

MALE CASES OF PARALYSIS (POSSIBLY GPI) 1852 to 1918

Thomas Allard. 10/06/72. First attack of 7 years duration. The cause was injury to the head from a blow. He was suicidal and dangerous. He had a vague and unmeaning look. He had a peculiar and idiotic laugh. He had recently come to hate his mother and several neighbours who he had threatened with violence. He had tried to beat his mother. He had also threatened to kill his brother had he been at home. He was very excitable and he used violent and threatening language. He constantly wandered about at night. He had twice tried to strangle himself. His body was spare. His thoracic organs were normal. His speech was slow and almost unintelligible. His muscular system was tremulous and much impaired. He could not walk without assistance. He could not even carry a spoon to his mouth to feed himself. His mental manifestations were weak. He was imbecile and childish. 22/07. He remained vacant and fatuous. His mind was much impaired. He had great difficulty in putting together even a few words. He had been helpless since he was admitted to the asylum. He suffered no prominent illness that was not associated with the state of his brain and nervous system. 25/11. Very little change. He was occasionally quarrelsome and violent. 02/03/73. Mentally unchanged. His nates were hard and sore because of his constantly sitting. He had a tendency to choke so he was fed minced meat. 14/04. He had a Hemiplegic attack affecting his left side. He recovered and was able to be up. 22/06. There was no return of his Hemiplegia. However he was still much paralysed. He was tremulous and often choked on food. He was irritable and discontented. 22/20. Little change. 21/03/74. Confined to bed with Bronchitis. He was nearly recovered. Able to be up daily. His paralysis was less marked. He got about pretty well. 17/10. Continued moderately well. However his paralytic symptoms were still well marked. He tended to be forward, talkative and mischievous. 09/12. He was in his usual health until 3 days ago. His breathing then became difficult and rapid. There was dullness at the base of both lungs. There was fluid present in his chest. He died on 09/12/74 of Pulmonary Congestion. He also had Cirrhosis of the liver and Disease of the Brain. Together with Paralysis.

Richard Allen. 21/08/75. This was his second attack the first taking place 18 years ago. He was then a patient at Powick Asylum. The cause was thought to be increasing poverty over the last 4 months or so. It was dread of poverty that was at the roots of his insanity. There was also a hereditary predisposition. He was epileptic. He was probably suicidal. He had desire to get into a river or a pool of water. He was very restless and easily excited. He talked vaguely on a variety of subjects. He appeared unable to control his actions. He had also taken a great dislike to his wife who was in bodily fear of him. After admission he was quiet and appeared lost in all his actions speaking only in monosyllables. He had a tottering gait and he was unable to walk without assistance. He was very restless at night and he did not sleep. This was in spite of taking a chloral draught. He had a scar on his sternum and chest and there was the remains of a large blister on the back of his neck. There were marks of cupping lower down. There were small bruises on his left arm. Problems with his right leg led him to limp when he walked. He was sallow and he had a vacant expression. He was easy, to control. His thoracic organs were feeble and slightly irregular. He had bronchial breathing at the apex of his chest. 13/11. He was then much better regarding both his mental and physical condition. The problem with his right leg was resolved following a surgical operation to remove some necrosed bone. He was taking medication, but he did complain of a pain in his chest. 10/01/76. He continued to improve and he was sent out on trial. He was Discharged Recovered on 07/02/76.

William Arness. 07/.01/76. First attack of 7 years duration. The cause was poverty. Had been in Bromsgrove WH for 5 years. Dangerous. Very dirty in his habits. He got out of bed and wandered about all night. He disturbed the other WH inmates. He believed that he had lost a great deal of money and he would be ruined. He was a feeble old man who was thin and emaciated. He had several bruises on his left arm. He claimed that these were caused by ill-treatment when he was knocked about at the WH. He was very tremulous and he tottered in his gait. He had scars on the back of his hands. There was great thickening of bone near to the Trochlear Sinus. He claimed he had fallen from a tree on to his head years ago whilst gathering fruit. His chest was also misshapen. There were bronchitic sounds in his chest. His abdomen appeared healthy. However, he had a double inguinal hernia. His pupils were contracted. His tongue was clean. He was continually picking his ears and violently blowing his nose to get rid of dirt and dust that he claimed had collected there. He claimed he had been beaten a great deal with a sick and a poker. His appetite was very good. For the first couple of nights in the asylum he did not sleep. But after being given a composing draught he had good night's sleep. He was very lost and demented in his conversation. 07/04. Still much demented. His eyes, ears and more had become excoriated by frequently blowing and picking them; he said to remove dust. His appetite was till good. 21/06 Not much variation. However he then developed a large boil on the back of his left wrist. This was treated and all appeared to be going well. However he arm and should became highly inflamed. A Bullae had formed on his forearm. His arm was sloughing and infiltrated with exudation. The swelling was such that the outline of this man's shoulder could not be discerned. He rapidly got worse and his temperature went up. His tongue became furred. Being a feeble old man he could not resist the violence of this attack. He died at 1.30 am from Phlegmous inflammation of the arm, carbuncles, Paralysis and Disease of the Brain.

Thomas Aston. 27/12/77. 1st attack of 2 months duration. Drink, old age and injury to the back of his head in a fit the cause. He had a paralytic attack 2 years ago. Suicidal. He considered drowning, hanging and cutting his throat. Dangerous. He answered questions imperfectly. He accused his friends of continually annoying him and ill-treating him. He talks incoherently of sleeping in snow and ice in a window. He had threatened his wife's life. One day he chased her out of the house with a knife. He had lost his memory and was restless. He as somewhat spare and rapidly losing flesh. There was a large superficial bruise in his lumbar region. His spine had a growth on it. His lungs were emphysematous. He had a weak heart. He was in a very shaky state. . He was considerably paralysed about the muscles of his mouth and legs. When admitted to the asylum he was complaining much about headaches and his mind was in a confused and excited state. He was now suffering from Dementia and his mind was lost and in a weak and feeble state. He evidently forgot much of what had happened before he was committed to the asylum. However, He could now talk fairly intelligibly, but he was unfit for any occupation. His powers of thought and comprehension were dull. 28/01/78. Mentally unchanged. Still quite demented. Memory almost entirely gone. He was childish. However, he was quiet and harmless and fond if sitting by the fire. Physically was somewhat improved. 25/03. Much the same mentally. Childish, silly and easily pleased. Occasionally querulous about trifles. Health fairly good. 25/07. More infirm and paralysed. Most of his muscles of deglutination affected by paralysis. He had great difficulty in swallowing anything that was not a liquid or very finely divided. He was often constipated. 15/09. His paralysis advanced. His deglutination even of liquids was now a problem. His voice had also become hoarse and squeaky like someone with laryngitis. 17/09. He got rapidly worse. He could neither speak nor swallow. He died fighting hard for breath at 8.50 am. He died from Paralysis, Disease of the Brain, heart and arteries.

John Frederic Ayers. 27/07/77. This was his first attack of about 1 week's duration. Self-abuse all his life was the supposed cause. He was said to be deaf and blind. He receive communication via the dumb alphabet. He had been in the WH for 6 months. He was suicidal - he had tried to strangle himself with his hands, Dangerous. His violence was sometimes extreme. He was determined to commit suicide. . He stated continually that his life would soon end. He was fat, but in a fair condition. Flabby. His right leg was shorter than the left. It was also atrophied. There were scars on his legs and buttocks from which he claimed pieces of bone had been removed. He had suffered caries of his femur. He had Hemiplegia on his right side. He was quite blind; His pupils were equal but insensitive to light or dark. His tongue protruded to the right. He was also quite deaf. He talked in a quick unconnected manner. He wandered from one topic to another. He talked a great deal about self-abuse and a book he had bought. He appeared to be pretty strong. His appetite was initially moderate, but it improved. His bowels were confined. 10/10. Melancholic and he wished to return to the WH. He was quiet and inoffensive. He had a dejected look on his face. Appetite good. 09/03/78. He still had outbreaks of excitement. However he was generally quiet and he made himself useful in his ward. He had sores on his legs. Oedema and Impetigo, Querulous. His health had improved. 06/08. No change. 24/10. More contented and less querulous. 22/12. Severe attack of acute mania. In the Hospital Ward. However because of extreme restlessness he was moved to a single padded room. He raved incessantly night and day. He battered his face and picked at sores that resulted from his self-violence. He never slept, he walked about the room shouting and pulling the bed-clothes and mattress. He also refused food. He was forcibly fed. He was given stimulating medicine, but in spite of this he gradually wore himself out. He was exhausted and finally comatose. . He died at 10.15 am from the exhaustion of mania with pulmonary congestion.

