day discharged recovered. S.H.P.

Discharged

2835

Ada Blunson

U.O. March 27. 1905
R.O March 30 1905

35 single, no occupation, Church of England, not first attack, age on first attack 18 - Previously bedded at Flendersil Fairford (twice) duration of each attack two months cause unknown, Not F. has attempted suicide years ago - dangerous.

First certificate

She is weakminded. Her appearance is silly. She expresses herself in a silly manner. There is emotional instability. She is apathetic - Has no idea where she is or what she is doing here. Her memory of recent events is defective

(Signed) W. W. Hayes
27th March 1905 of Egham.

Second

corroborates

E. G. Hodgson
29 March 1905 Chertsey

Previous history (from notes)

Patient has had many previous attacks - been three in asylums - first attack at the age of 18. In the second attack she attacked her mother with a knife and cut her hand - and she is always dangerous to others during attacks. She at once at least attempting her life by hanging from a window & refusing to come in.
She has lately been living with a companion & a maid in a cottage in the country and the companion noticed her growing depression two months ago. This has increased and patient became violent brandishing a whip, and alarming her companions. She would also run into the street with hair hanging, hide in cupboards

Last year at her own request she saw Dr. Savage and a year and a half ago gave her eldest power of attorney in her affairs - recognising her liability to future attacks -
Her habits are not now faulty but have been on previous attacks - She takes her food well but has been sleeping badly -
Catamenia irregular

Family History

Condition on admission Physical

Oct 10th 2. Patient is a ~~fair~~ well developed, well nourished woman, with brown hair ~~turning grey~~ and grey eyes. The mucous membranes are a fairly good colour, teeth fair, tongue somewhat furred -
Heart & lungs present no physical signs of disease. Pulse 78 regular, of rate & rhythm, tension medium, vessel wall thickened
No abnormalities to be noted in abdomen -
Catamenia stated to be slightly irregular of late
Urine 1018 acid no abnormal constituents -
Pupils equal and regular react slowly to light & accommodation
Knee jerks brisk - skin reflexes normal -

B. Mental - Mania

Patient has a vacant fatuous expression. When addressed as Miss Blunson she says that is not her name though it is marked on her clothes - will not however state what her name is - She grimaces constantly while conversing, says "Eh" to every remark and frequently repeats what has been said to her - Her answers are usually quite irrelevant. She expresses delusions to her money matters, that she is being led into great expenses

(not the case) that she is in great poverty &
She is not sleeping well, but is quiet at night

April 3. Patient is now sleeping better. She continues childish and weak minded, not knowing the day of the month occasionally doubtful of her name, repeating any remarks made to her and not capable of any connected conversation. She occasionally does a little simple sewing. S.H.P.

April 10 She continues weakened childish and weak minded. She is in good physical health. S.H.P.

April 17. There is no mental change to record. S.H.P.

April 24 – Patient shows slightly more intelligence, occasionally
Gallery VII volunteers a remark, but still repeats anything said to her and gets easily confused S.H.P.

May 12 Patient is better occupied, showing much interest
(14st 1½ in a piece of fancy needlework. She had a slight attack of diarrhoea this week (now recovered from) and was then very irritable and resistive. S.H.P.

June 12 Patient is fairly well occupied – busy now with
9st. 11½. copying simple household objects in a child's drawing book. Her mental standard is very low. She has lately had small purpular abscesses over the thighs. She now sleeps well. S.H.P.

July 18 Patient is at times depressed and abusive – then
10st 1½ becomes somewhat hysterical. She is still chiefly occupied by copying simple objects in a child's drawing book. The purpular abscesses continue to appear and patient is now taking Pil. Calcii Sulphur gr II b.-l.-c. S.H.P.

Aug. 13 There is no mental change. Patient's physical
9st. 12. health is improving. S.H.P.

Sept. 14. No mental change. Her physical health is fairly
10st. 3 good. S.H.P.

Since the 10th Oct. patient has shown marked
Oct. 25 mental improvement, is now pleasant, well occupied
& perfectly coherent in conversation, though evidently
somewhat weak minded even at her best. She has again
suffered from abscess this time on the right Labium majus.
Nov. 27 Patient now in I, coherent & well occupied.
Her teeth have been carefully stopped, lateral drain
this month. S.H.P.
Dec. 21 Patient was today discharged "recovered"
was examined before leaving and found
to be in good physical health, free from
marks & bruises S.H.P.

Discharged

Returned as V.B. 8.1.06
patient
V.B. 07

2837

Amy Ferris

ad. 28 March 1905 - 29, wife of T. H. S. Ferris Land Surveyor, Church
R.O 27 March 1905 - of England, Previous address Roseland, Mill, Pewsey Wilts Second attack - age on first attack 29 treated at home, Duration of existing attack 5 days, cause not known - Not E. suicidal, struggles when restrained

First certificate The expression of her face is completely changed She is very restless rocking herself to and fro alternately holding her head and plucking at the bedclothes. She moans constantly though she says she is not in pain. She has delusions of suspicion saying people are trying to injure her by taking all the happiness out of her life -

(Signed) A. S. Rudge
of Pewsey Wilts

25 March 1905

Second certificate corroborates

(Signed) E. W. Raymont M.B. Ch.B.
of Pewsey, Wilts.

Previous History from husband. Patient has hitherto led a healthy life in the country She has been married 2½ years, has one child 1½ yrs old. In August 1904 she suffered from an attack of depression, convinced that she had ruined her husband and that her friends despised her. She was under the care of two mental nurses & apparently recovered resuming full charge of household affairs in Dec. -

The present attack began on the 19th March when she attended church in old and dirty clothes and twitched constantly during the

sermon. On Wednesday afternoon she would not sit down, pulled down her hair and showed no interest in house or chief. The doctor was summoned, gave her a strong sleeping draught but there was no improvement and she was certified for Worthy.

Thos. Nurse — She is restless, constantly masturbating, refusing food and sleepless. She has tried to injure herself by jamming scissors down her throat and has also tried to choke herself. Her habits are fair. Catamenia said to be regular, period now on. She suffers from delusion that she has killed her chief and wishes to be buried near him in a week.

Family Hist. — No history of insanity. Phthisis.

Condition on admission B. Physical.

Galley V. W.V. — The examination was conducted under difficulty owing to patient's extreme restlessness and resistance.

The patient is a well developed, well nourished young woman with dark hair, blue eyes, sallow complexion, furred tongue and teeth fairly good.

The mucous membranes are rather pale.

Heart and lungs present no physical signs of disease — pulse 75, regular in rate & rhythm. Vessel wall healthy. Tension high.

No abnormalities to be noted in abdomen further than a loaded colon.

Catamenia said to be regular. period on

Deep reflexes could not be ascertained.

Urine 1015 acid, no abnormal constituents.

B. Mental. Acute Melancholia

Patient is in a state of great restlessness

Suicidal caution

alternately sitting down covering her face then springing to her feet walking round the room on tip toes constantly moaning. She will not speak and refuses to do what she is told refuses food and has to be fed by tube (with difficulty) She is quite sleepless and is constantly masturbating.

April 4. Impossible — She has been tube fed since admission, is still very restless constantly walking round the room on tiptoe, sleeping very little in spite of hypnotics (Sulphonal) Her habits are disgusting and she will not keep any garments on. She does not speak at all. S.H.P.

April 11 — Patient is today out of bed and has taken a little food naturally. She has a much better colour and appears in better physical condition than on admission. She is less restless, does not moan, but is still absolutely silent. S.H.P.

April 12 — Patient was sent yesterday to Gallery III S.H.P.

April 17 — Patient is now taking her food well, going out and is no longer restless. She is not yet occupied and is silent unless addressed when she answers shortly. She is still very sleepless unless she receives a hypnotic. S.H.P.

April 24 — Patient continues to improve. is now occupied with sewing and converses more freely. She still requires a hypnotic at night. She takes food very well and her habits are now clean. S.H.P.

April 30 — Suicidal caution removed and patient sent to Gallery I. She no longer requires a hypnotic, is very cheerful and talkative - rather elated in fact. S.H.P.

Caution removed

May 7. 8.0. 11½ — Patient continues to improve. She states that on admission she thought she was overcome by a devil, that

devils grinned at her from the walls, that the doctors & nurses came and tortured her. She is quite persuaded that her form had altered during her illness and that on admission she was embollen up to her forehead S.H.P.

June 18 Patient has steadily improved and has given up the delusion that her form had changed during her illness. She is now rather excitable, very talkative and likes to dominate conversation and attention. (Her husband says she is in her normal state now) S.H.P.

June 29 Patient was discharged today recovered (was examined before leaving and found to be in good physical condition) S.H.P.

Discharged.

2839

Adm. 6 April, 1905
R.O. 6 April, 1905

Annie Moore.

54, widow, occupation nil Church of England
Previous address, Warneford House Moreton-in-Marsh
Gloucestershire First attack - duration three months
supposed cause - sudden death of husband
not F. S. D.

First certificate

'She has a sad expression of countenance great difficulty in getting her to answer questions stands for long periods in one spot sighing and muttering attempts to avoid people. Has lately refused to nourishment, has delusions as to her pecuniary position

(Signed) F Sandy Coombe
6 April 1905 of Paxton, Wicks

Second certificate

corroborates
(Signed) J. W. Cameron MRCS
Wootton Bassett Hants
6 April 1905

Previous History

Patient has occasionally had attacks of depression before. Her husband's death through she led an active out of door life, hunting etc. -
Her husband died last May - She was much depressed thereafter and gradually became worse - Of late she has been very sleepless and refusing food -
The delusions are just ones -

Family History

Condition on admission A. Physical-

Ret. Impossible Reilley ⅟

Patient is a dull well built woman, fairly well nourished. Her hair is grey, eyes blue, teeth poor (upper artificial set) tongue rather furred - The mucous membranes are a fairly good colour.

Heart and lungs present no physical signs of disease pulse 70, regular in rate & rhythm, moderate tension vessel wall healthy

No abnormalities to be noted in abdomen

Climacteric just over.

Pupils equal and regular, react to light

Knee jerks present not increased -

Patient resisted examination strongly and it was difficult to ascertain accurately the condition of the reflexes -

Urine no abnormal constituents (May)

Acute melancholia

B. Mental-

Patient has a wild, terrified expression, leans back in her chair with all her limbs outstretched screaming at the pitch of her voice - Occasionally she intermits screaming to ask repeatedly "What shall I do - what have I done?" and then gazes at her feet saying they are black and quite gone - She refuses food and has to be tube fed. She has hallucinations of sight (says she sees evil spirits) and of hearing also of taste, saying her food is putrid

She has many delusions - that she is bringing desolation on the whole world - that her food is poisoned &c.

April 13. Patient has been very restless since admission with frequent attacks of screaming at the pitch of her voice. She has required hypnotic (Sulphonal) nightly since admission with Paraldehyde ʒ ii occasionally during the day. Her expression is still wild and terrified, her hair dishevelled, her dress disordered and she reiterates that she is bringing desolation on the world causing death and destruction — She has been tube fed since admission and on the 11th inst. was removed to a padded room in Gallery V. She is very resistive and there are bruise marks on her arms and legs. S.H.R.

April 20. There is no improvement in patient's condition. She is now getting Tinct. Opii m x t.i.d. but is still extremely restless and very difficult to feed. S.H.R.

April 27 Patient is still in a state of agitated melancholia rocking herself to and fro repeating "What is to be done" and refusing to be down sometimes passing the whole night in this way in spite of hypnotics. She will not answer questions - She is slightly less difficult to feed but still very resistive. S.H.R.

May 4. Impossible There is no mental change. Patient has still to be fed (is very resistive) is still on Tinct. Opii m 20 t.i.d. requiring also a hypnotic (Parald. ʒ ii usually) at night. S.H.R.

June 3 Patient is still very resistive, still being fed thrice daily and is in the same state of depression, though under the influence of opium less agitated. She stands constantly and can rarely be induced to sit down - this caused some oedema of the legs and ankles. The urine was examined and

found to be free from albumin.
She has developed a slight hematoma auris (left) possibly due to bruising her head against the chair when she is being fed as she is most resistive

June 18 Patient now says that she believes all her food is poisoned and that the nurses try to drown her every morning. Consequently she is extremely resistive when she is being washed and requires tube feeding — S.H.P.

July 18 Patient persists in her delusions as to food etc. still requires tube feeding thrice daily and sleeps badly. She is being kept in bed as she stood all day when allowed to rise and her feet were becoming oedematous. She will not lie down but sits up in a crouching attitude muttering constantly "What shall I do? Oh they are all killed" etc etc. Her expression is wild and terrified — Hematoma recovered from. S.H.P.

Aug. 13 There is no mental change but patient is
Improved now out of bed and in better physical condition there being no oedema of the feet. Tinct. Opii now stopped and patient taking Veronal gr VIII when they retiered & sleepless. S.H.P.

Sept. 14 Patient is now in Gallery III, still very resistive
Impossible requiring four nurses to wash & dress her in the morning and requiring tube feeding thrice daily. She stands constantly moaning "What shall I do" "They are all dead" etc. etc — and is still very sleepless. She refuses to be weighed but has certainly gained weight since admission. S.H.P.

Dec. 3 She continues as described in last note. tube fed twice daily S.H.P.

Feb. 22. There is no mental or physical change. S.H.P.

May 12 Patient is somewhat less resistive, occasionally goes

where she is told clothing and requires no bowels for tube feeding. She still refuses food obstinately is quite unoccupied and will repeat one phrase for hours - "whatever" or the word "etc" S.M.P.

31 Aug. Patient is still tube fed, refusing all food by mouth. She is tolerably cleanly resistive undressing herself, but will not wash or bathe. She is silent (except for a kind of grunting moan - or a phrase repeated for hours at a time - "whatever" usually) and quite unoccupied - S.M.P.

27th Sept. When sent in the airing court today patient had a severe attack of cardiac syncope. She had a similar attack last month both relieved by hypodermic injection of Strychnine and Digitalin. The heart is slightly enlarged and the sounds are feeble - no murmurs can be heard but patient resists examination strongly and grunts loudly throughout it. There is some oedema of the feet (not of the legs) the urine is healthy S.M.P.

Nov. 20 Patient continues silent (except for a kind of grunt) unoccupied and somewhat resistive, requiring to be gently pushed along. She is always tube fed (washed etc) absolutely refusing food naturally - (has taken none voluntarily since admission) S.M.P.

1907 Feb. 23 Patient still tube fed. She gradually grows feebler has a chronic nasal catarrh and much blepharitis (resists treatment vigorously (lotio hydrargyri ammoniati) douching with boracic lotion) and some ectropion of the lower lids) There have been no attacks of syncope for the last two months - Mentally she is silent unoccupied and mildly resistive maintaining an attitude of depression (constantly) S.M.P.

May 22 Patient continues very resistive - is still fed by oesophageal tube twice daily - persists in sitting up even in bed and has a small sacral bedsore ~~off~~ from which she frequently removes the dressing. This developed two weeks ago when she was in bed for a few days on account of a slight rise of temperature and some increase of her chronic bronchitis. Her hair (in spite of lengthened treatment for seborrhoea) is almost all gone. S.H.P.

Aug. 26 Patient still entirely tube fed (since admission) is persistently silent, quite unoccupied - will not lie down at night but crouches in a sitting posture - Her hair is now growing again and the sacral sore quite healed. There is chronic nasal catarrh, but less blepharitis - S.H.P.