John Beach. 04/04/74. First attack of a month's duration. Cause general weakness. Not able to work for 6 months. Dangerous and suicidal. He had threatened to drown himself. His memory was defective. He was incoherent in his statements and he believed his relatives were conspiring against him. He was thin and reduced in health. His walk was shaky and uncertain. His speech was slow and thick. He had arcus senilis. His heart sounds were muffled and feeble, His lungs were emphacematous. His mind was much impaired in all its manifestations. He was restless, fretful and he wandered about without any object. . He was unable to care for his own wants. 03/05. He was able to be up every day, but he had not improved much. He passed restless nights. He got up and wandered about his room. He took his food fairly and had a chloral sedative at bedtime. 04/06. He remained very restless and agitated. This was especially at night. There was no clearing up of intelligence till about a week ago when he became more distinctly paralysed and he was unable to sit up or help himself in the last degree. Stupor and coma with puffing and sterterous breathing ensued. His inability to swallow liquids became greater. He gradually sank and died of Disease of the Brain and Paralysis with a Diseased Heart and Asthma.

Mark Bellingham. 22/05/68. THIS WAS A CASE OF GPI. Of diminutive stature. Intelligent face, but he looked cunning and apprehensive. In a very feeble and reduced state of health. Several bruises on his limbs and scars from a cut over his left eye-brow. He also had a scrotal hernia on the right side. This attack was of 3 weeks duration. His speech was incoherent. The appearance of his face and eyes was indicative of insanity. He had threatened to ill-use his wife and other persons. He was thought dangerous. The cause of his insanity was a hereditary predisposition. His mother was insane. This was his first attack of mental illness. He died from the exhaustion of GPI. 15/01/69.

John Bennett. 23/06/68. He had an unobservant and demented face. He suffered from Paralysis of his left side. He had suffered several Strokes and was in a very feeble and helpless state. He could not walk

without assistance. This attack was of about 4 year's duration. He had suffered from Palsy for a long time. He believed he was with Noah in Hell. The cause of this attack was intemperance and Paralysis. This was his first attack of insanity He died from the exhaustion of Mania and Paralysis on 04/08/68.

James Blewett. 05/04/71. First attack of 1 week's duration. The supposed cause was drink and epilepsy. He had been imprisoned for 14 days two years previously. He was dangerous. He had a wild expression on his face. He complained that he had violent pains in his head. He talked incoherently and he shouted out in the night; raving about the Devil. He claimed soldiers were binding him with cords to put him on the fire. He had threatened his wife's life. He had a history of excessive drinking and sunstroke. On admission his thoracic organs appeared normal. A large scar was found between his shoulders. He was very uncertain and unsteady in his gait. His speech was thick and indistinct. No injuries were found on his body. 17/08. After admission to the asylum he had been excited in his manner and behaviours. He then gradually calmed down and he became quiet and peaceable. He was also industrious in his habits. He had no more epileptiform attacks. His paralysis still existed He was allowed home on trial. He was Discharged Recovered on 04/09/71.

Benjamin Brazier. 08/10/70. He was in good condition. His face was melancholic and depressed. His answers to questions were unreliable. He gave different replies to the same question at different times. This was his first attack of insanity and it was of several weeks duration. Mental disease was inherited in his family on the maternal side. He was labouring under the delusion that he had property in different places and that he was still in business. He thought he had been killing sheep last week. In fact he had been out of business for 9 months. He was dirty in his habits and he had no control over himself. He had scars of old ulcers on his legs. His heart action was irregular and mitral disease appeared probable. However no murmur was distinct. He failed gradually worsened and he was put in bed on 02/11. He was now quite helpless and imbecile. He had bed-sores that were on his heels first. He died on 25/11/70 of the exhaustion from bed-sores, Paralysis, Disease of the Brain, Heart and Lungs.

John Breeden. 30/07/60. 12 months duration. First attack. Suffered a Stroke. He was Paralytic. In a moderate physical state. Health broken down. Great imbecility of mind. Has delusions. Extremely restless and wandering. Found on the streets by the Police. Great nervous depression. Often cries. Incoherent. Loss of memory. Fearful something will happen. Ordered a warm bath. Extra diet with stimulants. On admission very feeble and weak. After 2 or 3 weeks some improvement. Suffered diarrhoea. In a state of exhaustion. Died 07/09/60.

Thomas Childs. 03/12/77. First attack of 3 weeks duration. Brain disease the cause. Suicidal having tried to hang and strangle himself. Dangerous. Thoroughly demented and very destructive. He continually picked and tore his clothes. Incoherent in speech. Wandered about the ward. A feeble old man. Quite unable to do anything for himself. Breathe sounds moist. Breathing much laboured. There was a bruit of the first sound of his heart. Loudest at the base. Thin. His lips wee blue and he had many bruises on his body. The little finger of his right hand was contracted. He had an inguinal hernia on his right side. The prepuce was tight over the glans and he had plumosis. There was a very small aperture for passing urine. Even the smallest sized catheter could be fitted. He refused food and always had to be fed. He was suffering from a cerebral irritation. He was sinking fast and unless a change took place he would soon die. He was quit unconscious and demented He could not talk, but he appeared to be in great [pain. 9/12. He continued to get worse and he died of the exhaustion of brain disease and sanguineous apoplexy.

Joseph Miller Christie. 02/94/77. THIS PATIENT HAD GPI. First attack of about 8 month's duration. His insanity was more intense during the last month. The cause was losing a good situation (£600 per annum working for an American Carpet Company.) His brother had been foolish since infancy. Probably dangerous. He was very self-willed. Untidy and dirty in appearance. Has a vacant and wandering expression on his face. He directly contradicted himself in his statements. He quite unconsciously forgets recent events. Does not know the day of the week. He smashed furniture with a poker. He had carried off meat and cut it up and then threw it on the fire. He had no fear of a train in rapid motion. A fat big man in good condition. He had a commanding appearance. His face was flushed and there was a slight tremor of his muscles. His tongue was pale and furred. His pupils were unequal. Left pupil larger than the right. His heart sounds were feeble and indistinct. There was an area of cardiac dullness that was increasing. His lung sounds were normal. He was quite undecided in his manner and conversation. He had an air of suspicion. He looked about him with distrust. He was very quiet and forgetful of recent events. He wandered his room in his shirt. He stated that he had an attack of nervous debility three years ago. He stated that he was going away, but he would return. Initial his appetite was bad and he refused his food. This situation then improved. He appeared to be suffering from incipient GPI. 16/05. His paralysis was progressing. Appetite fairly good. 03/08. Disease advanced but not as rapidly. Memory much impaired. Complains of nervousness. Slept better. Sometime impulsive. For instance when he was asked to write a letter to his wife he immediately scribbled off a few lines in a rapid manner and had it posted. 12/02/78. Exceedingly stout. His bowels were frequently confined. His manner was very slow and undecided. His speech was incoherent and inclined to be wandering. He got increasingly unsteady in his gait. He would now sit in the same place for hours by himself. His appetite was good and he slept well. 09/03. Much worse. Shaky on his legs. He had to stay in bed. He retained his urine so it had to be drawn off. It was thought his end was not far off. He had a fit of excitement when he talked loudly and he pointed at the ceiling. His bowels were very obstinate. He still took his food well. 03/08. He got steadily better. He was able to be up and about. He went our daily and helped in the ward. However, he was still much paralysed and his articulation was very tremulous. His appetite was still good and he slept well. 21/10. No change. He had an attack of cerebral congestion. However, he recovered. 27/01/79. Had slight Hemiplegia. These had previously passed off in days, but the affects this attack persisted e was more paralysed and his mind was a blank. 25/03. He had another paralytic seizure from which it was uncertain whether he would recover. He was obstinately constipated. The whole of his right side, arm and leg were paralysed and he could only with difficulty swallow. He made a slight improvement, but he was very ill and he had bed-sores on his buttocks. 31/03/79. He never rallied and he died at 6.15 am of the exhaustion of General Paralysis.

Benjamin Cole. 23/11/75. This was his first attack of two weeks duration. The cause was a fall from a conveyance on to his head. He was unconscious for 3 days after this incident. Dangerous. He was constantly muttering and wandering about the house. He was very restless and excited. He tore his clothes, but he also tried to take hot coals off the fire. After admission he was feeble and cold. He gave an impression of being much older than he was. He developed a very distinct rose coloured rash on his face, chest and left shoulder. There were mucus sounds at the base of each lung. This sound was more on the left than the right. He was now quite lost in manner. He was trembling, faltering and hesitating. He got out of bed frequently at night. He was ordered brandy and an expectorant mixture. At night he was also given a sedative draught. 30/11. He was now much stronger. He was in a single room with an attendant. He threw two men out of his room by bodily force and he broke windows in the room. At 5.20 the Medical Officer was called to this man. He was said to have hurt his arm. He had put it through

a broken window pane. . On arrival the AMO found that the man's left radius was fractured. Splints were applied in the usual way. 01/12. He was noisy until 11.00 pm and he then went to sleep. He was then quiet. An attendant looked after him and his arm appeared to be going on well. However on 03/12 he appeared much worse. He had considerable Dysprocea. He was given medicine. 06/12. His symptoms got considerably worse. He was given an enema and medicines. He became insensible and was in a coma. >h is breathing was stertorous. He died at 11.30 am of a fracture of the cranium that caused disorganisation of the brain. An Inquest was held 09/12/75.

James Collins. 12/12/68. He had a wild, agitated and unsettled face. His health was feeble and weakly. He was partially paralysed. His gait was tottering and unsteady. His speech was thick and indistinct. This attack was of several months duration. He was irritable and excited in his manner and he was incapable of protecting himself against the annoyance of mischievous boys who he threatened to give a dose of lead for their supper and he said he would sell his bed to buy a pistol. He was thought dangerous. The cause of his attack was said to be dissipation and Paralysis. His mother had died of cancer. This was his first attack of mental illness. He die of exhaustion from Mania and Disease of the Brain on 28/03/69.

Thomas Cook. 30/03/68. Restless and unoccupied face. Very feeble and reduced health. Heart action feeble and irregular. Had an attack of Hemiplegia. Left side affected in attack 12 months ago. Hernia on his left side. Attack coming on for 12 months. Rambles in conversation from subject to subject. Claims his daughter had taken a leap from Australia to Redditch. She had jumped down his throat. He was in the habit of raving about the world coming to an end. He made violent gestures. He had also attempted to kill his wife. The cause of his insanity was Paralysis, but also a hereditary predisposition. This was his first attack of insanity. He died of Disease of the heart, brain and paralysis 29/05/69.

James Cox. 27/08/60. 5 years duration. First attack. Dangerous. Suicidal. Has Paralysis. Has bruises on body. Feeble and exhausted. Advanced Brain Disease. General demeanour and appearance indicate insanity. Loss of memory. Unable to express his ideas. Exhausted and Melancholic. Subject to periods of excitement. Given a warm bath and extra diet. September 1860. After admission very feeble. Cannot walk without assistance. Required constant attendance. Restless night and day. Will not take his food. Had to be fed. Given extra food with wine. Died 27/12/60.

John Crumpton. 10/05/62. Duration 5 months. First attack. The cause was fits. Hereditary. He was Paralytic and in a helpless feeble and reduced state. Completely idiotic. Unable to articulate anything. Slavering from his mouth. Frequently fell over. Childish. On admission he talked and muttered unintelligibly. Gesticulated very indistinctly. Unable to answer simple questions or look after himself. Given an extra diet with wine. Given a sedative draught at bedtime. January 2nd 1864. His bodily condition much improved. Still in delicate physical health. Required much attention. Appetite very good. Helpless his habits had not changed. Diarrhoea ensued and continued until he died 26/01/64.

Samuel Danks. 11/06/74. Third attack the first was 16 years ago. He was in the asylum then. Duration of present attack 3 weeks. Previous attack the cause. Walked about all night. He ran up and jumped down the stairs. He did this for 2 or 3 hours. He refused to eat. He had tried to strangle his sister. He claimed he had two fathers one at Netherton, the other at Dudley. Moderately well nourished. Bodily health fair. Thoracic organs normal. Rambling and confused mental state. Talks in a deluded and disconnected way. He was unable to sustain a conversation for any length of time. Restless and uneasy. Irritable and agitated. 01/07. Restless and excited. Often rolled and tumbled about offering violence to others

patients. Sometimes noisy and sleepless at night. He got up and wandered about the room. Rather shaky in his walk. Muscular system somewhat tremulous. Speech stuttering. He was given a sedative at bedtime. 07/09. Noisy, agitated and restless. He had become thin and emaciated. He slept badly and talked in a rambling way incessantly. He continued to be sedated. 15/01/75. Better and in a quieter state. Excitement subsided. However, still restless and noisy. Given chloral. He took his food well. Given port instead of the egg mixture. 24/05. Continued to improve but still restless and incoherent. General condition weak. 25/08. Wandering and incoherent language. Restless, but health good. 12/11. In a demented state. Health good. 31/03/76. Removed to a quieter ward. Gives little or no trouble. Helps a little in the ward. Still incoherent in conversation. 19/06. The same. 05/08. No change. 25/11. About the same. Out at work assisting the mason in the asylum grounds. Health fairly good. 15/02/77. No change. 05/05. Still had periods of excitement. Conversation absurd and incoherent. Still employed. His paralysis does not progress rapidly. 06/08. Unchanged. 20/12. The same. 04/03/78. Going on pretty well. Still full of delusions, but quiet and harmless. Still works with the mason. Very useful and trustworthy. 20/05. Laid up with a bad foot. Now better. 25/07. No change. 24/11. Very simple and childish in demeanour and conversation. Continued to work usefully with the mason. Health fair. 27/01/79. No material alteration. 24/03. Unchanged. 24/05. In same simple and demented state. Still worked well with the mason. Willing and industrious. Health fair. Not troubled at all by his hernia. 27/07. No change. 28/09. No change. 23/11. Simple and imbecile. Works with the mason. 25/01/80. No change. 29/03. Ditto. 24/05. Ditto. 15/08. Works in mason's shop. Quiet and easily managed. Not having any attack of excitement for 6 to 87 months. Still has difficulty articulating. 27/11. Very variable. At one time talking sensibly enough. At other times very incoherent. On the days when he was incoherent he was very heavy and sleepy. His memory is very bad. Very good tempered and industrious. Of great use to the mason. 23/03/81. No material alteration. General health satisfactory. 18/07. Unchanged. Dull and vacant, but quiet, well behaved and useful to the mason. Recently provided with a new truss. 16/10. Continued to assist the mason. Well behaved and trustworthy. Very simple in conversation. Sometimes incoherent and almost unintelligible. 26/03/82. Simple, demented and vacant. Quiet and well behaved. Sometimes tremulous in his speech. Almost unintelligible. Laid up for a few days with Pharyngitis. 07/08. The same. 4/11. The same. 06/01/83. In good health. Employed as before. His vacancy did not increase. 01/06. As before. 14/09. Very simple and demented. His hernia prevented him working a few weeks ago. His new and stronger truss resolved this issue. Worked with the stonemason. 06/02/84. Unchanged. 03/06. Had a large sebaceous cyst removed from his scalp. It healed and caused no inconvenience. Back at work with the mason. Mentally unchanged. 16/09. In the same demented state. Still of great assistance to the mason. Some light inflammation of his right hand. Pouliticed. 08/12. No change. 02/04/85. Mentally still very simple and childish. Quiet and tidy. At work with the mason. 31/01. Unchanged. 07/10. Childish and simple. Unable to keep up a conversation. Health good. 19/01/86. Mentally the same. Health good. Still works well. 01/04. Demented. 05/07. No change. 25/10. Remains demented. Forgets within a few minutes what has happened. General Health good. 16/09. In the same demented state. Still of great assistance to the mason. Some light inflammation of his right hand. Pouliticed. 08/12. No change. 02/04/85. Mentally still very simple and childish. Quiet and tidy. At work with the mason. 31/01. Unchanged. 07/10. Childish and simple. Unable to keep up a conversation. Health good. 19/01/86. Mentally the same. Health good. Still works well. 01/04. Demented. 05/07. No change. 25/10. Remains demented. Forgets within a few minutes what has happened. General Health good. 03/01/87. Remained demented. Forgetful. Hernia sometimes gives a great deal of trouble. 20/03. Mentally unchanged. Quiet well behaved and giving no trouble. 15/06. Lost and demented. 24/09. Does

not vary much. Now at work on the farm. Very mindless. 10/12. He was a little unmanageable on the farm so he was in the ward. Talks to himself a good deal. Talks in a very demented way. 01/03/88. No signs of improvement. He still went out into the airing court. THIS MAN'S NOTES WERE NOW MOVED TO A FOWARD BOOK WHICH IS NO LONGER EXTANT. However we do know that he did not die until. 01/12/1903. By that time he had been incarcerated for over 28 years