Nov 19 Patient still entirely tube fed - persistently silent and quite unoccupied. She has chronic nasal catarrh and some of blepharitis which persist in spite of treatment - S.H.P.

1908 Feb. 26 Patient still entirely tube fed - silent and unoccupied - occasionally groans for hours in a grunting fashion. Catarrh and blepharitis persist. S.H.P.

Aug. 10 There is no mental or physical change S.H.P.

Nov 28th Patient still entirely tube fed. She remains unoccupied & silent, occasionally speaks a few words. Her physical condition is fair, her hair is well grown, slight blepharitis persists. M.S.B.

1909 Feb 9th Patient still entirely tube fed. No physical or mental change. M.S.B.

May 8th Patient continues silent and unoccupied, wt. 8 st. will not lie in bed at night, but crouches in a sitting posture. There is persistence of nasal catarrh. Patient is tube fed daily. M.S.B.

p. 357.

Mabel Winder

A. 14 April 1905 28¾ years, single, no occupation, Church of England
U.O. 14 April 1905 Previous address 4 Endcliffe Gardens, Clifftonville Margate — First attack. age 28¾ years not previously treated. duration three months supposed cause said to be masturbation. Not S. suicidal, not dangerous —

First certificate. She is in a condition of mental depression & despondency She appears depressed and asserts that she must die as God has turned her into an animal and her case is hopeless. There is slow mental reaction. She has picked herself into bones. She confesses that she contemplates suicide & that she secreted a knife yesterday for the purpose. There is loss of self control —

Signed. W. W. Hayes
(of Isham)

April 14 1905

Second certificate

Previous History from father

Patient underwent an operation for varicose veins in July 1905 which was successful, but afterwards she was somewhat run down. In January she was observed to be depressed & by medical advice was sent to a home in Margate, where the condition progressed & where it was discovered that she was addicted to masturbation

She is now very depressed with delusions of unworthiness and is suicidal —

She has been a Sunday school teacher

for fourteen years.

Family History Father and mother first cousins.
No history of insanity

Condition on admission A. Physical

Wt 98 ?
Ht 5ft 5¾

Patient is a tall girl, well nourished. Her face is blotched with an acneiform eruption ones it, also present on back & front of chest. Her hair is light brown, eyes blue teeth irregular with carious molars, tongue furred and tooth indented. The mucous membranes are a good colour. The hard palate is somewhat arched. The chest is markedly pigeon breasted. Heart and lungs present no physical signs of disease. Pulse 78 regular in rate and rhythm, moderate tension vessel wall healthy.
No abnormalities noted in abdomen. Constipated. Catamenia said to be regular.
On both legs are the scars (healthy) of an operation in July 1904 for varicosed veins.
The second and third toes on each foot are united by a web of skin for two thirds of their length.
The knee jerks are active. Triceps and ankle jerks present. Skin reflexes normal.
The pupils are equal, regular react to L.A. skin stimulation and consensually.
Urine examined no abnormal constituents.

B. Mental.

Patient has a dull, vacant expression. She enters readily into conversation and at once states

Suicidal caution

She picks her skin because she is an animal then says she has committed unpardonable sin & that she is delivered over to the devil, whom she sees and describes vividly. She also says she hears him speak to her, and that many other voices speak to her. She confesses that she has contemplated suicide and may yet attempt it. She constantly masturbates.

21 April 1905 Patient is very restless and requires the constant attention of a nurse to prevent masturbation. She is full of delusions, that everyone has been changed since she last saw them. That she will never see them again. That she is to be burned everlastingly, that the house is to be burned up etc. She is taking food fairly well but sleeping badly requiring a hypnotic (Veronal gr. VII). S.H.P.

28 April 1905 Patient is less restless habits are much better and she is now capable of a little occupation spending the morning in the workroom. She still asserts that everyone has been or will be changed and that this is because of her influence. She is sleeping somewhat better. S.H.P.

May 5 Pst. 2½ Patient said today that she heard the voice of God telling her to do away with herself and threatened obey the command if she could. She is better occupied, her habits have improved, but she is still somewhat restless at night occasionally requiring a hypnotic (Veronal gr. VIII). S.H.P.

May 12 Patient is again attempting masturbation and her mental condition is less satisfactory. S.H.P.

June 12 Pst. 10½ Patient still very depressed and delusional but occupied under constant supervision. She is still very restless at night and frequently requires a hypnotic. S.H.P.

Aug 18 There is no mental change. S.H.P.

Aug. 13 Patient does not improve, she is very depressed
Ast. 7 constantly muttering that she is always cry on all that she is responsible for all the illness etc in the house. cannot be induced to occupy herself or to take part in any game e.g. proquet and is frequently restless at night S.H.P.

Sept. 14. Mentally patient continues as described in last
Ast. 10½ note. She is in good physical health (getting Syr. Hypophos) S.H.P.
except for amenorrhoea. (Pill Pot. Perman.)

Nov. 27 At the desire of patient's parents she was taken to see a London gynecologist as she has not menstruated since admission, who recommended Pil. Pot. Perman. (which patient was already getting) and a morning vaginal douche of Lysol (3ʒ-3ii to pint) with a nightly douche of Formalin 1-1000. This latter treatment has been followed for 10 days now with no improvement. patient still masturbating and being very depressed constantly alleging that she is to be burned for ever! S.H.P.

Dec 27 Menstruation now quite re-established S.H.P.

1906 Feb. 23 Patient has been more depressed and restless
Ast. 12. for the last month, constantly picking at ~~and~~ or pulling her face smearing much and talking indecently. The delusions that she is the cause of the all the misery around her etc. persist and she states that she hears voices telling her to kill herself which she would do were it not that she considers herself practically dead already. S.H.P.

May 1 Patient was discharged to day "relieved"
She was examined before leaving and found to be in good physical health free from marks and bruises. S.H.P.

Discharged

Mrs Annie Moore. (cont from p. 352).

Aug. 20th. Wt. 8st. 2½lb. Patient remains in a state of dementia never speaking, quite unoccupied. Is tube fed twice daily. Still will not sleep lying down. Bad at catching, not so troublesome. S.B.

Nov. 8th. Wt. 8st. 3½lb. Patient continues as in last entry.

1910. Feb. 10th. Wt. 8st. 4½lb. Patient continues demented never speaking or doing anything for herself. Is tube fed twice daily. Physical health fairly good.

May 25th. Wt. 8st. 1lb. There is no mental or physical change.

Aug 11th. Wt. 8st. 2½lb. Patient is quite demented. Never speaks. Unoccupied. Tube fed daily. Physical health fairly good. S.B.

Dec. 12th. Wt. 8st. 0lb. Patient is demented, sits all day unoccupied never speaking or moving. Tube fed twice daily. Physical health fairly good. S.B.

March 13th. Wt. 7st. 9½lb. Patient is demented never speaking or moving. Continues to be tube fed. Physical health fairly good. S.B.

June 9th. Wt. 7st. 8lb. There is no mental or physical change. S.B.

Sept. 11th. Wt. 6st. 13lb. Patient is quite demented. Never speaks or occupies herself. Is fed by tube twice daily when she is looked after like a child. S.B.

Dec. 16th. In October patient had a seizure followed by vomiting and diarrhoea of great weakness. Submitted then to being nursed properly in bed. In 2 weeks regained her usual strength with

Holloway Sanatorium Hospital,

Virginia Water

NOTICE OF DEATH

Date of Reception Order, the 6th day of April 1905.

I hereby give you Notice, That Annie Moore.
a Private Patient, received into this Hospital on the sixth day of April 1905, died therein on the twenty seventh day of February 1912.

Signed W D Moore
Medical Officer.

Dated the 28th day of February One Thousand nine hundred and twelve.

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Annie Moore.
Sex and age	female. 61.
Married, single, or widowed	widowed
Profession or occupation	none.
Place of abode immediately before being placed under care and treatment (if known)	Warneford House, moreton. in. marsh, Gloucestershire
Apparent cause of death	Pneumonia
Whether or not ascertained by post-mortem examination	no
Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased	6.30 a. m No unusual circumstances. No marks or bruises
Duration of disease of which patient died	about four days.
Names and description of persons present at the death	Miss Ethel Palmer. Lady Nurse
Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied	no.

Signed W D Moore
Medical Officer.

Lunacy R. 21. (1797 O.B.—10-99. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

35

Dr.

1910

useful dressing, after having her stomach washed out. She continues to be tube fed.

1913.
Feb. 19th Pt. awoke in the night, complaining of feeling very ill & said she was dying & was in pain, but in the morning appeared much as usual, & took her feed as usual. She resists being touched or examined.

Feb. 25th Patient has been rather more feeble, but has talked a little more, the last week. At 12.30 A.M. this morning she awoke, complaining of being very hot + having pain in her chest & throat. Temperature 105° pulse 108. Slightly harsh breath sounds were heard at the R. base, but no other abnormal signs. Pulse strong. Slight cough.

Feb. 26th Bronchial breathing over L. base up to lower border of scapula & pleural friction sounds at R. base. Taking tube feeds well, slight cough. Incontinence of urine & faeces. Temperature has varied from normal to 103°. Towards evening pt. became worse, in more pain, much mucus in air passages, but unable to cough it up.

Feb. 27th Died at 6-30 p.m.

Died.

2841

Fanny Filmer

Ad. 15 April 1905 Female, 42 years, married, Church of England
D. 14 April 1905 Previous address Highsted Sittingbourne First attack duration four months not previously insane supposed cause fever or sunstroke attack 1902
Not F. S. D.

First certificate

She is completely altered in her manner, seems bewildered, tells me she hears voices and conversation & music, tells me she hears people talking about her being a bad woman, that the police are watching her, & asking me to listen for voices.

Signed H. Holdrich Fisher M.D
Sittingbourne, Kent

14 April. 1905

Second certificate

corroborates

J. F. Grayland
of Sittingbourne Kent

14 April 1905.

Previous history
(from Dr. H. H. Fisher)

Patient has had five children, of whom four are living. The youngest is aged twelve and patient had some fading at its birth. Since then there has been persistent anaemia and treatment has been of no avail. There has also been amenorrhoea since then. The bowels are regular. The urine is healthy.

In 1902 on a hot day patient is said to have had sunstroke. Her temperature was high 104°7 for two days and she "lay like a log"

In 1903 she had another febrile attack not associated with heat, and lasting for 3-4 days

In 1904 another febrile attack - she also

suffered from pyorrhoea alveolaris and had all teeth removed
- She wore artificial teeth for a very short time & will
not now wear any - as they are uncomfortable
The blood examination shows degenerated corpuscles
She has been treated with Pot. Cit. Amm Brom
Phenacetin (gr ii) & Quinine (gr iii)
She sleeps poorly, is beginning to refuse food.
She says she hears voices, people outside saying
she is a bad woman - that she is suspected by
the police who were after her mother.

Family Histy No history of Insanity
" " Phthisis

Condition on admission A. Physical

Patient is a tall thin - sharp featured woman
with plentiful brown hair slightly grey at the temples.
The colour of her face is waxen and the mucous
membranes & conjunctivae are very pale. The eyes
are blue. The teeth are all gone, the tongue furred
& fissured.
The heart sounds are feeble, though there is no
murmur present. The pulse 78 regular is very
soft & compressible, vessel wall healthy and the circulation in the
extremities is very poor.
The lungs present no physical signs of disease.
Patient wears a belt (very old and little support)
over the lower part of the abdomen saying that
after a fall some years ago she needed support. There is no hernia
The bowels are said to be regular
Urine 1015 acid, no abnormal constituents
Amenorrhoea for twelve years.

Blood Hb 75% R.B.C. 1,120,000 film
Shows slight degenerated corpuscles.
The pupils are equal, regular and react promptly to L. A. skin stimulation & consensually.
The knee jerks are present not exaggerated
Triceps & Supinator jerks present. Skin reflexes normal.
Patient was rather resistive during examination

B. Mental.

Patient has a dreamy expression and her mental reaction is slow. She resisted physical examination and objected to being undressed.
She stated she heard voices outside saying she was a bad woman and the morning after her arrival described a face she had seen at night painted and powdered, looking at her through the door. She attempted to go away from this face and co. has been very restless at night walking up & down the room
She takes food badly.

April 18 Patient had to-day an attack of cardiac syncope at 12.20 p.m. and another at 5 p.m. both of short duration and relieved by cardiac stimulants. She is now being kept in bed and given a cardiac tonic ℞ Liq. Strych Hydrochlor m.4. Tinct Digitalis m.5

April 21 Patient still in bed but in better physical condition, pulse stronger. There have been no further attacks of syncope. Mentally she has been less confused and has had no visual hallucinations for the last three days. B.M.R.

℞ Liq. Arsen m.v t.i.d.

April 28 Last night patient refused to sleep in her bed

Holloway Sanatorium Hospital,

Virginia Water

Copy

NOTICE OF DEATH

Date of Reception Order, the 14th day of April 1905.

I hereby give you Notice, That Fanny Filmer a Private Patient, received into this Hospital on the 15th day of April 1905 ₽, died therein on the 18th day of May 1905 ₽.

Signed W. Tinker.
Acting Medical Officer.

Dated the 19th day of May 1905 ~~One Thousand~~

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Fanny Filmer
Sex and age	female 42.
Married, single, or widowed	married
Profession or occupation	none.
Place of abode immediately before being placed under care and treatment (if known)	Highsted. Sittingbourne
Apparent cause of death	1. Heart failure 2. Anæmia
Whether or not ascertained by post-mortem examination	no
Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased	9:50 a.m. No unusual circumstances. No marks or bruises.
Duration of disease of which patient died	(2) 12 years.
Names and description of persons present at the death	Miss Matilda Francis, Lady Nurse
Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied	no.

Signed W. Tinker.
Acting Medical Officer.

Lunacy R. 21. (1797 O.B.—10-99. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

would not give the reason for this saying it was not fit to be told. After Veronal (gr VII) had been administered she slept for some hours but got up about two o'clock a.m. and spent the rest of the night sleeping on the couch by the fire –
She spends the greater part of the day in bed. The cardiac tonic has been discontinued and patient has resumed Liq. Arsen gtt 5 t.i.d which she has taken since admission – S.M.P.

April 30 Patient had to be removed to a padded room in not today as she was extremely restless, rushing to the doors and attempting to get out of the windows. The hallucinations are now very acute. She is stung all over, creatures are crawling on her clothes, the walls are covered with insects, voices outside are incessant. She is now refusing food and medicine, taking a very little after great persuasion. S.M.P.

May 3. Patient is taking food somewhat better but is very
impossible troublesome, constantly trying to leave her room in answers to "voices" to render the delusion that her daughter is in a room at the top of the gallery. Yesterday she continually removed her garments and cannot be induced to remain covered. S.M.P.

May 7. Patient less hallucinatory and restless, removed to ward 4 S.M.P.

May 13 Patient is much less restless and spends the greater
Hb. 78 o/o part of the day out of doors. She still retains the
R.B.C. 2,110,000 delusion that her children are in the building and usually hears "voices" at night, requiring a hypnotic (Parald 3ii) S.M.P.

May 18 Patient had considerably improved mentally (the hallucinations being in abeyance) since last note. She had walked in the grounds, several occasions and appeared to be in better physical health. Last night however she experienced a feeling of

nausea and faintness and was stimulated by brandy & four hours. At 8.30 a.m. there was distinct syncope, the medical officer was summoned. Patient complained of praecordial pain & the heart's action was found to be very feeble (though no murmurs were present). She was given Ether 30 m. & the mouth and appearance relieved. At 9.35 a.m. the medical officer was again summoned and arrived to find patient moribund. She expired at 9.50 a.m. The cause of death was certified as (1) heart failure (2) anaemia — A post mortem examination was refused by the relatives.

Died - 18. 5. 05

365

2844

A. 22 April 1905
R. O. 18 April 1905

Catharine Clara Read

47, single, of no occupation, Church of England
Previous address 9, Hillmarton Road N.
Previous attack at age of 44 treated at Holloway Sanatorium Aug. 1903 - March 1904. Exciting attack has lasted six weeks - cause unknown
Rot. P. S. D.

First certificate

"Sobbing and crying without being able to give any reason: says I want to be helped but cannot say in what way or for what reason. wandering aimlessly about the house - cannot answer any simple question rationally -

(Signed) A. J. Scott - M.R.C.S.
17th April 1905 8 Parkhurst Rd.
London

Second certificate

corroborates
18th April

Thos. Whitehead
475 Caledonian Rd.
London N.

Previous history.

Book XV
page 275

Patient was under treatment here from August 1903 March 1904 suffering from Melancholia
Her history previous to that attack was that she had always been neurotic & "nervous" had lately been living by herself at Kendal, frequently changing her lodgings without cause, was restless and eccentric this increased till the neighbours complained and telegraphed to her sister about a year ago. Soon after this she had scarlet fever, on recovery was somewhat better mentally - went to live with her sister, was restless & hypochondriacal, constantly taking quack medicines, thought she had enteric, small pox etc. Vague delusions of electricity

Family History No history of insanity

Condition on admission A. Physical

Wt. 7st. 9
Ht. 5ft 6½
Pallor III

Patient is well developed, although not tall and fairly well nourished. Her hair is grey turning white eyes greyish blue complexion sallow.
The mucous membranes are somewhat anaemic the teeth very poor, the tongue rather furred.
The thyroid gland is slightly enlarged there is no exophthalmos
The heart presents no physical signs of disease pulse 84 regular in rate & rhythm, vessel wall healthy
The breath sounds at the right apex are harsh and expiration is prolonged. There are no crepitations
There are no abnormalities to be noted in the abdomen. slight constipation.
The pupils are equal, regular, react to L.A. skin stimulation and consensually.
The knee jerks are active. There is no ankle clonus the plantar and other superficial reflexes present and normal in character.
There is no exaggeration of the reflexes in the upper extremities
Urine. 1026 acid heavy deposit of urates, no albumen, sugar, blood

B. Mental.

Patient sits with down dropped eyes in a depressed listless attitude, making no attempt to occupy herself

She answers questions slowly in a low tone and shows much mental confusion and loss of memory, saying on the day after her admission that she had been here for a week and being unable to name the day or month etc.—
She is vaguely depressed, not giving any reason for this state of mind, but saying she wants to be helped to get well.
She asserts that she hears unnatural noises which frightened her and made her restless at home and she has been very restless at night since admission—
She requires help in washing and dressing and has to be urged to eat

April 29. Patient has very slightly improved, raises her eyes occasionally and even smiles faintly but is still quite unoccupied and very anergic. She is sleeping much better and taking her food fairly well.

May 6. Patient continues to improve very slowly— S.M.P.

May 13 Patient is distinctly brighter, though still unoccupied. She no longer requires a hypnotic at night and says she does not now hear the voices at night. S.M.P.

May 20 Patient improves slowly. She is now expressing
7st. 10½. a desire for occupation—painting—and is distinctly brighter and sleeping well— S.M.P.

June 12 Patient continues to improve. She is now much
7st. 10½ brighter, fairly well occupied and her memory is returning. The vague depression from which she suffered on admission is going and there are no longer hallucinations of hearing. She now sleeps well and her appetite is much improved. S.M.P.

July 18 Patient is now in No II well occupied

sleeping and eating well. She is still at times vaguely depressed - is fidgetty and slightly hypochondraical - S.H.P.

Aug. 13. Æt. 13. Patient somewhat hypochondraical but on the whole much brighter, well occupied and in good physical health. S.H.P.

Sept. 14. Patient still somewhat hypochondraical, always wanting medical treatment for some ailment - headache or "want of tone" etc. etc. - She is still vaguely depressed at times but on the whole well occupied - eating and sleeping well. S.H.P.

Dec 15. Patient continues as described in last note. S.H.P.

1906 Feb. 22 Æt 2½ Patient is less depressed, better occupied and somewhat less hypochondraical. Her physical health is good. S.H.P.

May 12 Patient continues as described in last note. S.H.P.

31 Aug. Patient is still somewhat hypochondraical, with many fancied ailments, headache, "want of tone" etc. She is occasionally mildly depressed always a little uncertain of herself and wanting for responsibility but well occupied on the whole and in fair physical health. S.H.P.

Nov. 20 Patient continued as described in last note S.H.P.

1907 Feb. 23 Patient continues mildly hypochondraical - uncertain of herself, easily agitated but well occupied and in fair physical health. S.H.P.

April 10 Patient went on trial today. S.H.P.

June 27 Patient was discharged today recovered. S.H.P.

Discharged.

2844

Edith Rogers

Ad. 13 May 1905
4.0 13 May 1905
P.O.

♀ Single, former high school mistress, Church of England, previous address, Wellington College Berks. First attack, lasting 2-3 years - age on first attack not known, not previous treated. Supposed cause, "recently overwork" not P. S. D.

1st certificate

She talked incessantly in an unconnected rambling manner. She told me that she had without her knowledge or consent been made to adopt the R.C. religion, members of which caused her to see and hear people at a distance whether known to her or not. That she was continually made aware of mental attacks made on people & heard voices calling her to their assistance.

12 May 1905

Signed H. G. Armstrong
M.R.C.S. L.R.C.P.
of Crowthorne Berks

2nd certificate

corroborates.

W. W. Hayes
Egham.

Previous history from brother (master at Wellington College)

Patient is said to have delusions of conspiracy and hallucinations of hearing. Lately has been causing much trouble and annoyance in her brothers house and can no longer remain there. The attack has lasted for nine years or longer - there has never been any suicidal tendency. About 20 years ago patient became "excessively religious" Patient has always been changing her work, doing things by fits and starts, wanted to keep house for her brother but was unable to do so. Up till last week she was quiet, then

talked of murder and rang the alarum bell & woke up the college. "Voices" dominate her actions and she is given to excessive letter writing. Catamenia is too frequent and somewhat excessive. She takes excess of laxatives —

Family history. Father was a morphinomaniac
A nephew alcoholic.
No history of phthisis

Condition on admission A. Physical.

Gallery VI. Patient is a small slight woman under medium height. Her hair is dark rapidly turning grey, eyes brown, complexion rather sallow. Mucous membranes pale colour, tongue slightly furred, teeth artificial uppers and lowers —
The heart & lungs present no physical signs of disease —
No abnormalities to be noted in abdomen
Catamenia said to occur fortnightly and the menstrual flow to be somewhat excessive.
Urine 1018, acid, deposit of mucus, no abnormal constituents —
Pupils equal regular react to L. & skin stimulation & consensually. The knee jerks are active there is no ankle clonus and the superficial reflexes are normal —
The special senses are healthy.

Chronic Mania B. Mental

Patient has a restless expression and her manner is somewhat excitable. She resisted medical examination saying she had Royal permission to die of any disease she liked. She talks

excessively and incoherently explaining that she is studying painting music algebra etc for a degree that her studies must not be interrupted and that she must go to Oxford. She states that she paints beautifully and seems to have a high idea of her own powers. She states that her actions are to be guided by communications from Wellington College (which voices she alone can hear) and again that Sir Dighton Probyn has Royal authority to regulate them. She also has hallucinations of sight stating that an old lady (the mother of a friend) has appeared to her frequently. Since admission she states that she has heard deadly noises at night and she was very restless the night after admission rising at four and refusing to go to bed again.

She alleges "voices" constantly as the reason of all her actions — and whenever asked that she may not do so & so — states that she has been told to do it by a voice.

She writes excessively to the Master of Kellaughan, her brother, the Vice Chancellor of Cambridge etc etc —

She has no suicidal tendency & her appetite is good.

May 20 Patient has written quantities of letters since admission many relating to the "degree" she thinks she is going to obtain. She talks incessantly and incoherently asking if she may leave, if she may do exactly as she likes stating she has Royal permission for this, if she may send for her books to continue work for her degree. In defaunt she is reading through Hymns

Ancient & modern, which she says is recommended for a musical degree. She has been rather restless at night, rising before daybreak & refusing to lie down again. S.H.P.

May 27 Patient works all day at examination papers in algebra for her "degree" and is much displeased because she is not allowed to work at 4 a.m. The delusions persist - she hears the sound of boys being caned - by the nurses - and constant voices at night. S.H.P.

June 3 There is no mental change. Her physical health is good.

June 10 Patient still works all day at algebra, sending
~~Ht. 4½~~ down sheets of worked examples to the medical
7 St. office to be forwarded to the Master of Wellington College. She still is much aggrieved that she is not allowed to work at 4 a.m. and constantly hears the sounds of those in chisels - and writes concerning this persecutions to Sir Dighton Probyn. S.H.P.

July 18 There is no mental change to record S.H.P.

Aug 13 Patient has relaxed her incessant labours in
6 St 11½ algebra and mathematics so far as to spend part of the day sketching (which she does well) but still writes constant letters to the Master of Wellington or Sir D. Probyn complaining of persecution. S.H.P.

Sept. 14 Patient is growing more resistive (in obedience
6 st. 9 to delusions - having Royal permission to do as she likes) constantly refuses food and yesterday had to be taken to bed. She complains much of secret signals made by the nurses and has constant auditory hallucinations. She has lost weight slightly since admission. S.H.P.

Oct. 16 There is no mental or physical change S.H.P.
6 st 9½

January 1 Patient is now in Hall. VI delusions unchanged. S.H.P.

May 12 Patient continues very deluded, resistive and

encouraging the other patients to disobey rules. She writes dozens of letters daily to Sir D. Probyn the Chancellor etc. - all concerned with the sounds of disturbers she hears etc. etc. She is constantly occupied writing, painting or studying S.H.R.

31 Aug. There is no mental change. Patient is in fair physical health, though somewhat thin as it is difficult to induce her to take sufficient nourishment - S.H.R.

Nov. 20 Patient is most troublesome over food and medicine - occasionally coughs and is growing somewhat thinner but obstinately refuses any medicine, Cod liver Oil, Malt etc. She takes her own way as much as she can, sits in the draughtiest corners, writes incessantly to the Chancellor and other dignitaries and often refuses to go out for days. S.H.R.

1907 Feb. 23 Patient takes her own way as much as she can, cries early, sits apart from the others, frequently refuses to go out - refuses absolutely all drugs though she frequently has slight bronchitis - writes incessantly to the Wellington College masters - the Chancellor etc. etc. She has frequently auditory hallucinations, hears the sounds of people being thrashed etc. etc. - S.H.R.

May 22 There is no mental or physical change. S.H.R.

Aug. 26 Patient still spends her day writing to the Chancellor, Headmaster of Wellington etc. etc. - She is very obstinate - resisting to all hospital rules - refuses absolutely medical treatment. Auditory hallucinations are constant. S.H.R.

Nov. 12 There is no mental or physical change. S.H.R.

1908 Feb. 27 Patient spends her day writing innumerable letters to the Chancellor - Headmaster of Wellington

7st 12

which she "posts" all over the house. She is very obstinate - refuses all drugs such as Pt. Morph. She has constant auditory hallucinations. S.H.P.

May 9 There is no mental or physical change. S.H.P.

Aug. 5 Patient writes constantly to the Chancellor, Headmaster of Wellington etc "posts" her letters all over the house. She has constant auditory hallucinations - very obstinate and somewhat difficult to manage. S.H.P.

Cat. reg.

Nov 28 Patient continues to have auditory hallucinations and gives free expression to her delusions. Her bodily health is good. but she is suffering from a cold for which she refuses any treatment.

1909 Feb. Wt. 7st 8½lbs. Patient continues very deluded. occupies most of her time writing letters to Chancellor. master of Wellington etc. keeps apart from other patients as much as possible. Has delusions of persecution, constantly asks that she may be sent home in charge of a honourmaid. Is in good bodily health. M.S.B.

May 8th Wt. 7st 1½lb. Patient continues to occupy herself writing to the Chancellor, Headmaster of Wellington etc. Constantly asks to be sent home, asserting that she is different to other patients having been highly educated. Is somewhat troublesome in the gallery obstinate and resenting supervision. Is in good physical health. M.S.B.

Aug. 20 " Wt. 6st. 10½. Patient continues deluded with auditory hallucinations. Continues write her letters. Is troublesome at times resistive. Physical health good. S.B.

Nov. 10th Wt. 6st. 13½lbs. Patient continues very deluded with auditory hallucinations. Spends most of her time writing letters. Is obstinate & rather troublesome - physical health fairly good.

p. 381

Bessie Graham

2846
Ad. 15 May 1905
D. 13 May 1905

Single, 37, occupation nil Protestant Previous address 20 Hilldrop Rd London. First attack duration not stated. age on first attack 37 Supposed cause nervous excitement. Not E.S.D

1st certificate

Says that she has been deceived all her life by her friends & relations who are all wicked people says that her nurse is Mary Magdalene & Satan and that I am the Saviour. She has enacted the whole of the Divine tragedy with suitable attitudes and texts, concluding with the words "It is finished" whereon in solemn tones followed by laughter & violent thumping of the bed with her fists

12 May 1905

G. W. Scott M.D.C.S.
Holloway

2nd certificate

corroborates

12 May 1905

T. H. Savage
of Henrietta St

Previous history (from father)

The duration of present attack is not more than a week. Patient has never had regular occupation, but for the last two years has been acting as companion to a lady.
She has always been fidgetty & worrying over trifles
The supposed cause of the present attack is worrying over domestic arrangements, servants etc.
She sleeps badly & has been having delusions
Has been refusing food. No suicidal tendency
Patient underwent an operation for

haemorrhoids 10 years ago -

Family Hist. No history of Insanity Phthisis

Ht. Wt. 9st. 8 Gallery V

Condition on admission A. Physical

Patient is a tall well developed well nourished woman. Her eyes are blue, hair fair complexion good - tongue much furred teeth fairly good mucous membranes healthy.

Heart & lungs present no physical signs of disease. No abnormalities to be noted in abdomen.

Catamenia said to be normal - H.P. just terminating

Urine 1015 acid, mucous deposit - no abnormal constituents.

Special senses healthy. No disturbance of sense of touch pain heat. Knee jerks very active no ankle clonus - superficial reflexes healthy. Pupils equal regular react to L. A. skin stimulation & consensually -

B Mental Condition

Patient is in a condition of restless excitement breaking into exercises of song, shouting and stretching out her arms to an imaginary "Barnie" and occasionally leaping out of bed & making wild rushes to the door.

She chatters incessantly and cannot interrupt her rambling discourse to answer the simplest question - She has numerous erotic delusions calls the nurse May Magdalene, nurses an

imaginary baby or implores a nurse whom she addresses as doctor to put it into her arms, etc etc. She has also many delusions of identity

She has refused food since admission so being tube fed and is also very sleepless requiring a hypnotic —

May 22 Patient is still in a state of constant mental and motor excitement getting very little sleep even after Parald. 3ii. She suffers from extreme constipation requiring the administration of Croton oil (m. 1) followed by an enema before the bowels moved more. She has taken food naturally today for the first time. S.H.P.