Thomas Robert Dent. 22/09/73. First attack of 12 months duration. Business failure was the supposed cause. Incoherent in manner. He made rambling and untrue statements regarding his affairs. He believed he was charged with cattle stealing. He was spare with a tremulous muscular system. His pupils were slightly unequal. His mouth was drawn to the right. His lungs were normal. The first heart sound was rough. However there was no murmur. He was agitated and excited. His mind was very confused and deluded. His memory was defective. He claimed he was 30 years old and had just come from Worcester Gaol. However he stated that he was never there in his life. He was ordered a sedative. 11/10. He soon became much calmer. He was composed and quiet. The sedative was discontinued. His muscular tremors also disappeared. He was very demented and lost and he could not the way to his own bed. He said that he had only been in the asylum for a few hours. He took his food well and was easily managed. 10/12. Improved considerably in appearance and condition. He worked regularly on the farm. Still demented, but less so. 26/01/74. Very little change. 17/05. Quite stout. Still useful and industrious. Brighter and more intelligent. 12/09. Still considerably demented. Memory defective. Could not tell how long he had been at the asylum. He often forgot simple orders in a few minutes. Did a fair amount of work on the farm. In fair health. 14/01/75. Much the same. 26/08. Nervous and low spirited. His farm work was too fatiguing. He did no work anymore. Looked well and wanted to do a little work. 12/11. Apparently much better. Back working on the farm. Seemed contented. Health good. 31/03/76. In fair bodily health although he was pale. He had a bruise on his right elbow resulting from a kick. This improved and he continued with farm work. 18/06. No particular change. More lost in his manner. Weaker and it was necessary to keep him from work. 04/08. About the same. 24/11. Little progress mentally or bodily. Not at work. He desired to return to work. Weaker in general health. 14/02/77. Stronger, but still mentally feeble. 05/05. Better since the weather got warmer. Now working a little. Still feeble by his physical health was slightly improved. He was able to converse more rationally. Suffering from paralysis. 06/08. Paralysis stationary. Quiet and inoffensive but somewhat morose and sad. 23/11. Much the same. Weak and feeble. Potted about on the farm. . The bruise on his elbow that happened eight months ago had become a tumour. This was gradually influencing the joint. However the movement of his arm was not really affected. 18/02/78. Much the same. Still had paralysis, but much more cheerful and talkative. Still works usefully on the farm and in the ward. General health somewhat improved. 02/04. He struck his right elbow on something and the tumour became painful. . He retired from work and his arm was in a sling. 4. The tumour was acutely inflamed. The skin was red. It was punctured with a needle and a great quantitate of albuminarius fluid containing curly flakes of lymph were exuded. This was poulticed. 8. The whole of the joint was acutely inflamed. A drainage-tube was inserted and the tumour covered with a large poultice. . He was given stimulants in large quantities together with beef-tea and other medicines. 20. The discharge from his elbow was most profuse. He was weaker and he suffered from diarrhoea. 24. The discharge was less. However the patient was weaker and had symptoms of exhaustion. His tongue and lips were covered with sordes. He was quite sensible and he was very grateful for the treatment he had been given. His diarrhoea was more profuse. 26. He was nearly worn out. He had bed-sores and it was impossible to keep him clean. He was distressed and weakened. His discharge was more intense. 26/04/78. He could not eat solids. He was fed liquids with a

good deal of persuasion. His breathing was much affected. There was a good deal of rattling in his throat. 27/04/78. He got weaker. He died at 7.40 am of acute inflammation and suppuration of his elbow joint with Tubular Disease of the lungs.

Thomas Henry Doe. 17/07/77. THIS WAS A CASE OF GPI. 2nd attack of 16 days duration. The cause was Syphilis and a family predisposition. (Grandfather). Dangerous. Violent. He had wild delusions and hallucinations. Pictures became people, then people became devils, imps, etc. His memory was gone. He did not know his friends or what he had said or done or said a few minutes ago. Sleepless and restless. Quite incapable of managing himself. Often violent and he had threatened his father and mother with violence. He called them devils, imps, spirits, etc. He claimed they tried to kill him. He was rather thin and spare. He had the remains of a blister on the back of his neck. There was a copper coloured eruption on his that he said was syphilitic. There was also an odd offensive odour when in his company. His right pupil was much dilated. His tongue was black and furred. He was evident suffering from GPI. His conversation was much at random. His memory was impaired. He spoke of the injustice of his being incarcerated in the asylum. He generally complained. He was always talking about his father. He claimed he was improved and that he would prosecute everyone. This thoracic and abdominal organs were normal. 10/10. He got rapidly worse. He was confined to bed. He had bed-sores on his back. He was then suffering from diarrhoea, but this improved. He appeared quite unconscious of those around him. He had successive attacks of convulsions. 23/11/77. After repeated attacks he was getting weaker. He died from exhaustion of Disease of the Brain and Paralysis. There was no mention of GPI.

Alfred Jones Evans. 15/06/61. 6 months duration. First attack. Cause threat of unemployment. Dangerous. Feeble, delicate and unsteady. Labouring under delusions. Talks in a rambling and incoherent fashion. Ordered a warm bath with added diet. Greatly improved after admission. Mental state also improved. Taking tonics with a full diet. Employed with the shoemaker. Makes himself very useful. Died 27/10/62.

George Friend. 06/02/77. THIS WAS A GPI CASE. First attack duration 3 years and 1 month. Overwork was the supposed cause. He fancied he was victim of a conspiracy by the Liberal Association and that people who had lived next door had put him under the influence of galvanism. He thought that people at the bank and all his friends were plotting against him. He had jumped out of bed and rushed into the next room where he pulled the clothes of the bed where his wife lay. He also seized with suspicion all letters that came his way. He was very talkative. He confessed to sins that he had never committed and claimed that he was being killed off by medicine. He had ordered his mother to put a fire-proof blanket against the window to prevent his being shot by the Liberal Association. He stated that he was inspired by God and that he wanted the windows open to allow the inspiration to fall on his head. He was a fat man with a vacant, lost and stupid expression on his face. In his manner and conversation he was demented. He continually talked in a whisper in an incoherent manner. He was unable to answer even the simplest question. He replied in a style that was much exaggerated. When asked his age he responded three hundred trillion years. His heart and lung sounds were normal. His liver was increasingly dull. There was superficial ulceration in the palm of his tight hand. On his left leg ulceration was not all superficial; in places it was deeper and the ulcers had a blush-pink colour. Their edges were harsh cut and defined. The ulcers on his right leg were of a lesser degree. On his right thigh there was a large scar and an ulcer that had nearly healed. . There were scars on other parts of his body. Ointment

had been applied to his scars. The ulcers had an almost specific appearance. It was proposed to treat them with Potassium Iodide, in increasing doses. 26/03. No change. Still in a demented condition. However he had been quiet and harmless. He was inoffensive and his appetite was good. 07/06. He suffered an attack of syncope. He appeared to be dying, but he was treated with stimulants. After a long interval he rallied. He returned to his normal lost and demented state. 12/06. He was seized with another fainting fit. Then after breakfast the next morning he changed suddenly. He died in a few moments of exhaustion from General Paralysis with syncope and disease of the heart.

Cornelius Flavell. 31/07/66. Quiet, unobservant and demented face. Tremulous movements. Attack of 2 months duration. He had difficulty in comprehending and answering simple questions. Filthy habits. Threatened his wife and children with violence. Partially paralysed right side and his pupil was dilated. Cause of attack unknown. He was always thought weak mentally. Not previously insane. October. Very quiet and harmless. Mentally not improved. Unfit for any occupation. Improved in bodily health. Took his food well. 09/02/67. He was well until 29/01/67. He got Erysipelas and had a rash on his face. He was mentally much disturbed and he had delirium. His tongue was brown. He was put on a careful diet and given medicine. His rash disappeared. His bodily health improved, but he was the same mentally. August. He had jaundice. His diet was controlled and he was given medicine. His hepatic symptoms disappeared. His bodily health was feeble and reduced. He had clean habits. He was irritable and occasionally struck other patients. His memory and understanding were much affected. May 2nd 1872. For a considerable time he was a useful helper in his ward. He was cheerful and generally well conducted. In weak bodily health. He had fainting attacks. Mentally unvarying. He spent the day carrying bottles from the Dispensary to an upstairs ward. He was then found lying in his bed by an attendant who believed this man was dying. He had died quite recently suddenly. An Inquest found he had died of disease of the heart. 05/02/71.

John Gammon. 21/04/75. No information available on this patient's previous illnesses. He was found wandering in Bromsgrove. It was supposed he was from Birmingham. Talks as though the WH was his home. In fair bodily condition. General health somewhat impaired. Lungs emphysemous. Cardiac sounds muffled but no murmur. Pupils much contracted. Much demented. Ideas wandering and confused. Memory impaired. Unable to give a collected account of himself. He did not know the year or month. He imagined that he was still at home. He believed he had been here for 20 years. 05/05. In the same state. Pupils still contracted. He had fits yesterday, but he denied the attack. He lost his consciousness almost entirely. However he would not admit this the next morning. He was occasionally convulsed with his left side affected. He lost power on his left leg. He was nearly insensible. His speech was entirely confused and incoherent. 27/08. Confined to bed. Entirely helpless. He could talk rationally. Somewhat better recently. 12/09. He got worse. At times he was almost comatose. He then rallied and began to gain strength. 18/10. He was changeable but his powers then failed him and he sank and died of exhaustion from paralysis and Disease of the Brain.

Thomas George. 01/01/73. No information about this man, but he appeared to have been confined to bed for about 18 months and that he had been going off mentally for the previous 5 or 6 years. It was suggested that insanity was hereditary in his family. His father and sister had been insane. He was thought dangerous. He believed he was to be taken away for running off with the Queen's clothes. At times he would not answer simple questions. In fact he was unable to apply himself to any mental occupation. At times he was violent and threatening. He had threatened to do for his mother and he would not stop in the WH. He was inclined to be stout and his muscular system was flabby and flaccid. It

was also tremulous. His health was weakly. His face was somewhat drawn to the right. His pupils were dilated with the left larger than the right. His tongue was white and indented at the edges. His lungs were emphysematous and his heart action weak. . The sound was indistinct but there was no murmur. He walked unsteadily. Both ankles were Oedematous. His urine was of a good colour and SG and containing no albumen. His mental faculties were much impaired. He was vacant and unintelligent. . His memory was very defective. It was with obvious difficulty that he answered questions. 01/18/02. He improved after admission. The oedema on his ankles improved. He appeared stronger. He gave little trouble but his mind was still weak and childish. He was able to do a little simple work. 12/04. He continued in this state. 20/06. Still vacant and apathetic. He seldom spoke. He gave very little trouble. 24/20. Little change. 25/02/74. Mentally the same. Fair bodily health. Seldom complained of illness. Very slow in movement. Lacks energy. Vacant. 15/10. Regularly assisting the baker. Works in a very perfunctory manner. No mental change. 30/03/75. Had an attack of cater and a sore throat. Recovered. At work again. 03/08. Unchanged. 27/11. Health good. Appeared contented. Still working with the baker. Seldom speaks and then only in monosyllables. 27/05/76. No change. 29/12. N change. Still employed with the baker. 23/04/27. Continued to be simple in manner. Health satisfactory. 10/10. Unchanged. 15/08/78. Nothing new. Continued to work with the baker. Very childish demeanour. Does not speak much. Mind steadily more impaired. 24/11. Unchanged. 17/02/79. Unchanged. 17/02/79. Health good. No mental improvement. 10/12. Still unchanged and in the bakehouse. 05/05/80. Health good. 20/07. Fat but in good condition. Very lost and downcast. 08/12. Still working well in the bakehouse when he is left alone and not interfered with. . He sometimes sat down idly. Good tempered and easily managed. Bodily health still good. 26/03/81. Unchanged he was employed as before. Deeply demented and only smiles feebly when spoken to. Grimaces foolishly. He cannot converse. Health still good. Still useful in the bakehouse. 20/02/82. Never answers when spoken to simply grimaces and smiles. Still very useful at work, but he never speaks to the baker whom he sees every day. Now stout. 22/05. Unchanged. 14/01/83. Continued sullen, taciturn and refusing to speak. Refuses to say a single word to the Medical Officers. Still in the bakehouse and in good health. 14/05. As taciturn as ever. 24/08. Turns his head away with a scornful smile when spoken to. Still industrious in the bakehouse. 22/02/84. Taciturn and retiring. Lies curled up on the dresser in the bakehouse when not working and he refused to take notice when spoken to. Sustained a slight scalp wound from another patient with a knife who worked with him. 20/05. Still at work and taking no notice of anyone. 26/08. Very quiet and reserved. Still taking no notice and when not working curled up on the dresser. 04/12. The same. 25/03/85. Unchanged. 18/06. Very silent and retiring. Still never replies at work in the bakehouse. 12/09. The same. 04/03/86. Suffered from a carbuncle on his arm. Recovered. Still working in the bakehouse. No mental improvement. . 11/06. Had inflamed lips. In a taciturn and reserved state. 07/09. Much the same in all respects. 12/12. Still working usefully. When spoken to he grinned and turned away . 28/03/887. Quite unchanged. Replied very reluctantly in monosyllables. 27/06. Mo change/ 15/09. Still working usefully. No signs of Mental Improvement. 10/12. No change. THIS MAN'S NOTES WERE MOVED TO A FORWARD BOOK THAT IS NO LONGER EXTANT. However we do know that he did not die until 11/12/1902 having been incarcerated for almost 29 years.

Ezra Greenfield. 25/11/74. First attack of 5 years duration. A fright when he was young was the cause. He was dangerous and suicidal. He was feeble mentally, but quiet and harmless. He was in moderate physical condition. His health was indifferent. His complexion was sallow. He had eruptions on his arms and legs caused by scratching and rubbing. This was self-inflicted. His chest was flattened anteriorly. Particularly under his left clavicle. This caused pressure and his breathing was affected. A vocal

resonance could be heard. There was dullness in his chest. His heart acted normally. He was demented and restless. Unable to keep up a connected conversation. He continually talked and muttered to himself. His memory was defective, He had slight motor paralysis. 19/01/75. He did not give much trouble. He sat idly in one place for hours together. He was unable to employ himself in any useful manner. He took his food well, but he was pale and somewhat delicate. . 28/09. The same. 13/11. No change. 03/04/76. He did not improve. He was apparently getting worse. He had very dirty habits. He was mischievous. He tore his clothing. His health was good. 15/08. Somewhat improved. He had not been destructive. 04/12. He had a relapse. He was again mischievous. Pulled off his buttons. He undid his clothing and was generally restless. , uneasy and lost in his manner. His general health had also gone-off. He was pale and getting thinner. 15/02/77. Unchanged. 05/05/77. He continued to be lost and demented. Quieter of late. General health somewhat improved. Still very pale. 06/08. Unchanged. 18/11. The same. 04/03/78. Much the same. Lost and demented. Fidgets. Answers questions with great difficulty. . Health latterly good. 05/08. The same. 19/11. He was discharged Not Improved.

George Grendon. 25/03/69. His face was excited and apprehensive. He was in a very low and exhausted state of health. He had Bronchitis and Asthma. He also had a large central hernia. This attack was of 6 months duration. His manner was excited and he talked incoherently. He believed the woman who lived with him was not his wife and that he had 5 children and that he was given nothing to eat. At times he became very violent and broke the furniture and anything else he could get hold of. He stripped himself naked and attempted to go out through the door. He was thought dangerous to others. The cause of this attack of insanity was probably intemperance. He had intemperate habits for many years past. He had been on Parish Relief for several months. He had not previously been insane. He died from exhaustion because of paralysis, bed-sores, Disease of the Heart and Bronchitis on 01/05/69.

John Griffiths. 15/05/73. First attack of 4 years duration. The cause was unknown. Dangerous. Incoherent, restless, constantly walking about swearing and threatening to murder inmates of the WH. Moderate health. Arcus senilis in left eye, blind in right eye, cornea opaque. Heart enlarged in transverse direction. Murmur heard. Pulse irregular and soft. Lungs emphysematous. Mentally confused and impaired. Memory defective. Restless, talkative and he wandered about aimlessly. He believed he was to be murdered. 12/06. For a few days noisy and restless, unable to sleep. He beat the door for most of the night. Now much better and easily managed. He ate and slept well. 10/08. He then again became excited, noisy and talkative; speaking in an incoherent and rambling fashion about his children. He was restless and he struck other patients on the slightest provocation. He slept badly at night. He was very often restless, noisy and he walked about his room. He talked loudly and hammered on the door. He took his food well and he was healthy. 20/08. He was still excited and he used very abusive language. He sometimes ran around the airing-court in a maniacal way. His bowels were confined so he was given a purgative. Croton. This worked. He was ordered a morphine sedative. 05/09. He was in a state of chronic mania. He then got quieter. He settled down but he was talkative and he still frequently ran about the airing-court. He shouted in a loud voice and incoherent rubbish. His pulse was high and full. . His bowels were sluggish again. He was given another purgative. He was frequently noisy and restless at night in spite of a sedative draught. 30/10. He went about the ward cursing and blaspheming for the greatest part of the day. He would kick or strike without the slightest provocation. By night he was still noisy and sleepless. He was given a chloral draught. 26/01/74. No marked change. 18/05. Still noisy, restless and irascible. General health fair. 16/07. In much the usual health. However he then became sick and

languid. He gradually became comatose and did not rally. . He died of Apoplexy with chronic disease of the brain, heart and kidneys.

Thomas Harris. 22/08/68. He had a wild and agitated face. He was in a very feeble and weak state of health. He had a Bronchitic Cough. His heart sounds were feeble and there was extensive dullness in his chest on percussion. He was remarkably plump. He was covered with small bruises over his thorax and limbs. He was said to have suffered a Paralytic Stroke 11 years ago. This attack was of one week's duration. He used rambling and incoherent language. He claimed he was the rightful owner of a farm to which he in fact had no claims. He claimed he was the first and last man. The cause of this attack of insanity was Paralysis and previous mental illness. He had been in Droitwich Asylum when he was 26 years old. He was a man of temperate habits with no hereditary predisposition to insanity known. He died of Disease of the Brain and Paralysis on 21/10/68.