May 29 Patient is now out of bed and going out daily, taking food fairly well and sleeping without the aid of a hypnotic. The excitement has quite gone and patient is now rather dreamy and confused mistaking the identity of those about her. She states that she thought she was in Heaven for the first ten days of her stay here — S.H.P.

June 5 Patient is still confused very recitative and has required to be fed by tube for the last three days. She is sleeping fairly well without a hypnotic. S.H.P.

June 12 Patient is distinctly hysterical. Evidently prefers the excitement of tube feeding to taking food herself, and has most affected ways. She is still confused over identities but the erotic delusions have largely gone — S.H.P.

June 28 Patient now taking food naturally. Her manner is still very hysterical and affected and she says her nights are disturbed by evil spirits whom she can both see & hear — they are not visible or audible

9 st. 10½

4 day. S.H.R.

July 18 Patient is being kept in bed as she is anaemic and the heart's action is rather irregular. She is somewhat less hysterical but lethargic seems to be free from auditory or visual hallucinations. She is getting { Ferri et Ammon. Cit. ℥VI Tinct. Nucis. Vomic ♏II Spir. Chlor. ad ℥VIII ag. }

Aug. 13. Patient is now in Gallery VI
9st. improved in physical health, also mentally. The erotic delusions seem to have quite gone and she now says she is anxious to go home and is beginning to recall stages of her illness. She is however still much confused, unoccupied and still somewhat affected in manner. S.H.R.

Septr. 14 Patient continues to improve. The delusions have entirely gone, and though patient is still dreamy she is not confused or affected. She is now in Gallery VII. S.H.R.
9st.

Septr. 26 Patient was discharged today "Recovered". She was examined before leaving and found to be in good physical health, less anaemic with action of heart stronger and now regular and free from marks and bruises — S.H.R.

Recovered.

Mrs Edith Rogers. cont. from p. 376

1910

Feb. 10th — Patient has many delusions chiefly of persecution. auditory hallucinations also persist. Keeps herself rather apart from the other patients writes many letters. Physical health good. S.B.
Wt. 6st. 9½lb.

May. 25th — Patient continues to have auditory hallucinations speaks openly about her delusions spends much of her time writing letters to Lord Chancellor etc. Physical health good. S.B.
Wt. 6st. 9½lb.

Aug. 11th — There is no mental change physical health good. but thin.
Wt. 6st. 4½lb.

Dec. 12th — Patient continues very deluded. Spends most of her time reading & writing letters insisting on her removal. Is obstinate & needs much supervision. Physical health good. S.B.
Wt. 6st 4½lb.

March 12th — Patient is very talkative at present. deluded. asking for her capt son: 'that she may go away for the week ends' 'that Parliament has told her to ask for these things every day.' Spends her time writing & reading. Physical health good. S.B.
Wt. 6st. 6½lb.

June 9th — Patient has been talkative lately. insisting on her rights. wants away for week ends. Gets incoherent after a time. Chiefly occupied in writing many letters. Physical health fairly good but is not taking her food well. S.B.
Wt. 6st. 7½lb.

Sept. 11th — Patient's mental condition is unchanged. Physically she is very thin. is not taking her food well. S.B.
Wt. 6st. 5½lb.

Dec. 16th — Patient is still very thin. but is free of energy. well occupied in writing.

numerous letters. Is secluded as usual with some weak mindedness. S.S

March 30th. Still writing many letters and long quotations from the Prayer Book. Physical health fair. E.M.J.

June 22nd. No mental or physical change. E.M.J.

Sept. 14th. Patient is restless, unsociable, writes a great deal, but is otherwise little occupied. Has delusions of persecution. Physical health quite good. E.M.J.

Dec. 30th. Still writes many letters, some almost illegible, many expressing strange + erroneous ideas about those among whom she lives, also transcripts from the Prayer Book. Conversation + manners are often defiant + hostile + express delusions of persecution. General health good. E.M.J.

1913 March 28th. Restless, deluded, writes a good deal, is unsociable. General health good. E.M.J.

June 30th. Patient expresses many vague delusions, chiefly with regard to religious matters + to the nursing staff. She is neat + clean, does not write so much, is more smiling + less hostile. General health good. E.M.J.

Sept. 30th. No mental or physical change. E.M.J.

continued in Book A. page 435.

2848

Ad. 17 May 1905
P.O.

Ruth Beatrice McCausland
married (wife of Lt Colonel McCausland) 38
Church of England - Previous address The Wansey Hotel Richmond. First serious attack
duration about a year.
Supposed cause mental breakdown after illness & miscarriage Not E. Suicidal not dangerous to others

1st certificate. She is excited and restless. She says that an awful doom is laying over her - that doctors are put upon her - That people in this district hotel are making remarks about her, that they say she is a bad woman - that she is not married that a prison van is coming for her.

1 May 1905 Signed J. R. Johnson
of Richmond

2nd certificate corroborates
1 May 1905 James Jardine M.B.
Richmond.

Previous history
(from husband) Patient has been at Wellford House for one week
She suffers from delusions of persecution, that she is being spied upon and followed. These have lasted for one year.
Patient had one child, two years old - she has since had two miscarriages, one at three months, the other at six weeks
She has always been very healthy, never having had a serious illness

Family history No history of insanity
" " phthisis

Condition on admission A. Physical

Gallery I Patient is a tall well developed well nourished woman with fair hair ~~rapidly~~ slightly turning grey and blue eyes. The mucous membranes are a good colour, the tongue clean the teeth good.
Heart and lungs present no physical signs of disease. Pulse slightly irregular, 75 per minute vessel wall healthy, volume fair tension low medium no abnormalities to be noted in abdomen
Catamenia said to be regular.
~~Urine~~
The skin is healthy, but on the right leg just above the ankle there is a patch of eczematic dermatitis about the size of the palm of the hand.
Urine – 1024, acid, cloud of mucus – no albumen or abnormal constituents –
The special senses are healthy. The deep reflexes are present not exaggerated and the superficial reflexes are normal
The pupils are equal regular, react to L & A. skin stimulation & consensually.

B. Mental Delusional Insanity

Patient enters readily into conversation and talks freely of her delusions, saying that for a year or so she has gone people have talked of her saying she is not married & that she is a bad woman &c etc. She states that she can hear them saying these things, even when they do not appear to be talking and says when a nurse has been sitting silently

by her couch for an hour that the nurse has been talking to her in an undertone and has told her that her child is dead. Voices trouble her at night and she seems to have also hallucinations of sight though she will not admit them.

Suicidal caution

She denies strongly any suicidal tendency and says she is most anxious to live for her child's sake.

She is inclined to be hypochondraical saying that her eyes are much inflamed when they appear absolutely healthy and wrinkles over her face which slightly overlaps.

She is rather sleepless, also restless at night attempting to leave her room.

May 22 Patient has been very excited today, protesting against her husband's action in placing her here saying she will take her child and leave him altogether. The auditory hallucinations are constant and patient sleeps badly. She is hypochondraical complaining of constant aches & pains, maintaining that some foreign body has been inserted into her ears at Halifax House (wax was syringed out) S.M.R.

May 29. Patient has been much quieter and the auditory hallucinations less constant. She does not now so frequently break off a conversation to listen to them. She is sleeping very much better. S.M.R.

June 3 Suicidal caution removed. S.M.R.

Caution removed June 5, 12 st. 3½ Patient is much brighter, does not now complain of bodily woes and is much less troubled by auditory hallucinations. She is sleeping well. S.M.R.

June 12 The improvement above noted continues. Patient now admits that she may have been wrong

in thinking that people said she was immoral but maintains that there has always been much gossip about her and cannot give any reason for this. The auditory hallucinations have apparently almost completely gone. S.H.P.

June 24 Patient again very excited, persisting that she has reason to be very anxious about her husband and child, demanding that a telegram be sent instantly to ask if they are well. evidently has auditory hallucinations concerning them though she will not now admit them as she did on admission. She is also extremely restless constantly wanting to go. S.H.P.

June 27 Patient was removed yesterday by her husband (against advice) was examined before leaving and found to be in good physical condition free from marks and bruises — ~~Discharged~~ S.H.P.

~~Discharged~~

June 28 Patient returned today to Sanatorium, said Gallery VII to have had "a serious relapse" very excited on return, refusing to remain but calming down towards evening — S.H.P.

July 18 Patient convinced that her husband has sent her here to "punish her" and grows very indignant when she speaks of him. It transpires that when removed on June 28 she insisted on immediately being taken to see her child and when she did see the child said it was not hers. She has no self control, gets furiously angry over trifles and cannot be reasoned with. The lack of self control is also shown at table. She denies

auditory hallucinations now but evidently has them still. S.M.P.

Aug. 13 There is no mental change. Patient is in
Ast. 1 fairly good physical health - rather dyspeptic. S.M.P.

Sept. 18 Patient still has evidently constant auditory
Ast. 3. hallucinations, can be seen smiling & talking to herself, evidently holding conversation. No delusions can be elicited.
She is occasionally dyspeptic, as she eats rapidly and ravenously. She is well occupied & sleeps well. S.M.P.

Oct. 16 When talking to the Commissioners in Lunacy
Ast. 5 last week, patient described her persecution most minutely, how people talked unkindly of her, made signs about her and generally made her life unbearable.
She continues in good physical health. S.M.P.

Jan. 31 Patient has an extremely unstable temper becoming furious & angry over trifles. She is very suspicious, asserts that things brought with her have disappeared here (not the case) etc. etc.
Still occasionally apparently has auditory hallucinations. S.M.P.

1906

Feb. 21 Patient attempted to escape today when out with a working party, rushed for a train but was stopped by an attendant. Then became most violent striking the nurse. S.M.P.

March 26 Patient was discharged "relieved" today going to Dorset County Asylum.

Discharged.

2850 Catharine M. Wetherby -

Ad. June 8 1905 - 36. single, no occupation Church of England Address The Rose Pearlake Omaha

P.O 29 May 1905 (Examiner) 5 June 1905

Previously treated at Surrey County Asylum from 29th May 1905 - June 18 - 1905 - duration of attack previous to treatment one week supposed cause "overstrained nerve & religious troubles" Not E. suicidal - dangerous

1st. certificate

When I entered the room she became greatly excited, had a wild expression had to be restrained in bed by force and made a number of incoherent statements and endeavoured to get out of our sight

Facts communicated - that she had endeavoured to cut her throat with a pair of scissors

Signed George Fisher
Shere Surrey

29th May 1905

Previous history

The present attack is of one weeks duration the cause being ascribed to family troubles and grief from the loss of her father last Oct.

Patient is of delicate constitution. 20 years ago had pneumonia and empyema - now has curvature of spine resulting therefrom.

SURREY COUNTY ASYLUM, BROOKWOOD.

Name.	Epileptic.	Suicidal.	Dangerous.	General Paralysis.	Runaway.	Employed.	Habits.	Mental State.
Catherine Mary Wetherby	No	Yes	No	No	No	No	Clean	Mania. In a generally excited & noisy manner. State. Sleepless & restless. Has a scratch on neck, the result of attempted suicide prior to admission. Is considerably bruised the result of throwing herself on the floor during at night.

J. Clayton
Medical Officer.

The patient having previously suffered from Empyema and had the lung drained for months. The breath sounds are harsh anteriorly on the left and there is slight dulness generally. There is evidence of old pleuritic adhesions — Expiration is prolonged on the right side anteriorly.
There is a loud systolic murmur in the mitral area partly replacing the first sound and the heart is slightly enlarged. There are pulsations in the epigastric & supra clavicular regions and marked pulsation in the cardiac region.
The pulse is 75 regular, medium tension, vessel wall hard. No abnormalities to be noted in abdomen.
Catamenia has been regular —
Urine acid, no albumin
Pupils equal, regular, react to L. A. & consensually.
No exaggeration of the deep or superficial reflexes.

B. Mental Mania

Patient has an anxious excited expression. She

Facts communicated – that she had endeavoured to cut her throat with a pair of scissors

Signed George Fisher
Shere Surrey

29th May 1905

Previous history

The present attack is of one weeks duration the cause being ascribed to family troubles and grief from the loss of her father last Oct.

Patient is of delicate constitution. 20 years ago had pneumonia and empyema – now has curvature of spine resulting therefrom.

Family Hist. Father's cousin insane

Condition on admission A Physical

Gallery V

Patient is a small thin woman with dark hair and grey eyes. Mucous membranes pale colour, tongue rather furred, teeth fair (has worn artificial dentures) There is a scar 3-in. long below the cricoid cartilage downwards towards the sternum the result of an attempt at suicide and patient has bruised marks (now disappearing) all over her body due to her throwing herself on the floor.
There is a deep depressed scar below the ~~right~~ left nipple patient having previously suffered from empyema and had the pleura drained for months. The heart sounds are harsh anteriorly on the left and there is slight dulness generally, there is evidence of old pleuritic adhesions. Expiration is prolonged on the right side anteriorly.
There is a loud systolic murmur in the mitral area partly replacing the first sound and the heart is slightly enlarged. There are pulsations in the epigastric & supra clavicular regions and marked pulsation in the cardiac region.
The pulse is 75 regular, medium tension, vessel wall hard. No abnormalities to be noted in abdomen.
Catamenia has been regular.
Urine acid, no albumin
Pupils equal, regular, react to L. A. & consensually.
No exaggeration of the deep or superficial reflexes.

B. Mental Mania

Patient has an anxious excited expression. She

enters readily into conversation - in fact throws her arms round the person listening to her lest he escape ere her tale is told.
She has many delusions of suspicion that her sister was detained at Brookwood for an evil purpose - that the nurses there were immoral etc - She has also delusions of unworthiness - that she is a great sinner that she ought to give herself up to the police for having attempted suicide and yet justifies the act and she says she would attempt it again -
Her manner is most excited & restless she is sleepless and has hallucinations of hearing, more marked at night.

Suicidal condition

June 12 Sent to Gallery VII S.H.P.

June 16 Patient is still unhappy as to the fate of her relatives, constantly asking if they are safe, if no evil is happening to her sister. She is now much less depressed, says she enjoys being out in the grounds and that she feels she is getting better. She is now sleeping well and no longer requires a hypnotic - S.H.P.

June 22 Patient now says she thinks she was mistaken as to the treatment of her sister at Brookwood and that her suspicions of the nurses were unfounded - The delusions of unworthiness are also disappearing - Patient is now well occupied, and sleeps well - S.H.P.

Caution removed

June 29 Patient continues to improve - S.H.P.

July 18. Patient is now in Gallery I steadily improving well occupied, sleeping well. She is however now somewhat inclined to blame herself for her illness - saying if she had had more

1st. 5

self control it would not have happened.
Naturally she is said by her relatives to be somewhat introspective and morbid. S.H.P.

Aug. 13 Patient continues to improve. S.H.P.

Sept. 8 Patient continues cheerful, well occupied, free from all depression and delusions. There has been amenorrhoea for some months now for which patient is being treated (Iron - Pot. permang. hot mustard sitz baths.) S.H.P.

Sept. 27

Oct. 1 1/2

Oct. 16 Catamenia now re-established. Patient continues bright, cheerful and well occupied. S.H.P.

Nov. 27 Patient continues as described in above note. S.H.P.

Dec. 10 Patient ~~taught~~ last night became very hysterical refusing to go to her room, was removed to an observation dormitory at 11.30 p.m. began to struggle attempting to stuff the sheets into her mouth, was removed to a padded room and was very excited there requiring 5-6 nurses to keep her from injuring herself. Paraldehyde in ʒ iv - iii doses was given thrice that night (twice by tube) and finally 1/75 gr. Hyoscine Hydrobr. S.H.P.

Suicidal Caution

Dec. 14. Patient has continued acutely excited and suicidal requiring strong doses of hypnotics (Parald. Chloral & Bromide Hyoscine 1/75 gr.) to ensure any rest. She accuses herself of great uselessness - to-day stated she would like to hear a chief. She has to be fed nasally. S.H.P.

Dec. 19 Patient was in a strong jacket today from 5.30 p.m. but even then required two nurses as she bites her arms through her jacket sleeves, tries to roll over on her face and smother herself etc. Has Parald ʒ vi at night and requires a morning draught of - ʒ ii - iii

Dec. 26 Patient still acutely excited, trying to bite herself, smother herself etc. Frequently requires restraint in strong jacket. Has Parald ʒ vi nightly with ℞ ʒ ii - iii during the day. S.H.P.

Dec. 29 Miss Witherby 2 1/2 hours restraint each morning since

Last note. S.H.P.

Jan. 3 Miss Witherly again restrained for some hours each morning, very excited and constantly trying to injure herself. Still tube fed. S.H.P.

Jan. 17 Miss Witherly has had no further restraint been tube fed on two days since last note, is now much less excited going into the gallery and outside - still very uncertain. S.H.P.

Feb. 22. Patient continues variable, occasionally excited and struggling to injure herself but on the whole improving slightly, spends the day in the gallery and goes out regularly sleeps occasionally without a hypnotic but is still too excitable for a dormitory (experiment tried) S.H.P.

April 7 Patient now in Gall. VII the excitement having quite subsided - she is now rather depressed, inclined to keep to herself but is well occupied and sleeps well. S.H.P.

May 12 Patient is well occupied & cheerful taking her food well and sleeping well - apparently free from hallucinations and delusions S.H.P.

July 15 Patient is again excited and in Gall. I insisting that everything is "topsy-turvy" and that she must reverse everything she has done before. Last night she tried to bite her hands and stuff sheet down her mouth. She is sleeping in a padded room. S.H.P.

23 Aug. Removed, relieved to Kingsdown House. Box. Dist.

2852 Mabel Helena Brooker -

Ad. June 12 1905 - 31, recently first class clerk G.P.O. Ch. of E.

R.O 11 June 1905 - Previous address Holloway Sanatorium, Virginia Water, First attack - age on first attack 30 - not previously treated - Supposed cause grief on sudden death of her mother. Not G. is suicidal not dangerous

1st certificate She is very depressed, feels that there is no hope of her recovery, confesses to attacks of acute mental excitement in which she endeavours to hurt herself of which there is evidence in a blackened eye. She says that she wishes to tear her eyes out & asks me to help her out of her misery. She rends her hair and is very untidy & neglect

(Signed) W. W. Hayes
of Epsom

2nd cert. 10 June 1905 - corroborates

(Signed) G. Graham Hodgson
Chaplain

10 June 1905 -

Previous history See Boarders Case book III 161

Was admitted here as V. B. 25 Febr 1906 - much depressed - supposed cause sudden death after mother a years ago. She was then a first class clerk in the G.P.O and continued work for six months after her mother's demise & then attempted her life by jumping from a window. She was not much injured & was taken to the W London hospital then sent to St Luke's Hospital, removed thence in 10 days & placed with a nurse companion for 3 mos. then went to Lingle care -

She is a well educated girl, reads well, plays the mandolin - is said to have always lived at high pressure -

Family hist.

Father died of phthisis
No history of insanity to be ascertained

Condition on admission A. Physical.

Patient is a tall well developed, well nourished girl
Her complexion is fair, hair reddish, eyes blue -
The mucous membranes are a good colour, teeth fairly good. tongue rather fissured and furred
The heart & lungs present no physical signs of disease - pulse 68 regular - tension rather high
Vessel wall healthy -
Urine - no abnormal constituents.
The pupils are equal, regular, react slowly to L. A. consensually & skin stimulation
Knee jerks active - not exaggerated as on admission as S.B - no ankle clonus or exaggeration of upper extremity reflexes.
Skin reflexes normal -
Patient has slightly astigmatic & myopic weak glasses
Catamenia regular.
No constipation
Bruises and black eye (right) on admission

B. Mental Melancholia

Patient has a weaned, apathetic expression and is intensely depressed - longing to get some drug to end her life asking to be put out of misery, saying she is dying

Suicidal caution

a thousand deaths. She threatens to tear her eyes out and attempted to dash her head against the wall (causing a severe contusion of the right orbital region) on the 7th June and on several subsequent occasions.
She has required strong hypnotics (Sulphonal gr. XX with Paraldehyde ii) to procure sleep. Her appetite is fair and she does not refuse food.

June 19 Patient removed from ~~table~~ 5 to Gal. 3 - 11 again sleeping in an observation dormitory and no longer requiring a hypnotic. She is less persistently depressed, smiles a little but says there is no change in her feelings and that her one desire is to die. S.H.P.

June 26 Patient now fairly well occupied, reading or sewing - very quiet tending to sit apart from others persisting that her morbid feelings are quite unchanged. She occasionally requires a hypnotic at night (Veronal) as she still sleeps badly. S.H.P.

July 3 There is no mental change - S.H.P.

July 10 Patient is sleeping better - She still tends to sit apart from the others and says there is no change in her morbid feelings but is really brighter and less depressed. S.H.P.

Aug. 13 Patient is having disturbed nights from neuralgia
10 A.M. 7½ due to four carious molars which she is reluctant to have pulled & which cannot be stopped -
Apart from this she is less depressed - is playing her mandoline again and joining in croquet &c. She will not however admit any change in her feelings. S.H.P.

Sept. 27 Patient has had two carious molars removed

and now suffers less from neuralgia, but she still
Wst. 8 sleeps badly (requiring Veronal gr VIII once or twice
a week) She is now fairly well occupied, plays
games, plays her mandolin and appears much
brighter, but will not admit any change in her
morbid feelings. S.H.P.

Oct. 16 Patient has been suffering much from toothache
Wst. 6½ lately and last week had two molars removed.
She is still subject to fits of depression and
entirely self absorbed. S.H.P.

Nov. 27 Patient has again been excited this week
Wst. 3. screaming at the pitch of her voice and pulling
out her hair. She is now sleeping in a
padded room in V requiring nightly hypnotics
She is wholly self absorbed, asking how long
this misery is to last and imploring someone
to end it. Catamenia regular. S.H.P.

Dec. 28 Patient again acutely excited last night, having to be
removed from observation dormitory to padded room in
V. S.H.P.

Jan. 31 Patient again very excited after a quieter interval
S.H.P.

Feb. 22 Patient still very excited, frequently trying to
injure herself pulling out hand fulls of hair
picking her skin etc. etc. She still sleeps in a
padded room. S.H.P.

March 20 Patient less excited, but very hysterical & wholly
self centred moaning that she does not want
to go to hell &c etc. Very restless at night
and still sleeping in a padded room. S.H.P.

April 26 Patient was discharged to day "not improved"
going to Claybury. She was examined before
leaving and found to be in good physical
condition free from marks & bruises S.H.P.

Discharged.

2853

Dorothea Emily Annie Webb.

Ad. 15 June 1905 24 single no occupation, Protestant Previous
U.O 14 June 1905 address, Norfolk House King's Road Reading
First attack, duration one week supposed cause
Morphinomania - Not E. S. very violent & mischievous.

First certificate Very violent, continually shouting. Has broken jewellery and china! Absolutely refuses food thinks she is being poisoned

(Signed) E. Stewart Abram
of London Rd. Reading

14 June 1905

Second certificate corroborates
(Signed) W. W. Flayer
of Egham

Previous History At age of 14 patient suffered from lateral curvature of the spine, was kept on her back for three years and recovered -
She has had three operations, said to be for floating kidney - removal of part of kidney capsule in June, Sept. 1903 - February 1904
Since Sept. 1903 she has taken morphia, latterly up to 12 grs. both the connivance of a nurse who procured it for her -
The nurse left in May 1905 - patient was then taken to a nursing home and there became acutely depressed, had visual hallucination etc. (the morphia was absolutely discontinued)
She is sleepless and absolutely refuses food

Catamenia hitherto regular but last period missed —

Condition on admission A. Physical.

Patient is extremely stout with large pendulous breasts and pendulous abdomen.

Could not be weighed.

The complexion is early white with some acne
the mucous membranes rather pale, the tongue furrowed and furred and slightly tremulous
The teeth are fairly good — the hard palate arched
The heart and lungs present no physical signs of disease — pulse 75 rather low tension and slightly irregular in rhythm
There is no tenderness on palpation in the abdominal region but in both lumbar regions are scars of former kidney operations the right 6 in the left 8 in and patient complains of tenderness there. There is no constipation
The second and third toes on both feet are slightly webbed
Urine 1038 high colored, deposit of mucus, acid, no albumen or casts
Catamenia said to be normal.
The pupils are dilated, react to L.A stimulation
The deep reflexes are not exaggerated and the superficial reflexes are normal.
There were slight bruises on arms & legs on admission

B. Mental. Acute Mania

Patient has a wild disheveled appearance

hair streaming, clothes usually wholly off, pupils widely dilated and face pale. She is very excited and violent, throwing food about, smearing the room (padded) and herself with faeces, kicking and striking the nurses when being washed etc. She continually calls in a loud hoarse voice for Mr. H. Fenwick (the surgeon who operated on her), says she knows he is in the building - implores him to come to her etc.

Hallucinations of hearing are very acute patient shouting fiercely 'I tell you I am not lying' turning sharply round. She also speaks of seeing her mother, and contradicts this later.

She has refused food since admission and has a remarkable power of regurgitating milk or custard given through the oesophageal tube. Her sleeplessness is extreme.

June 28 Gallery V — Patient is still very excited, sleepless, destructive of clothing, refusing to keep clothed and requiring artificial feeding. She still calls constantly for Mr. Fenwick. The hallucinations of hearing continue and the hallucinations of sight are quite marked now - patient talks of seeing diamonds on the floor, faces on the wall.

Her habits are most unclean and she is given to masturbation. S.H.P.

June 29 — Patient still very excited, in constant motion, quite unclothed, habits filthy. She still calls out for Mr. Fenwick, but her delusions are now more of a religious

nature. She is being fed by the nasal tube thrice daily and requires Veronal gr xl at night to procure sleep. S.M.R.

July 6 Patient is slightly quieter, but still frequently unclothed and habits are filthy. She demands to Mr. Fenwick are less constant. She still requires tube feeding and hypnotics at night. S.M.R.

July 13 Patient continues to improve slightly. She is quieter. keeps her clothing on and behaves fairly well in the acting court. She has lauderes still to be fed by nasal tube but is not now resistive and is sleeping somewhat better. The visual hallucinations seem to have gone and the auditory are much less frequent. S.M.R.

Aug. 13 Patient was removed this month to Gallery VII. Having considerably improved since last note. She now wears ordinary dress, dines in first hall and is sleeping well. She is however very unoccupied, has fits of apparently meaningless laughter - writes to Mr. Fenwick and talks of her "husband" S.M.R.

Sept. 26 Patient is now occasionally occupied with simple sewing, is quieter and for the last fortnight has not yielded to impulse as she did earlier in the month, throwing a glass out of the window tearing up a hat because it was not fit to wear" etc. She has still many delusions of identity and is very incoherent in conversation. She is now taking her food well and sleeping well. S.M.R.

Oct. 16 Patient is now in Gallery I, bright cheerful and well occupied, apparently free from all delusions and hallucinations. She complains of lumbar pain and is getting a simple diuretic of Potassi Citrat. S.M.R.

Nov. 27
B.P. 3½

Patient has had all her teeth stopped or crowned this month. She still complains of lumbar pain and her diuretic mixture has been increased [illegible] The daily amount of urine has never exceeded 23 oz and averages about 16 oz at present - Patient has had rather restless nights lately, having had much dental pain - S.H.P.

Dec. 12

Patient went today on trial was examined before leaving and found to be in fair physical health, head and lungs presenting no physical signs of disease - free from marks and bruises S.H.P.

1906
Feb. 5

Patient was today discharged "recovered" from trial. S.H.P.

Married

Discharged

407

2856 Lilian Clough

Ad. June 29 1905
U.O. June 29 1905
R.O. 5 July 1905

39, married. No occupation. No religious persuasion. First attack, not previously treated. Duration three months, supposed cause domestic worries. Previous address c/o Mrs Hetcher Smith Birch Grove, near Horsted, Keynes. Not P. S. D.

First certificate

She is in a state of melancholia and weak mindedness. She is very depressed & unhappy, believing that she will never get well. She imagines that she has wronged her family by incurring expense. Her mental reaction is slow. She answers questions slowly and monotonously. She is apathetic. Her memory for recent events is defective and there is motor restlessness.

29th June 1905 Signed W. W. Hayes of Epsom

Second certificate corroborates.

1st July 1905 Signed F. G. Hodgson Chertsey.

Previous history.

Patient who applied for admission as a voluntary boarder, has been depressed for three months. Has delusions of self accusation. That she is unclean and has treated her friends badly. She has been under the care of a nurse in Sussex.

She was married five years ago and separated from her husband three years ago owing to his drunken habits.

Patient is a music teacher (piano) Violin. Her husband is also a violin player and is now in a music hall band.

Family History — No history of insanity or phthisis —

Condition on admission A Physical.

H. Patient is a small thin woman with deeply sunken
Wt. 8st 2 eyes - hair brown, turning grey, eyes grey.
Gallery III Her teeth are carious and defective tongue furred
Lip & fissured, palate rather arched. The mucous
membranes are rather pale - Breath foul
Cheeks, nose and chin show a well marked rosacea
Heart and lungs present no physical signs of
disease - Pulse R regular, medium tension, very
well healthy —
No abnormalities to be noted in abdomen
Catamenia said to be irregular, amenorrhoea
for some months —
Bowels constipated
The pupils are equal regular react very slowly
to L. A. and skin stimulation.
All deep reflexes are very much exaggerated
Triceps Biceps, Supinator jerks, Knee jerks well
marked ankle clonus. The plantar reflex could
not be definitely ascertained, but seemed to
be healthy —
Urinary system — no subjective symptoms
Urine 10 12 very pale, some mucus, no abnormal
constituents (albumin, indol etc)

B. Mental

Patient has a very depressed dejected expression
eyes ~~rather~~ are kept downcast and she talks
in a low understone very slowly - She
converses readily but returns continually
to the ~~fact~~ subjectivity that she will never get better
that she was wrong to nurse her father

unaided so long that she is a source of great expense to her family.
There are no hallucinations to be detected.
Patient takes food fairly well, but has been sleeping rather badly.

July 6. She continued in a very dejected state with delusions of self accusation. She is listless & wanders about in a purposeless way and does not employ herself. W.T.

July 13. Patient continues very dejected and listless constantly accusing herself of wrongdoing. She has been sleeping somewhat better. S.H.R.

July 20 Patient is still very restless and agitated crying a good deal and constantly accusing herself. The rosacea of the face is improving and patient is in better physical condition. S.H.R.

July 27 She continues as described in above note. S.H.R.

Aug. 13 8 st. Patient is still extremely depressed. Very restless and constantly weeping. S.H.R.

Sept. 26 8 st. 2½ Patient is somewhat better occupied, occasionally sitting down to sew but still very restless frequently walking about the room for hours, weeping and accusing herself of various sins. She still sleeps badly requiring Veronal gr. VIII once or twice a week. She is taking her food somewhat better. S.H.R.