Joseph Hazledine. 21/02/68. Quiet and unobservant face. Very feeble and reduced bodily health. Muscular system tremulous. Unsteady locomotion. Impaired. Present attack of 3 years duration. Memory impaired. Replies are incoherent. When questioned his face was vacant. Want of comprehension. Wanders about aimlessly. Gradually getting more impaired for some months. He had wandered from home about 5 weeks ago. He was taken to King's Norton Union having walked about all night. He could not give his name or address. The cause of his insanity was unknown. This was his first mental illness. March. Since admission unable to give any account of himself. Cannot remember even the most recent events. Confused, incoherent and wandering. Has very restless habits. Cannot sleep at night. Stammers. Semi articulate in speech. Health low and reduced. Has Paralysis and Brain Disease. Taking strychnine and hydro cyanine at night. Had diarrhoea and was given an enema. Diarrhoea not cured. Has a considerable amount of fever. Abdomen tympanic with pressure over the iliac fossae that caused gurgling. His stools were watery and of a bilious colour. Occasionally they were accompanied by haemorrhage. His tongue was dry, brown and cracked. Has sordes on his teeth. Pulse varies from 105 to 115 and small. He was taking medicines with Brandy. He was fed arrowroot. He got much worse. Vomited, had hiccups and Pulmonary Congestion. He died at 8.15 am on 17/04/68 of Disease of the Brain with Paralysis.

John Heath. 13/02/64. Spare, thin and emaciated. Had an abstracted and demented look. Eyes brilliant and wild. Heart sounds weak and feeble. Restless so it was impossible to examine him properly. Bodily health very feeble. Debilitated. Insane for a few months. Incoherent, noisy and violent. Claimed butchers were coming to kill him. At times violent and dangerous. Has had several attacks of paralysis. This was the cause of his insanity. Not much known about his previous history. On admission he had many bruises, particularly on his head. . He had fractured ribs. He remained in bed. Quiet, except when he was fed food. He was thin but he would strike out vigorously. He was given arrowroot, beef-tea, eggs, sherry, etc. However he would not eat anything solid. February 21st. He fell out of bed and fractured his right femur at the neck. He was kept in bed on the floor. He remained pretty quiet, but he would not allow any splints on his limb. May. Mentally he was greatly improved. He now conversed rationally, although his deafness inhibited him. Occasionally there was blood in the evacuations from his lower bowel. This tendency was readily checked with warm water enemata. He took his food very well. His bodily health was moderately good. His injured leg was weak and unfit for use. September. His bodily health improved. There was no recurrence of haemorrhage from his lower bowel. His injured leg was powerless and this would probably always be the case. His mental state was much improved. There was only a slight amount of dementia remaining. February 1865. He now enjoyed excellent health and he had a

remarkable appetite given his advanced age. His leg was still useless, but otherwise he was perfectly restored. He was Discharged Recovered 01/05/65. [Second attack follows.]

John Heath. 03/11/65. Thin and very emaciated. He had a much demented face. \his health was weak and he was debilitated. His attack was of 4 days duration. He had slept very little. He also talked constantly and incoherently. He stated that if they let him break the windows he would be quiet. A previous attack of insanity was the cause of this one. He was in Powick Asylum from February 1864 to May 1865. . November 20th. A week after admission he had an attack of Paralysis from which he gradually recovered. He was now not able to leave his bed. He then had another Paralytic attack. He now lay in bed insensible. However, he was able to swallow fluids. He was fed with raw eggs and brandy, with beef-essence. He died on 26/11/66.

Henry Hill. 03/04/73. First attack of some year's duration. The cause was paralysis which he had suffered for 20 years. He has 3 brothers all of whom are paralysed. He had been in Bromsgrove WH for 5 years. He was generally confined to bed there. He was thought suicidal. He had ungovernable fits of passion. He threw his food about the room, broke plates and tore up all of the shorts supplied to him. Because of his paralysis he was unable to stand or walk. Both legs were fixed at a right angle with the thigh and the muscles much atrophied. He can use his arms a little although he had very little power in them. Thus he was unable to feed himself. His arms were wasted. However, at other times his arms and legs appeared almost normal. His thoracic organs acted normally. He was moderately intelligent and answered questions correctly. However he was talkative and irritable. 23/05. He had gone on moderately well. Since admission to the asylum. He was able to be up daily. He had improved in appearance. He was disconnected and continually asked to be sent back to the WH. 24/07. He had several boils on his buttocks which kept him in bed. He was discontented and irascible. In much the same condition. In a tolerable bodily state of health. Paralysis unchanged. 01/03/78 Unchanged. 06/08. No changes paralysis as before. Often discontented. Complains of being kept in the asylum. 21/10. As lost as ever. 27/01/79. Paralysis as strongly marked as ever. Quite unable to do anything for himself. Querulous, irritable and discontented. Health very feeble. 24/03. Unchanged. 25/05. Bodily health feeble and delicate. 27/07. Much paralysed and very infirm. Generally weak and surly, morose and quarrelsome. 28/09. Unchanged. 24/11. As in previous note. 25/01/80. Confined to bed for a week or two with inflamed and suppurating chilblains on his toes. They have nearly healed. Health moderate. 29/03. Chilblains healed. Now up from day to day, but the paralysis and mental manifestations are still unchanged. 22/05. Unchanged. 15/09. He had been out in the airing-court each day during the summer. He is very querulous and at times threatens what he will do to them who keep him in an asylum. He claimed he had £60 hidden which will keep him when he goes home. He took his food well. 26/11. Owing to the cold weather he was almost entirely confined to the house as his paralysed condition prevents him from taking exercise to keep himself warm. He continues to be querulous and deluded. 23/03/81. Not much change to record. He remained paralysed and demented. He was well nourished and took his food well. 15/07. Shows no sign of mental improvement. As before, very sleepless and querulous. 14/10. Paralysed and unable to do anything for himself. He was very discontented and ill tempered. He says he has a large sum of money hidden away and that he will fetch it when he leaves the asylum. His mind was greatly impaired. 20.03/82. Paralysis unchanged. Vacant, demented and unable to converse coherently on anything but his illegal detention here on which topic he is at times eloquent and abusive. He again suffered from chilblains. 07/08. Unchanged. 14/01/83. He had considerable Oedema of the legs probably of passive origins. There was no cardiac or renal abnormal signs obtainable. He was taking iron

three a day. Mentally he had slightly improved during the warmer weather. 02/06. Unchanged in any way. 14/09. Much the same. He cannot converse sensibly, but he grumbles much about his detention and he still wishes to go to the WH. 13/02/84. He still had his delusions respecting money which he says he has hidden away. He had been quieter and less troublesome and abusive of late. His paralysis and condition were unchanged. 03/06. . At times he was still apt to complain. He says he ought to be discharged as he has sufficient money to live on. He was quieter of late. 16/09. Remains in the same peevish imitable state. He had not given much trouble of late. Still thinks he could keep himself if let out. 08/12. Unchanged. 02/04/85. His general condition remained the same. He had made no comments about being kept here. 21/07. No change. 22/08. He complained all day about being cold in August. Still deluded about hidden money at Bromsgrove. Very irritable and querulous. 22/12. Unchanged. 18/05/86. Quite unable to help himself. He even had to be fed. However, he still held on to his delusion about £60 hidden away. His legs were still Oedematous. He was able to be carried to the airing-court when the weather was fine. 04/09. His paralysis gradually increased. He could now barely feed himself. He complained greatly of pain in his limbs and at times in his head. He was now too paralysed to amuse or employ himself in any way. His delusion about money continued. 26/01/87. He was moved from the Annexe because he has Pneumonia at the left base of his lung. He had a temperature of 100 degrees. He was give Brandy and medicines. On 29/01 his temperature was 101.2. He had a nasty catchy cough. 20/04. He was taking cod-liver oil. He was now very emaciated and feeble. He still got up daily and sat by the fire. . 15/07. Unchanged. 24/10. In a very stationary condition. He continued to be got up daily and sat in the sick room. His delusions continued. 01/01/88. Very feeble, but he was not confined to bed. He rarely coughed but his lungs showed signs of extensive disease. . There was consolidation on both sides. 10/01. He died during the night. His death was sudden, but he had been in a critical state for several months. The state of his body indicated syncope or internal haemorrhage. . An autopsy showed his death followed syncope. He had been incarcerated in Powick Asylum for almost 15 years. [2nd ATTACK FOLLOWS.]