Oct. 26 Patient continues as described in last note. S.H.R.

Nov. 27 Patient is still very restless and agitated - crying loudly in the mornings and again bewailing herself at night. She is fairly well occupied during the day. She is at present getting Veronal

gr. VIII during the day. S.H.P.

Nov. 30 Patient was today discharged "relieved" S.H.P.
(removed against advice)

Discharged.

2861.

Emily Stone.

Ad. July 3. 1905
R.O. July 1. 1905

Age 40 – married – no religion – late of Jordan House 68 London Rd Tunbridge Wells – 1st attack of 6 months duration – supposed cause prolonged taking of morphia – not E S or D

1st Cert.

1. Told me there was a bottle suspended between the ceiling and her bed 2. Every piece of colour in the room was a secret sign 3. Shows disconnected & sheer incoherent 5. Heard knocking on walls that did not exist.

July 1. 05.

G. J. Creasy.
Tunbridge Wells.

2nd Cert

Corroborates.

July 1. 05.

F. R. B. Bishopp
Tunbridge Wells.

Previous Hist. fr. husband

She had epistaxis 18 yrs ago for which a dose of morphia was given her. She has had morphia given her, hypodermically, from that time until about 6 wks ago except during intervals on lasting several years when she had none. She has not taken it secretly. In 1892 an obstetrical operation was done to rectify some abnormality of the vagina. In 1902 an operation was done for fissure, fistula & haemorrhoids – since this operation she has occasionally had insufficient control over the sphincter ani.

There was one miscarriage ? in 97 and one child in 1901.

There have been mental symptoms for

last 6 months. Erratic and unmanageable - delusions and unusual conversation and last 4 wks hallucination of sight & hearing.

Fam hist. Mother insane after 50 yrs of age. (insanity ascribed to carriage accident)

On admission.

Physical.

Galley ✓
HH.
Ht. cannot be obtained

She is poorly nourished and in a feeble condition - she cannot walk without assistance. Complexion sallow and anæmic - hair turning grey - eyes grey pupils equal and react normally. No teeth - wearing artificial dentures which fit badly - tongue furred - heart action timeless - lungs no abnormality discovered - pulse small. There is a rash, probably Bromide, on face and parts of body - knee jerks sluggish - Urine 1035 deposit of urates acid - no other abnormal constituents!

Mental.

She is in a restless state, constantly wanting to get up and walk which she is unable to do. She talks in a

rambling and incoherent way and can only answer very simple questions. Much mental confusion and impaired memory. She has delusions of identity of those about her. She has auditory hallucinations and talks to imaginary people. She also appears to have visual hallucinations. W.T.

July 10. For the first few days after admission she was in a very feeble condition. She has been kept in bed and appears to be slightly stronger now. She was tube fed at first but is taking food better now. She has been very restless - incoherent in conversation & the delusions continue. W.T.

July 17 Patient has improved so far as to be removed to-day from a padded room (because of her restlessness) in No V to Gallery II. She is now able to walk about a little - is still taking food poorly however and requires tube feeding twice on the 16th inst. The auditory hallucinations persist. S.H.R.

July 24 Patient continues to improve - she is still very confused, was visited yesterday by her husband and told him she had thought ~~st~~ he was dead. The auditory hallucinations are less constant and she is taking food better and sleeping fairly well. S.H.R.

July 31 Patient is less incoherent - still very depressed thinking she is not fit to associate with others and very suspicious that her husband will not visit her again etc. She has however improved so far as to be removed to Gallery II and

P. Lig. Anem. 3/3

is steadily improving physically S.H.P.

Aug. 13 Patient is still depressed and suspicious but is now taking food fairly well and sleeping well. The bromide rash is disappearing. S.H.P.

Sept. 22 Patient has improved much since last note, is now in good physical health, sleeping well. She now joins in all the interests and amusements of the Hospital, no longer shows mental confusion and hallucinations and delusions appear to have quite disappeared. She is said by her husband to be naturally of a very timid, reserved disposition and this is quite apparent. S.H.P.

Oct. 13 Patient was to-day discharged "recovered" S.H.P.

Recovered.

Aug 8: Was suicidal when admitted to hospital. Succidal precaution Oct 1/2 removed

Mrs. Lloyd. Cont. from p. 434.

Nov. 8th. Patient continues depressed & agitated.
Wt. 6st. 10 lbs. Talks a good deal repeating the same thing over & over again
Quite unoccupied Physical health good.

1910
Feb. 10th. Pt. is now in Gallery IV. Continues
Wt. 6st. 11½ lb restless & mildly depressed constantly asking after husband & if he has not been here. Repeats every thing three times. needs constant attention
Physical health good. S.B.

May 25th. There is no mental change
Wt. 6st. 13½ lb. physical health fairly good. S.B.

Aug. 11th. Patient is depressed somewhat
Wt. 7st. 3½ lb agitated. much mental weakness also present. Repeats everything she says three or four times. Unoccupied
Physical health fairly good. S.B

Dec 12th. Patient is demented. somewhat agitated.
Wt. 7st. 3½ lb depressed. Physical health fair but is thin & anaemic. S.B.

March 13th. Patient continues mildly depressed.
Wt. 7st. 7 lb. demented. somewhat restless. unoccupied
Physical health fair S.B

June 9th. Patient is depressed but there is very little
Wt. 7st. 8 lbs. agitation. Repeats two sentences words a great deal. unoccupied. Physical health fair

June 27th. Patient was discharged today
relieved & transferred to Morningside Asylum

Discharged

2863 Jane Mercer.

Ad. 19 July 1905 62 single, of no occupation Church of England -
R.O 17 July 1905 Previous address 77 Vicarage Road, Eastbourne
First attack, duration about few days, cause "mental trouble" Not F. S. D.

First certificate She states she has been very wicked and wishes she could be put into a pit. She dreads having the window open at night for she says birds come in & terrify her and she fears they will kill her.

Com. Patient objected to being washed as she had plague and would give it to nurse -

(Signed.) A. Edw. Rook. M.R.C.S
15 July 1905. of Eastbourne

Second certificate

corroborates -
(Signed) Alfred Bowler M.R.C.S
of Eastbourne

15 July 1905.

Previous history from sister in law Patient who is musical (piano) and lives alone at Eastbourne except for the companionship of a nephew - a child.
Her maid has observed increasing depression in her for some months but her sister-in law noticed nothing unusual in her in February when Miss Mercer visited her in London.
On June 28 she wrote to her brother that she was in great financial straits - on his enquiring into matters he found she had

No liabilities and £70 to her credit.
Patient has had a trained nurse for a week who reports that there is great difficulty in getting patient to eat. (She likes everything tasted before she eats it) and that she is sleepless & very constipated.

Family history

One sister had an attack of puerperal insanity recovered from

Condition on admission A. Physical

Scales VII
Ht. 5 ft 2¼
Wt. 7st 6½

Patient is a poorly developed ill nourished woman with dark hair turning grey, grey eyes. Her complexion is sallow, mucous membranes pale. tongue slightly furred & furrowed. Her teeth are all gone and she wears artificial dentures, which are said to fit badly
The first sound in the mitral area of the heart is booming and the sounds in general are feeble. Pulse 75. Light tension, vessel wall thickened
There are no physical signs of disease in the lungs
Patient is very constipated.
Menopause some fifteen years ago.
Urinary system - no subjective symptoms
Urine 1040 pale amber deposit of mucus no albumen or sugar
The knee jerks are diminished - no ankle clonus or Babinski. Triceps jerks very slight -
The pupils are equal regular, react slowly to L. A. and skin stimulation, consensually
On the left leg there is a patch of chronic eczema

B. Mental.

Patient spends the day lying on a couch unoccupied

She enters into conversation readily but does not raise her voice above a undertone - She states that she believes she will never get well that she has a loathsome disease which she may communicate to others. She also says she is very wicked and her sins are unpardonable. No definite hallucinations can be elicited and the terror of birds coming in to devour her at night (in certificate) is referable to a fright patient got in childhood.
She possibly has delusions of suspicion concerning her food as before coming here she required to have everything tasted before she would partake of it and she still takes very little.
She does not sleep well.

26 July — Patient was removed to Gallery II two days after admission. She is going out more - spending less of her time lying on couches and is now reading a good deal - for the first three days she was quite unoccupied. She is taking her food better and sleeping fairly well. She still seems to have a terror of some harm coming to her through windows open at night.
S.H.R.

Previous history (from father) Miss Wickham — Three years ago patient was slightly depressed. The cause of the present attack is supposed to be grief over the sudden death of her mother two months ago. Since then she has been excited, very restless and incoherent generally. She is not [illegible]
(from nurses) No constipation - Menstrual periods have been irregular but are now regular.

Family History — One brother deficient mentally.

Condition on admission & Physical
(Patient very restless and examination is the difficult)

Galley — Patient is a slim fair haired girl fairly well nourished and well developed. The eyes are blue, teeth fairly good, tongue is

August 2 — Patient continues to improve, admits that she has
Ht. 5½ — no foul disease, nor ever had one — has no longer night terrors, is taking her food well and is well occupied S.H.P.

Aug. 9 — Patient now says that she recognizes her ideas as to disease etc on admission are delusions and accounts for them by being much worried on taking a new house. S.H.P.

Aug. 16 — The improvement above noted is maintained. S.H.P.

Aug. 16 — Sept. 30 — Patient was discharged today recovered

1905 — She was examined before leaving and found to be free from marks and bruises. There is an early diastolic murmur heard in the mitral area of the heart and the first sound is booming. The second sound in the aortic area is markedly accentuated. The sounds in the other areas are normal. There are no physical signs of disease present in the lungs.
The constipation & haemorrhoids from which patient suffered on admission have yielded to treatment S.H.P.

Discharged

1908 Mrs Reeves (from 430)

Aug. 5 Patient continues noisy incoherent and fatuous quite unoccupied, occasionally violent noisy at night - in good physical health. S.H.

Nov 30th Patient continues unoccupied, restless & noisy. She expresses many delusions of identity & persecution, Her conversation is rambling & incoherent. Her bodily health is good. M.S.B.

1909 Feb 9th Patient continues unchanged mentally - Is just now somewhat excited, very noisy at night. troublesome in the gallery, violent at times. Physical health good. M.S.B.

Dt. 9st 8 lbs.

May 8th Since last entry patient was in bed for about one week, with an attack of cateritis Is now up again, is very feeble physically Mentally she is unchanged, incoherent, at times noisy & violent. Is incapable of any occupation. Sits all day folding her apron. M.S.B.

Could not be weighed

Aug. 20th Patient is quite incoherent but noisy ~~violent~~ at times especially at night. Is quite unoccupied & sits about all day folding things & murmuring to herself at times. Physical health feeble - Had two small patches of tinea circinata which were soon suppressed

Gallery III

Wt. 8st. 1½ lbs.

Nov. 8th. There is no mental or physical change

Wt. 7st. 5½ lbs

1910 Feb. 10th. Patient is demented restless & quite occupied - sits all day folding her apron - Physically is very feeble & suffers from constipation - S.H.

Wt. 6st. 11 lbs.

May 25th Patient has become much more feeble & has been moved to Gallery VIII & is in bed.

Wt. impossible

Holloway Sanatorium Hospital,

Virginia Water

Coft

NOTICE OF DEATH

Date of Reception Order, the 24th day of July 1905.

I hereby give you Notice, That Elizabeth Reeves a Private Patient, received into this Hospital on the twenty fifth day of July 1905, died therein on the fifth day of September ~~190~~ 1910

Signed Geo. W. Smith
Acting Medical Officer.

Dated the seventh day of September One Thousand nine hundred and ten

To the Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Elizabeth Reeves
Sex and age	female. 70.
Married, single, or widowed	married
Profession or occupation	none.
Place of abode immediately before being placed under care and treatment (if known)	27 Eastbank. Stamford Hill, N
Apparent cause of death	Arterial Sclerosis
Whether or not ascertained by post-mortem examination	no.
Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased	4.15 p.m. No unusual circumstances Slight abrasion on left hip
Duration of disease of which patient died	
Names and description of persons present at the death	James Reeves, husband
Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied	no.

Signed Geo. W. Smith
Acting Medical Officer.

Lunacy R. 21. (1797 O.B.—10-99. London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

4

19

D

C

S

W

19

1910

mentally is unchanged my demented & restless constantly folding the sheet.
Still very constipated. S.B.

Aug. 15th. Patient is very feeble now - only just being kept alive. She is hardly swallowing anything. Has not been restless for several days - also no strength to resist or do anything for herself. S.B.

Sept. 5th Patient gradually became more feeble. She suddenly became worse about mid-day and died quietly at 4·15 p.m. in the presence of her husband Mr James Reeves. E.T.

2864 Elizabeth Reeves

Admitted 25 July 1905 64 married of no occupation Ch. of England
P. O 24 July 1905 - Previous address (nursing home) The Terrace 7 Camden
C. on J. 26 July 1905 Sq. N.) First attack - not previously treated
duration "pronounced five weeks" cause shock
from death of relatives - Not F. S. D. (has thrushes

First certificate She is unable to carry on a rational conversation
She has the delusion that every man she meets is a
burglar or thief, that her husband wants to divorce her
that several of her illegitimate children were brought
to her house in baskets that he is a very wicked man
who wants to give those children all her money in
which there is no truth) She has no idea of time or
place - She is very violent at times & is unfit to take care of
herself.

Signed Alex - McDonell
33rd July 1905 - 39 Stamford Hill. N

Second certificate corroborates

Signed J. D. Gordon -
23rd July 1905 - of Homerton

Previous history
from son & daughter Patient married at eighteen and has had 17
children (from herself - before the birth of the
first child she had several miscarriages
and has had severe flooding at all labours)
She has always been a healthy woman
and her married life has been happy - Nine
of her children are now alive -
Her son has noticed little peculiarities
in his mother for the last 12 - 14 years -
that she has been easily disturbed, over
trifles has worried over expense needlessly.
Eight years ago she had a fall - breakaughts

arm. There is a doubtful history of alcoholism -
For the last two months or so she has entertained delusions of suspicion against her husband -
She came here from a nursing home, where she had grown rather troublesome - hammering on the door to get out -
She is said to vomit blood occasionally - to have varicose veins and to be rather restless at night.
The menopause occurred years ago and no mental symptoms were then observable -

Family History One sister insane. Husband's brothers & sisters said to be peculiar. No history of consumption.

Gally III
20th. 10th 1911

Condition on admission - A Physical.
Patient looks a pale-old woman with somewhat florid complexion - greyish eyes and grey hair - She is well developed and well nourished - Her tongue is furred and firmly tremulous and drawn to the left side when protruded. Her teeth are gone above - those remaining in the lower jaw are very carious (the occasional bleeding mentioned in P.H. may come from gums) The hard palate is much arched. Mucous membrane good colour. There are no physical signs of disease in heart or lungs. Pulse 76 - volume ample tension medium, vessel wall not thickened. Digestive system. Patient suffers from flatulence the liver and stomach are not enlarged. The abdomen is rather pendulous
Urine 1026 acid no albumin or abnormal constituents.
The triceps jerks could not be obtained, nor the supinator jerks. The knee jerk is increased

on the right side exaggerated on the left. The superficial reflexes are normal and there is no ankle clonus.
The pupils are not dilated equal and regular react well to L. A. consensually suggests to skin stimulation.
Patient is faire deaf, said to result from accidental rupture of the drum of the left ear and is presbyopic.
The internal saphena veins are varicose markedly so on the left.

B. Mental.

Patient has a somewhat fatuous expression laughs easily, repeats what is said to her and frequently saying Eh "in a vacant manner. She is tidy in dress and appearance and her habits are cleanly. Her speech is somewhat indistinct and facial muscles tremulous when she speaks. She slurs syllables somewhat - this is seen marked in test words such as "Edward Register St" etc.
She states that all her possessions are better than anything here - house larger - rooms finer etc - and seems in a state of fatuous content - very easily pleased and demonstratively affectionate.
She has numerous delusions of identity - nurses etc are old friends - but the prevailing delusion is that her husband has been unfaithful to her has children which are not hers and married again last week.
No hallucinations could be elicited.

She takes food well – is rather restless at night –
Omitted date Her memory for recent events is much impaired (e.g. she does not know how long she has been here etc. etc.) but for her earlier life good –
August 1 Patient has been rather troublesome at night occasionally
10 st. 8½ getting up and trying the door occasionally requiring a hypnotic. She is apparently quite contented with life here, thinks of the nurses as old friends and has numerous delusions of identity. S.H.P.
Aug. 8 Patient is much troubled with flatulence is fatty for it Hunyadi Janos in morning & Tab. Carboti m. 1 t.i.d. – with benefit. She is at times very noisy and troublesome wishing to go home. There is no improvement in her memory for recent events and she has numerous delusions of identity – S.H.P.
Aug. 15 – Patient unchanged mentally – improving slightly in physical health S.H.P.
Aug. 22 Patient has been rather less troublesome of late, but is absolutely confused as to identities and is very hazy as to time and place. S.H.P.
Sept. 27 Patient is still rather troublesome, wandering
10 st. 1 off in an aimless kind of fashion because "she has seen her" (whom she will not say): she is not now noisy and is fairly well occupied under supervision.
The pupils remain much contracted and patient's speech is somewhat slurred and indistinct – S.H.P.
Oct. 25 There is no mental or physical change. S.H.P.
Nov. 27 Patient is less troublesome, and is well occupied
9 st. 8 under supervision but retains her habit of wandering off aimlessly in search of some imaginary individual. Her memory for recent events

has not returned and her speech is slurred and indistinct - S.H.P.

Jan. 22 Patient continues much as described in previous note but her conduct is now more influenced by hallucinations than formerly. She hears voices telling her to come in when she is out walking etc. She is now in Gallery III after having been for some weeks in VIII. Her physical health continues fairly good S.H.P.

Feb. 22 There is no mental or physical change S.H.P.

May 12 Patient still in Gall. III well occupied, taking her food well and sleeping well. She has many delusions of identity and frequent auditory hallucinations S.H.P.

31 Aug. There is no mental change. Patient is in good physical health. S.H.P.

Nov. 22 Patient continues to have constant auditory hallucinations, which influence her conduct considerably. She has many delusions of identity and is now growing suspicious, occasionally attacks the nurses because she fancies they have stolen her clothes etc. She wanders about the gallery aimlessly answering irrelevantly when addressed but can be induced to occupy herself. Her physical health is good. S.H.P.

Dec. 8 Patient fell and bruised right wrist last week. S.H.P. Colles'

1907 Feb. 26 Patient has now good movement of right wrist after treatment (bandage and sling with massage) but there is still some broadening of the affected joint. Mentally patient grows more suspicious and is frequently violent because of this. She is quite irrelevant in conversation, does not in the least realise where she is, while her memory for recent events is practically gone. She is

also more frequently unoccupied. The pupils are much contracted and react slowly to light. The knee jerks are very slight. S.H.P.

May 22 Mentally patient grows more incoherent and rambling, can not now occupy herself usefully and is occasionally violent because of her many delusions of suspicion. Her memory for recent events is absolutely gone. Her physical health is good. S.H.P.

Aug. 26 Patient grows more demented - cannot answer a simple question, is quite unoccupied. She is occasionally violent, because of her delusions of suspicion - nurses stealing her clothes etc - the pupils continue much contracted and their reaction to light is slow - S.H.P.

Oct. 3 Patient was removed to Gall V today owing to her violence. She has lately grown more violent at night and in the mornings, accusing everyone who comes near her of stealing her clothes and hiding them. Last night she attacked the night nurse with a curtain rod - S.H.P.

Nov. 12 Patient continues noisy, occasionally singing all day except at meal times, frequently violent on account of her delusions which are that everything is being stolen from her - quite irrelevant in reply and usually unoccupied. Her physical health is fair. S.H.P.

1908 Feb. 27 There is no mental or physical change. S.H.P.

Gall. V. Patient continues unoccupied, frequently noisy
May 9 constantly wandering up and down the gallery given to interfering with the other patients and at times violent - on account of her delusions that everything is stolen from her. She has also many delusions of identity and is absolutely incoherent. Her physical health is fair. S.H.P.

423

2867 Hilda Vickham

Ad. Aug. 3 1905 26, single, of no occupation, Ch. of England. Pa
P.O. Aug 2 1905 Harewood House, The Common Lundridge Wells
First attack duration 7 weeks, supposed cause
grief over death of parent. Not P. S. D.

First cert. She was very incoherent in her ideas & made long rambling statements some in the course of which she stated that she had been paralysed & confined about on a pillow from the age of 3 months to 7 years that she had been placed in the bed of her uncle who had been suffering from smallpox. I am informed that there is no truth in either statement. She also said the Madonna mark had been placed on her forehead. She sat on the floor & spread out her legs to show she was double jointed. She was muddled as to her immediate relations & stated that her brother had taken her false teeth for three weeks which I am informed is untrue.

Signed John Cecil Price
of Lundridge Wells

Second cert. 2 Aug. 1905 corroborates

P. C. Smith
of Lundridge Wells

2 Aug. 1905

Previous History (from father) Three years ago patient was slightly depressed. The cause of the present attack is supposed to be grief over the sudden death of her mother two years ago. Since then she has been excited, very restless and incoherent generally. She is not suicidal or dangerous.

(from nurses) No constipation. Menstrual periods have been irregular but are now regular.

Family History One brother mentally deficient

Condition on admission A. Physical

Sally V. Weight could not be ascertained

(Examination difficult as patient is so very restless)
Patient is a slim, fair-haired girl well developed but poorly nourished. Her eyes are blue, teeth fairly good tongue rather furred, complexion sallow, dark circles below eyes. mucous membranes rather pale
The first sound in the mitral area is very booming in character, and the second sound in the pulmonary area accentuated. Pulse 78, regular in rate and rhythm, vessels well healthy, volume ample tension high -
The lungs present no signs of physical disease - and there are no abnormalities to be noted in the abdomen
Urine 1022 acid, deposit of albumin, 1% no other abnormal constituents.
Catamenia said to be now normal -
The pupils react to L. A. and skin stimulation and consensually. The deep reflexes are present, not exaggerated organic and superficial reflexes healthy.
Superficial bruises over arms & legs on admission

B. Mental.

Patient is very restless jumping out of bed and constantly moving about when in it. She chatters incessantly and incoherently or sings hymns interspersed with nonsensical remarks. She cannot answer a question correctly and has little idea of time or place -
She appears to have auditory and possibly visual hallucinations, turning sharply round frequently to answer imaginary remarks
Her habits are frequently uncleanly and she is rather sleepless at night.

Aug. 10 Patient is still very restless & excited habits very unclean but she takes her food well
She is still very sleepless requires occasional

doses of Veronal (gr. IIII) at night. S.H.P.

Aug. 17 Patient has so far improved that she was removed to Gallery III. She is still restless, but slightly less incoherent and no longer cries or shouts. She is taking her food well and sleeping very much better. S.H.P.

Aug. 22 Patient is now in Gallery III steadily improving, quiet and coherent, and beginning to occupy herself with reading and sewing. She is rather anaemic and is now getting Iron Dialysis (gr. X 1.t.i.d) — S.H.P.

Aug. 29 Patient continues to improve. S.H.P.

Sept. 27 Patient is now quite well occupied, quiet & coherent but rather hypochondriacal, constantly complaining of something, indigestion, pain etc. etc. She is still rather anaemic S.H.P.

Wt. 8st. 3½

Oct. 25 Patient is now in Gallery I, very quiet but well occupied and perfectly coherent. No delusions or hallucinations can now be elicited. Patient is still being treated for anaemia & indigestion. S.H.P.

Nov. 20 Patient was today discharged "recovered" S.H.P.

Discharged

Margaret Drysdale Lloyd from P. 402

1909. May 7th are dead. Is incapable of sustained
Wt. 6st 12½lb conversation. Physical health is fair. Patient
is troublesome over food at times. M.E.B.

Aug. 10th. Patient continues restless depressed & quite
Wt. 6st 6lb. unoccupied. Spends a great deal of her
time walking up & down - or rocking
herself to & fro muttering to herself.
Repeats the same thing over & over again.
Still has delusions about her children. S.B.

Margaret Drysdale Lloyd. 62 yrs.

3370 Patient was today readmitted her certificates
Adl. 20 Aug. 1909 having lapsed through operation of law.
R.O. 19th Aug. 1909
C. in L. 21st Aug. 1909. Occupation none. Religion protestant.
Previous asylum Holloway Sanatorium - 1st first attack. Age on first attack. 45 yrs. Previously treated at Dr Adams. West Malling Kent about 13 yrs. ago.
at Holloway Sanatorium since Aug. 7th 1905.
Duration of existing attack 4 yrs. Cause unknown but E.D. or S.

1st certificate.

She is in an extremely agitated condition of mind - talks incessantly & rapidly repeating each sentence three or four times. Is quite incoherent. (Can't) mix Winifred Lane (nurse) Holloway Sanatorium Virginia Water - that she is very noisy & excitable - that tube fed on account of her refusing food.

(dated) 18 Aug. 1909. (signed) Robert Stautanks Drew
Daylesford - Egham - Surrey

2nd certificate corroborates

(dated) 8. Aug. 1909. (signed) Henry Brougham Pope M.D.
Egham - Surrey.

Family & Past History see p. 447.

Condition on Admission. A. Physical

Small - thin not well developed. very neat. Grey hair pale hazel eyes. vacant expression -
Nothing abnormal in detected physically. in lungs heart or abdomen apetite complains of nothing & looks at steadily

B. Mental

Gallery III. Patient is depressed, agitated. talks very fast - repeats the same thing over & over so that it is difficult to understand her. Talks about people she has known in the past & her children whom she thinks are dead or in poor. She is restless at times very noisy & quite incomprehensible. Needs constant attention when in the bathed dressed & fed by nurses. &c

Stature
Wt. bare 5½ lbs

S.B.

P. 417

435

2868

Od Aug. 3 1905
P.O 23 Aug 1905
(Transfer from County Asylum I. of W.)

Violet Maud Margaret Staples
31 married, of no occupation, Ch. of England, Protestant address Hareclose Park, Sea View – Not first attack, age on first attack 30, previously treated at The Lodge, St Albans Road, Walford, Duration of present attack one month. Not E.S. but dangerous.

First certificate

She was then excited, had a fracas at the lunch table & threw forks and plates at persons seated. She told me that everyone had conspired to torture & murder her & her children & it meant an Asylum – or murder. She denounced her surroundings as liars & conspirators to her destruction and was very excited. For some time past she has been sending messages to the King and is indignant that he has not avenged them

22 July 1905 (Signed) Francis Godfrey L.R.C.P.S. &c.
of Ventnor I.W.

Second certificate

corroborates
22 July 1905 (Signed) F. J. Cutler
of Sea View I.W.

Personal History

Family History

No evidence of insanity

Condition on admission A. Physical.

Gallery II
Ht. 5 ft. 3.
Wt. 10 st. 5½ lb.

Patient is a well developed, well nourished healthy looking young woman, fair haired & blue eyed. The complexion is good teeth fairly good, tongue healthy, mucous membranes good colour. Heart and lungs present no physical signs of disease; there are no abnormalities to be noted in the abdomen and catamenia is said to be normal.

Urine 1024, acid, no abnormal constituents.

The pupils are equal, regular and react to L.A. skin stimulation and consensually. The superficial and organic reflexes are healthy - the deep reflexes present not exaggerated.

B. Mental.

Patient is inclined to resent physical examination, is very unlikeful (obstinately refusing to rise unless tea is brought to her and forgetting breakfast when this is refused) Her manner is brusque and her conversation connected but disconnected. Habits are good and she pays fair attention to dress and appearance.

She says she has been shamefully ill treated, especially her husband who has neglected her for a year, sending her away on a "beastly ship" She also says her children (two) have been ill treated and that everyone is in league against her and them.

There appears to be no auditory or visual hallucinations. Her appetite is good and she sleeps well.

Aug. 10 Patient is rather difficult to control and very self willed but has not so far given way to any outbursts of temper. The delusions of ill treatment persist. F.H.P.

Aug. 17 She continues as described in last note S.H.P.

Aug. 22 Patient is very retiring and listless - rarely occupied, very persistently trying to get her

own way in various little matters not permitted. She is in good physical health. S.H.R.

Aug. 29. Patient is now expressing many delusions, chiefly of identity. She declares the chargenurse is an old friend who has frequently dined at her house and is masquerading as a nurse - many of the patients she says she has met before and they are here under false names. She is still very willful - S.H.R.

Sept. 27 10 st. 1½. Patient is now expressing many delusions and hallucinations - a voice speaks constantly to her often "cruelly" sometimes however it "consoles her in the night" She is very hypochondriacal complaining of much weakness and lying constantly on the ~~green~~ sofa, or even on the floor with a cushion. There are absolutely no signs of physical disease. She is rather sleepless and frequently requires a hypnotic (usually Veronal gr. VIII.) S.H.R.

Oct. 16 10 st. 4. Suicidal caution. Patient was today put on "suicidal caution" as she has been asking for something to end her life and stating that she feel a desire to strangle herself. She is still hypochondriacal, but is taking her food fairly well. S.H.R.

Nov. 27 Patient is very hypochondriacal always asking for some fresh drug and constantly adducing her own statements as to her ailments in the course of an hour. She complains much of voices heard on the right side of her head which give her pain there. She is often quite unoccupied. S.H.R.

Dec. 28 There is no mental or physical change. S.H.R.

Jan. 22 Patient continues very deluded with many hallucinations of sight & hearing - seeing rows processions in the clouds & spending much

time drawing the faces and figures she sees in the fire. She complains that she is afraid to sleep in her room alone as voices trouble her. S.H.P.

Feb. 23 In letters annexed of this date patient states that she is being "bullied" by a "spiritual ventriloquist" who gave her an awful fright by telling her that if she did not commit suicide immediately she should be sent to another place "where there were nothing but real imbeciles" S.H.P.

May 12 Patient continues full of delusions and hallucinations. She believes that some great spiritual crisis in her life was to take place on May 1. This had been revealed to her. She is very hypochondriacal. S.H.P.

31 Aug. There is no change in patient's mental state. She has many and varied delusions - that she is assaulted on one side of her head at night etc. etc. She still writes to the King on any matter - the last matter of complaint being that her children were wearing bathing dresses too tight for them. S.H.P.

~~30~~ 29 Sept. Patient was ~~discharged~~ transferred to asy. "not improved" going to Northampton. She was examined before leaving and found to be in good physical health, free from marks and bruises. S.H.P.

Discharged

2870 Emma Hough.

Ad. 4 Aug. 1905 59 single, of no occupation, Ch. of England. Previous adm.
P.O 4 Aug. 1905 8 Eldon Road, Hampstead, Previous attack at age of 37 treated at Brooke House Clapton, Present attack said to be developing since March. cause not known. Some indications of suicide, not E. or D.