Henry Hill. 25/05/75. This was not his first attack. He had been in this asylum in about 1869. The duration of this attack was one week. The cause was unknown. He was Dangerous, Epileptic and Suicidal. He was wild and excited in manner. He continually talked or sang. He knelt in the public road praying. He wandered about from place to place and he was noisy and sleepless. He was in good health. He was muscular and fitness. He had several bruises on his legs and a large scar on the left side of his scalp. There were also burns on the left side of his scalp and on his neck and shoulders. His face was flushed. His thoracic organs were normal. He was in an excitable and rambling state. He suffered various hallucinations. He claimed he had swallowed a policeman who was now in his inside. 01/07. His delusions soon passed off and he was quiet and free from fits. . He then had another maniacal attack. He then became quiet and easy to manage. 21/08. He became critical and noisy in the evening. He was put to bed and given medicine. He passed a good night and was quieter in the morning. In the afternoon he had another fit after which he was sullen and quiet. 16/01/75. After admission to the asylum he had frequent fits. They occurred at different intervals. He had several attacks of mania and stupor. He needed confining to a room for a day or so. He was somewhat quiet of late and he was up daily. He was taking Bromide twice a day. 24/05. Bromide was continued for a month and he suffered no fits. However he was not that improved. He was very fat and somewhat sluggish in his movements. 25/08. His maniacal attacks were more frequent. They generally occurred at night. He claimed that the Lord compels him to pray to him. He had religious delusions. His bodily health was good. He was given occasional black draughts. 12/11. He was much quieter and he had not had a maniacal attack for some

time. Some weeks since a maniacal attack. 31/03/76. One maniacal attack had occurred. General health still good. 19/06. Nothing unusual to report. 05/08. The same. 25/11. Considerably improved. However he was still far from being well. Still lost, demented and childish in manner. Fits of excitement rarer. None observed recently. 15/02 77. Free from excitement and much better. 05/05. Still lost and demented in manner. Not violent or acutely maniacal. General health satisfactory. 06/08 Unchanged. 27/10/77. Still has severe fits. 03/03/78. The same epileptic fits very severe. They quite prostrate him for a day or two. Exceedingly stout. In feeble health. Constipated. Quite tractable. 06/08. Maniacal attack. Kept in bed for 2 days. Fits frequent and severe. Health moderate. 28/10. No change. 27/01/79. The same. 26/05. Onset of gastralgia. No cause found. Now better. Not fully recovered. Health moderate. 27/07. No change. 28/09. Confined to bed. Attack of epileptic mania. Very constipated. Wandering in demeanour and conversation. Still constipated. Complains a good deal of pains in his abdomen. In a great part imaginary. 24/11. No change. 25/01/80. Fits severe and frequent. They frequently prostrate him. He is compelled to stay in bed for 2 or 3 days. Health feeble. Mentally unchanged. 07/08. Very stout. Seldom requires medical treatment except for constipation. Quiet and easily managed. Able to do a little work in the ward. Had a fit about monthly. Dissatisfied with his lot. Grumbles. He threatened to do something, but he would not explain what. 26/11. Fell in a fit on the asphalt floor of the airing-court. Severely bruised his face. He was now heavy and stupid and not able to keep up a conversation. No recent attacks of excitement. 23/03/81. Still has severe epileptic fits. Now and then excited. Stout and well nourished, but very vacant and stupid. 15/07. Unchanged. 14/10. Fits still frequent and severe. No maniacal attacks. Not kept in bed. 26/03/82. He made a violent attack on an attendant. He was at once placed in bed. He remained wild, excited and maniacal. He was talking in an incoherent and deluded fashion. 27/03. Back to usual. 07/06. Frequently excited and deluded. Sometimes prone to violence. Fits severe and accompanied by Cyanosis. He struggles. He was very stout and strong. Employed usefully in his ward for part of each day. 04/11. Fits continue. Fat but usually fit and healthy. Employed in his ward. 17/01/83. The same. 02/06. Excited and aggressive on several occasions particularly after a fit. 15/09. Fell and bruised his face considerably. Cyanosed after his very severe fits. 21/02/84. Epilepsy unaltered. No maniacal fits. Considerably demented. Stupid, obese, but useful. 07/06. Enjoys good health. Fits continue. Confused and stupid after fits. Still useful in the ward. 14/12. The same. 29/12. Continues the same. 03/04/85. Unchanged. 16/06. Aggressive after fits. Still useful in ward. 12/09. Quiet and useful. Epilepsy the same. 27/12. Still excited and fed up with his lot. Grumbles. Loquacious. Still works in the ward. 07/03/86. Somewhat lost and confused. At present quiet and he still works. 21/06. Unchanged. 06/09. Still dull and confused. 15/12. Excited aggressive after fits. Fits cause a great deal of prostration. He scrubs and sweeps the ward floors. 20/03/87. Unchanged. Health fairly good. 15/03. No change. 24/09. Unchanged. Still exhausted and deluded after fits. 10/12. Nothing to record. 01/03/88. General health fair. Does useful work. Epilepsy continues. THIS MAN'S NOTES WERE NOW MOVED TO A FORWARD BOOK THAT IS NO LONGER EXTANT. However, we do know that he died on 10/03/1888 just 9 days later. He had been incarcerated for about 13 years on this occasion.

William Hillman. 02/05/67. His face was demented, restless and wild. His general health was weak and feeble. His left side was partially paralysed. This attack was of about 1 year's duration. His conversation was incoherent and depressed. He could not restrain himself and wished to die. He had attempted to strangle himself. He was thought dangerous. He had been on Parish Relief for 2 years. He had not previously been insane. 15/05. In the asylum he was very feeble. Kept in bed almost permanently. He

was restless and he sometimes tumbled about his room. On admission he was given stimulants and an extra diet. He gradually got worse and he died on Cerebral Disease and Paralysis on 15/05/67.

James Howell. 13/07/66. His expression on his face was wild and restless. He was somewhat demented. His general health was moderately good. His attack was of 10 days duration. He had various delusions. He was in the habit of wandering about at night supposing himself to be in search of work. The cause of his attack was probably heredity. His mother was very eccentric. He had not previously been insane. 20/09. He continued to be wild and restless. He was unsettled in his manner. He was constantly on the move in search of mischief. He never completed anything he started. He was always asking to leave to go and seek work. He asserted he was getting 12 shillings a day before he was committed to the asylum. He was very childish and almost imbecile. He often shed tears. He wanted to go home. His bodily health continued to be good. November. His mental state was much improved. His manner was quiet and settled. He was now able to converse rationally. He was also moderately industrious. . His habits were good. He was Discharged Recovered 04/02/67.

William Henry Hugo. 15/02/75. Second attack of about 11 months duration. Cause unknown. Admitted to Stafford Asylum in March 1874. Dangerous. Wandered the streets raving and shouting. Constantly packing and unpacking his clothes. He was very violent to his landlady. Thin and in feeble health. Has left Hemiplegia. Protrudes his tongue to the right. Pupils unequal. Chronic papular eruptions under his right lower jaw. Has a cough and muco-purulent expectoration. Bronchial rales heard all over his chest. His pulse was irregular. His cardiac sounds were weak. - Almost inaudible. Nothing can be ascertained from them. Somewhat confused and demented. Complained of pain in his head. . Rather childish in manner. 15/05. Had a paralytic attack affecting his right side. He was confined to bed for several days. He soon recovered the use of his limbs. Now fairly well. 27/08. Had another paralytic attack. His bladder was affected and he had to be catheterised. He rarely spoke and when he did it was in monosyllables. Confined to bed with hot skin. He refused all food and had to be forced to take some. 05/10. Lately much worse. Never speaks now. Had a slight difficulty in breathing. His bladder empties itself now. Had a sharp attack of diarrhoea. This now stopped. 10/10. Gradually got worse. His paralytic symptoms were more apparent. He died on 09/10 at noon from the exhaustion of paralysis, disease of the brain and heart.

Joseph Hulls. 05/03/69. He had a vacant and demented face. He was in very weak and feeble health. He was suffering from Cardiac Disease and Asthma. His trunk and extremities were thickly studded with excrescences of a molluscoid character. He was also partly paralysed on his left side. He was also much emaciated. His attack was said to be of 6 months duration. He constantly called out at the top of his voice for help and he appeared to be in great distress. This appeared always to be the case if he was left alone. . He answered questions rationally. The cause of this attack was thought to be a hereditary predisposition to insanity and an advanced physical disease. His son was also in Powick Asylum at this time. This patient had a Hemiplegic attack on his left side two years ago. He had been bedridden for the past two months. He had not previously been insane. He gradually sank and died of Apoplexy, Disease of the Brain, heart and lungs on 17/03/69.

John James. 13/12/72. First attack of 2 weeks duration. Overexertion and drink were the supposed cause. He had an attack of paralysis and epilepsy 2 years ago. Dangerous. He had threatened to strangle his wife and another person. His memory was very much impaired. He laboured under several delusions. He could not sustain a conversation without making mistakes. He appeared timid and suspicious of

everyone about him. He was in a reduced and very feeble state, He could not walk without assistance and his face was discoloured and tuberculate. There was a heart murmur and a pulse rate of 110. He had signs of pneumonia in both lungs. His breathing was rough and exaggerated. He had dullness over the right base of his lungs. This was almost absolute over the base of his left lung. His respiration was dry and turbulent. His tongue was foul and parched and there were sordes on his teeth and gums. His mental state was very wandering and confused. His speech was hesitant and indistinct. He scarcely understood anything that was said to him. He answered in a rambling and incoherent fashion. He was ordered Brandy and stimulating medicines. . He also had turpentine stupes and poultices applied to his chest. 17/12. He had been very restless since admission to the asylum. He would not keep in bed and his chest symptoms became more aggravated. He died of Pneumonia, the exhaustion on mania and Paralysis on 17/12/72.