First certificate She says God has forsaken her, that she is a ball of fire and will burn for ever and ever in hell and nothing can save her as she has been cursed. She makes grimaces and gesticulates when out walking. Says she is no longer a human being but a thing cursed to burn in hell for ever & ever

3 Aug. 1905. (Signed) E. Peter Warnum
of Belize Park. N.W.

Second certificate corroborates

(Signed)
J. Chambers
of 8 Mansfield St, Cavendish Sq.

Previous history from her nurse Patient has gradually been growing worse. accuses herself of neglecting an old nurse thought she had killed her from an overdose of morphia. Believes 20 years ago that she was responsible for her mother's death.
She now thinks she is forsaken of God and must go to Hell. that she is possessed of devils & that demons jump on her shoulder.
She has hallucinations of smell, demons burning in her hair, auditory and visual hallucinations
Twenty years ago she took poison and lately has been trying to get into chemists' to get poison? At the same time she is terrified to die.
Last week she became violent.
Drugs Veronal for 3 weeks, 10 gr. opium for last three

weeks - She is much constipated, takes aloes & asafetida and occasionally calomel.
She takes her food fairly well.
The climacteric occurred 2½ – 3 yrs ago - possible cause of this neurosis.

Family Hist.

Grandfather & grandmother & uncle insane - Brother very light strung.

Condition on admission A. Physical.

Gallery VII
Ht. 5 ft.
Wt. 7st. 11½

(Patient resented examination strongly, being very suspicious of its purpose)
Patient is a querulous looking old lady with grey hair light brown eyes and sallow complexion hairy chin
The mucous membranes are rather pale, the tongue rather furred, the teeth fairly good.
Head and lungs present no physical signs of disease nor are there any abnormalities in the abdomen
Pl. Pulse 78 regular in rate & rhythm, volume small & tension low.
Climacteric occurred 2½ – 3 years ago.
The pupils are equal & regular react to L. A. The superficial and organic reflexes are healthy and the deep reflexes are present not exaggerated
Urine 1020, acid, no abnormal constituents -
Scar of former injury on left forearm

B. Mental.

Patient is extremely depressed, believes that God has forsaken her and that she will burn in Hell for ever & ever. She believes that she is accursed and that nothing can save her from her doom.

Suicidal caution

She accuses herself of many sins - especially of being responsible for the death of an old nurse.
She has hallucinations of smell, auditory and visual hallucinations (hears & sees devils)
She takes food fairly, but is very sleepless and suffers

much from constipation.

Aug 11 Patient is still very depressed, usually unoccupied. She is very frequently restless and noisy at night owing to the persistent hallucinations of sight & hearing. S.H.P.

Aug. 18 She continues as described in last note. S.H.P.

Aug. 25 Patient is very restless at night owing to the persistent hallucinations. Still very depressed S.H.P.

Sept. 1 - There is no mental change. Patient S.H.P.

Sept. 7. is extremely miserable constantly asking if she is

Sept. 27 not to be buried alive, tied up in a sack, given poison etc. etc. She is quite unoccupied and sleeping badly. S.H.P.

Oct. 25 Patient is now in Gallery V. Her delusions being still very active. She constantly implores the M.O. to give her a new body, as she has not a proper body, not to give her poison or to bury her alive etc. She is quite unoccupied. She sleeps fairly well and takes her food fairly. S.H.P.

Oct. 31 Patient was discharged today "relieved" going to a smaller asylum. She had on leaving a slight contusion of the right orbit, the result of a blow from another patient. Heart and lungs presented no physical signs of disease and she was in fairly good physical condition. S.H.P.

Discharged.

1907 Margaret Dupdale Lloyd (from 450)

Aug. 26 Patient continues in a state of muttering depression, is resistive over food (occasionally has to be tube fed) and persists that her relatives are being cruelly treated. When addressed she repeats herself constantly and cannot sustain conversation. She is quite unoccupied. Her physical health is fair — S.H.R.

Nov. 12 Patient has not been tube fed since last note otherwise her mental state is unchanged. Her physical health continues fair. S.H.R.

1908 Feb. 27 Patient is very depressed, quite unoccupied, mutters constantly to herself — occasionally refuses food and is noisy at night. Her physical health is fair S.H.R.

May 9 Patient continues depressed, quite unoccupied given to a constant low muttering to the effect that her children are dead — are being killed etc. — Occasionally she refuses food and is noisy at night. Her physical health is only fair. S.H.R.

Aug. 5 There is no mental change. Physical health only fair — patient is very troublesome over food S.H.R.

Nov 30th Patient is restless and depressed, will not occupy herself at anything, is constantly to be seen walking up & down muttering to herself. Her bodily health is fair. She has lost weight since last entry. M.S.B.

1909 Feb 9th Continues depressed, unoccupied, v restless.
Wt. 6 st 11½ lb. Is incapable of sustained conversation, repeats same remark over & over. Bodily health is fair. Patient is very troublesome over food, at times. M.S.B.

May 7th Patient continues depressed, restless and quite unoccupied. Constantly rocking herself to & fro, muttering that her children

Cont. Page 433

2871

Evelyn Annie Montague

4 Aug. 1905

P.O 29 April 1905 (transfer from Bishopstone House, Beford)

34, single, of no occupation, Jewish. Previous address Ardchattan, Crowborough Sussex. Fourth attack age on first attack 18, since treated thrice at Virginia Water. Present attack has lasted two months. supposed cause being grief over her sister's death. Not E.S. but occasionally violent.

First certificate.

Is restless, excitable, talks in an incoherent manner says she has been shut up in a room full of rats, Has had food flung at her & water placed under the seat of her chair. Has a robin & coalscuttle decorated with ribbons for luck.

28th April 1905 (Signed) M. P. W. Wale of Crowborough.

Second certificate

corroborates

28 April 1905. (Signed) D. V. Griffin of Crowborough.

Previous history from Case book

Was formerly much abroad chiefly in New Zealand, where she is said to have had a sunstroke. Was admitted here at Pt Sept. 27. 88 melancholia agitata with bad habits, recovered and was discharged Oct. 31 '89 (See Large book p. 179) Here as V.B Ap. 1/94 to Dec. 22. 94 & May 13 to July 29. 95 (See I) Then lived for some months under care with a doctor at Ealing. Went home became unmanageable. Here as Pt. Dec. 2. 95 excitable, unruly and loquacious recovered & was discharged Jan. 4. 97 (II p. 37) M went to private care at Balham became unmanageable, was certified & went to Peckham House Aug. 17. 99 whence she has been transferred

here Sept. 4. 99. discharged ~~relieved~~ recovered
July 7 1900 – Now transferred from Bishopstow to Bedford
Family History Grandmother & cousin said to be insane at times
Condition on admission A. Physical
Gallery VI Patient is a small, dark woman with features
Ht. 5 ft. 10½ of a Jewish type. She is fairly well developed
Wt. 7 st. 6 and well nourished. Her hair is coarse & grey
eyes hazel. Tongue clean, mucous membranes pink
good colour – Growth of coarse hair on chin & a little
on upper lip. (thighs & upper arms also very hairy)
Heart and lungs present no physical signs of
disease, nor are there any abnormalities in the
abdomen. Pulse 75, regular in rate & rhythm
Vessel wall healthy, volume good, tension medium
Catamenia said to be normal.
Pupils equal and regular react to L. A. concentration
& skin stimulation. Organic and superficial
reflexes healthy – deep reflexes present, not exaggerated
no ankle clonus –
Urine 1012 acid no albumin or abnormal
constituents

B. Mental.

Patient is very restless, usually quite unoccupied
running about the gallery, kneeling down to
pray to the King on the King's carpet. She
is also violent at times tearing her clothes
and trying to throw her bedding out of the
windows (this under influence of delusion
that bed is electrified)
She complains much of being tormented by electricity
at night and is then very restless.
She talks much of a Dr. Ch under whose care she
was, and of going away with him "to-morrow"

She knows she is leaving tomorrow by the way her clothes are arranged at night.
She is very hypochondriacal - says her shoulder is dislocated (it is not) her throat very sore etc etc. but is really in excellent physical condition.

Aug. 11 Patient is now in Pelley V as she had become too restless and excited for III and has since been violent attacking the nurses. She is convinced that D. A. is in this building and each night means to go away with him tomorrow. She makes innumerable false accusations. Her habits are becoming very unclean. She is very sleepless at night. S.H.P.

Aug. 18 Patient still very excited and occasionally violent striking the nurses. She still maintains that she is to leave at once with D. A. She is taking sufficient food but is very sleepless occasionally requiring a hypnotic at night. S.H.P.

Aug. 25 Patient most excited destructive and violent refusing to wear clothes with many & changing delusions but persisting that D. A. is here and that she will leave with him tomorrow. She requires frequent hypnotics at night. S.H.P.

Sept. 1 Patient still very excited & destructive noisy at night & most troublesome. frequently requiring hypnotics S.H.P.

Oct. 25 Patient still very excited somewhat destructive and very troublesome. She is sleeping somewhat better. There is no change in her delusions. S.H.P.

Nov. 1 Patient has had this week a small whitlow in the third finger of the right hand, which was lanced. She frequently removes the dressings and is very troublesome over it. The delusion

present unchanged - e.g. that Dr. Archdale is here that she is leaving with him for Bedford that day etc. S.H.R.

Dec. 7 Patient's finger is now healed. She herself is destructive very troublesome, frequently noisy at night (sleeps in strong room) and retains her delusions unchanged

Jan. 22 Patient continues as described in last note S.H.R

May 12 Patient is in Hall V unoccupied & restless asking constantly if she may go - or for a better bedroom. She was given one for a night and promptly smashed the furniture. She is very hypochondriacal alleging constant pains though no physical signs of disease are present. S.H.R.

31 Aug. Patient now in Hall III restless and unoccupied always asking if she may go home that day. She has been quieter at night lately and is in good physical health. S.H.R

Oct. 29 1906 Patient was discharged today relieved going to Camberwell. She was examined before leaving and found to be in good physical health and with the exception of a tiny bruise on the right thigh free from marks and bruises

Discharged.

2872 Margaret Drysdale Lloyd.

Adm. Aug 7 1905 5 & widow of no occupation, Protestant, Previous
R.O Aug. 5 1905 address 97 Earls Court Road, Kensington W. Second attack first at age of 4/5 years. treated by Dr. Adams West Malling, Kent. Present attack has lasted one month, cause uncertain. Not E. S. D.

First certificate She thinks her children are being cut up and will not believe that they are all well - sits up in bed & screams in fits of unreasonable passion - is becoming dirty in her habits -
3. Aug. 1905 (Signed) P. Percival Wilkomb M.B
of 69 Queen's Gate S.W.

Second certificate corroborates.
3. Aug. 1905 (Signed) H. Fraser Lund. M.B
of 2 Topstone Rd. Earls Court
London S.W.

Previous history (from brother in law) Patient is the widow of an officer in the army. She has three children all living and well. Two in India. The present attack is said to have lasted one month, probably longer and is supposed to have been caused by anxiety over her daughter who was in the district devastated by earthquake in India and did not write home at the time.
She has religious delusions, also to the effect that her children are being killed - going to hell etc -
She has been treated in a nursing home at Kensington "rested & fed up" but seems become much worse, requiring strong hypnotics at night and arrived here drugged - unable to walk (Chloral & Bromide)

A previous attack occurred 13 years ago. She was then treated for three years at Stone House, Kent. The supposed cause of this attack was the climacteric

Family Hist. Has brother feeble minded and subject to epileptic fits

Condition on admission A. Physical

Gallery VIII Ht. & wt. cannot be ascertained

Patient screamed loudly during examination & was very restless. She appears well nourished and is well developed. There are many superficial burns all over body. Her hair is grey - eyes hazel - tongue very much furred, breath very heavy - teeth very defective. The lungs present no physical signs of disease. The heart sounds are somewhat feeble but there are no murmurs. No abnormalities to be noted in abdomen.
Menopause 13 years ago
Urine 1026 acid, no abnormal constituents —
Pupils equal & regular - cannot be further tested
Knee jerks - present not exaggerated - no further information as to reflexes cannot be obtained -

B. Mental Acute Melancholia

Patient is a state of extreme depression, rocking herself to & fro screaming that her children are being "chopped up" - stating that she can see the blood flow & see their scattered limbs, hears their shrieks etc. She also states that she herself must go to Hell as she is an unbeliever -
The screaming only ceases when patient is asleep and interferes much with the taking of food. Patient's habits are dirty and she occasionally tries to injure herself striking her head -

Aug 14 Patient still very expressive, constantly screaming that her children are being murdered

trying to get out of bed to go to them and never silent when she is awake. She is taking a fair amount of liquid nourishment (milk with plasmon - beef juice) but has to be compelled to do so. Her tongue is still much coated. Since admission she has twice had calomel gr. v. S.H.P.

Aug. 25 21 Patient removed to a padded room in Ward V as she was constantly trying to get out of bed in VIII and was extremely noisy, shouting in agonized tones for her children. She is taking a fair amount of nourishment and usually gets sufficient sleep without a hypnotic. (Brought up yesterday) S.H.P.

Aug. 28 Patient has required tube feeding lately as she has obstinately refused to take her food. She is still very noisy and restless, constantly shouting for her children - alleging too that there is a man in the room torment her. S.H.P.

Sept. 4. 7st. 8. Patient is now out of bed for the greater part of the day - still very excited & restless and only taking liquid food - The delusions persist - S.H.P.

Oct. 25 7st. 8½ Patient has improved much in physical condition but is still very depressed, though now obstinately silent. She crouches on the floor whenever she can burying her head in her lap & rocking to & fro. She is taking her food better but still requires a nightly draught of Paraldehyde (3ii) S.H.P.

Nov. 27 7st. 9. Patient continues very depressed, but now sleeps without an hypnotic. She retains her delusions and is quite unoccupied occasionally noisy. S.H.P.

Dec 7 Patient continues as described in last note S.H.P.

Jan. 22 Patient continues very depressed, quite unoccupied with a habit of repeating the same phrase over, 91

& over again when addressed "I want to go" "Put me in the train" She retains her delusions but in a modified form. Her children are not now dead or fortuned - they are unhappy and here etc -
She is very troublesome over food and occasionally sleepless. S.H.P.

April 27 There is no change in patient's mental state but she is sleeping better and less troublesome over food. She had this week a whitlow of the forefinger of the right hand now quite recovered S.H.P.

July 14 Patient is still very depressed quite unoccupied with days when she refuses all food and wails loudly. S.H.P.

31 Aug. There is no mental change - patient continues very depressed and quite unoccupied. She is taking her food fairly well and sleeping better. S.H.P.

Nov. 22 Patient now in Gall. III - still very depressed and only poorly occupied. She is very anxious "to get, to get, to get to London to see if they are hurting them (her children)" Patient repeats the same phrase over and over again. Her attitude is invariably one of deep dejection. She takes food poorly. S.H.P.

1907 Feb. 23 Patient still very depressed - sits with head bent, quite unoccupied all day occasionally groaning. She frequently refuses food and has to be spoon fed. Her speech is iterative and usually restricted to short sentences. The delusions of persecution (of her children) persist. S.H.P.

May 22 Patient still very depressed. Quite unoccupied occasionally very resistive and requiring tube feeding - Still has marked iteration of phrase and retains delusions in a modified form. Her

Page 442