Anthony Jenkins. 25/11/74. First attack of 14 years duration. The cause was intemperance. Feeble and impaired in mind. Incoherent and rambling in conversation. Quiet and harmless. Thin and reduced. Feeble health. Paralysis Agitans. He could scarcely walk without assistance. Muscles of legs atrophied. Nearly blind. An almost complete cataract on the right eye. Opacity in the left lens. Lungs emphysematous. Loud murmur on the cardiac sound loudest at the apex. Pulse intermittent and weak. Arcus Senilis well-marked. He was very deaf. Numerous delusions. Very talkative. Says he is to be starved and that people were talking about killing him. Claimed that the Lord would not let them. 19/01/75. Very noisy and irritable. This was especially if he was deprived of tobacco. Takes his food well. Feeble and debilitated. 27/09. About the same. Talks in a loud whining voice. Excited about supposed wrongs. Lay on his bed all day. 15/12. No marked improvement. 03/04/76. Sits up most of the day now. Went to bed in the early afternoon. Cataract on right eye. Mentally unchanged. 06/07. Unchanged. 14/10. No marked change. 03/01/77. Very noisy and demented. Swears and prays and then swears without intermission. He states that he never has any butcher's meat. Claimed his tobacco was taken from him. General health good. 05/05/77 Unchanged. If anything he was quieter. 06/08. Unchanged. 28/12. The same. 03/03/78. Paralysis the same. He swears and shouts and then kneels down and prays. Has fits of violence and excitement. A day or two ago he threw a spittoon at another patient. It struck him in the face. It caused an extensive injury on his left cheek. General health good. Appetite poor. 05/08. As before. Irritable and quarrelsome. 10/11. Discharged Not Improved.

John Jennings. 15/06/68. He had a vacant and somewhat idiotic face. He was suffering from Brain Disease and Paralysis accompanied by Aphasia. He was only able to utter a few words at uncertain times. He was in a moderate bodily state. The duration of this attack was unknown. His manner and habits were said to be those of an idiot. He was incapable of giving a reason for anything he did. He was thought dangerous. Disease of the brain was the cause of his insanity. There was no hereditary taint as far as was known. He died of the exhaustion of Mania and Brain Disease on 06/01/69.

James Jones, 25/08/66. He had a placid, intelligent but unobservant face. His bodily health was moderately good. . He was blind his left side and both his legs were paralysed. The attack was of 3 years duration. He used violent language and he had threatened to commit suicide. He was dangerous to people around him. His mental problems were caused by drink and exposure. The night the Prince of Wales got married this man got drunk and he lay outside all night. This event was followed by epilepsy and paralysis. The side effected was the one he had been lying on. He had not been insane previously. He had been in the WH for two years. November. He was much improved. He was now rarely dirty in his habits. He was no destructive and did not use bad language. He was demented but he could understand

what was said to him and he talked coherently. February 1867. He was no much changed. His blindness had not diminished. His paralysis was less and he was now able to stand and move his left arm. He had epileptic fits at intervals. He was occasionally irritable. He sometimes made a great noise when he was being dressed. More usually he was very quiet and easily managed. August. He was in the same state. He was somewhat improved in bodily state. He walked about but he lifted his legs slowly and heavily. His left arm was now almost useless. He was irritable and easily excited. . He was still easily manages and he readily answered questions. SOME NOTES ARE MISSING. 28/01/1882. He had generally improved. However he was jaundiced. He was moved wards and he gained flesh. He was now able to hobble with assistance round the airing-court. Mentally he was unchanged. This was repeated on May 17/October 25/ January 4th 1881. May 7th. Still no change. His skin was dark and olive coloured. He spoke rationally, but he had fits of noisy and abusive excitement. His health remained fairly good. August 13th. Much the same. November 9th. He grumbled a good deal and grand letters about his detention in the asylum. His health was pretty good. However he was rather feeble. There were no other signs of Addison's Disease apart from dark skin. 15/01/84. The same. 20/05/84 He was always asking to go home. Claims he could support himself if allowed to. 06/09/84 the same as ever. 08/12/84. He was very angry about being detained in the asylum. He was sure he could earn a living if he left. His paralysis was about ten same. 13/03/85. Mentally the same. Dissatisfied and grumbling. In fine weather he got into the airing court. If assisted he could walk a little. He now spent much of his time grumbling. His health was about the same. 12/09. In a feeble and paralysed state. He was blind as well and paralysed. 28/12. Still grumbling. He claimed his hip and arm were out of place. Believed this why he was detained in the asylum. 07/03/86. No changed. 11/06/86. Still dissatisfied and grumbling. S till wanted to leave and support himself. He could only get out of the ward with assistance. Paralysed and blind. 07/09. Demented. Believed he could work and support himself. . Feeble and paralysed. 13/12. In Ward No. 3. Very feeble and querulous. At time irritable. 20/03/87. Moved to ward no. 4. Unchanged. Usually quiet and manageable. Occasionally he indulged in a noisy recital of his wrongs especially about his paralysed arm which he believed to be dislocated. 11/06. Unchanged. 20/9. No appreciable change. 10/12/87. Demented and querulous. No increase in his paralysis. General health good. His notes were now moved to a Forward Book. We do know that this man died 03/07/1892. A LETTER to his mother from County and City Asylum, November 5th 1883. Dear Mother, I now take the pleasure of writing to you in the hope that this will find you in good health as it leaves me at present thank god for it. I think it very hard that none of you have written to me to let me know how you are. Both my arms and hips are out of place now and I think it very hard to be kept here as a lunatic on that account and what they mean to me but what I know from higher power. Please let them know at the Reformatory see this all I have asked of them is my liberty then I should have been able to work years ago I am not going to turn anything up to my wife or anyone else wile I am here for I think no one cares about me now. Please to write to me as soon as you can for I want to know how you are. I want someone to come to me just do not want anything of them. So now I must conclude with my best love to you all. - James Jones. PS I could have supported myself every hour since I have been here - 7 years.

John Jones. 28/12/74. First attack. Going off for 7 years. Cause unknown. However, his father died in Abergavenny Asylum. Had convulsions in the last 12 months. Dangerous. Attempted to drown himself. Incoherent in manner. Sullen and morose. Unable to answer questions. Filthy habits. Very feeble and reduced state of health. Muscular system tremulous. . Paralysed. Can scarcely walk without assistance. Pupils unequal. Face expressionless. Passes his urine and faeces involuntarily. Breathing wheezy and difficult. Lungs emphysematous. Heart action weak. No murmur. . In a very demented and childish state.

Perfectly fatuous. Restless and vacant. Picked at his clothes. Quite unable to attend to his own wants. 03/01/75. Never able to leave his bed. Got more feeble and paralysed daily. Still passed his urine and faeces involuntarily. Taking only fluid nutriment. These were stimulants. . He never rallied. Died of chronic disease of the brain with paralysis and of the heart and vessels.

Frederick Kingzett. 09/10/75. THIS WAS A CASE OF GPI. First attack of 1 month's duration. Anxiety and a family predisposition the cause of his insanity. Dangerous. At time very excited, but at others morose. He was then sulky and suspicious of those about him. He believed his sister tried to poison him. A very tall man who was also very powerful. Pale and very careworn looking. Lungs normal. Heart beats tremulous. Pulse at time intermittent. Left pupil considerably dilated. His tongue was clean. Peculiar tremor of his muscles especially those in his abdomen. Memory defective. It took him a long time to answer questions. He then answered very hesitantly. Clips words as though he had General Paralysis. He could with difficulty concentrate on one subject. Mind continually wandering. 09/12. Does not improve. Much thinner. Depraved in his habits. Frequently smeared himself with excrement. Often refused to eat. Extremely restless at night. Knocks and kicks the door of his room. Has a Haematoma on his ear. 31/01/76. Gradually got worse. More deluded and incoherent and in conversation. The Medical Officer was summoned to him at 8.13 pm when he was having a convulsion. Fit after fit succeeded each other quickly. He was then semi-comatose. His pupils were dilated and he had a cold feet. Hot water bottles were applied to his feet and he was given a stimulating enema, but to no purpose as he never rallied. He died at 10.15 am of the exhaustion of General Paralysis.

William Laker. 14/07/73. First attack of 3 days duration. . Cause unknown. He was irresponsible for his actions. Incoherent in action and language. Thin, feeble and reduced in health and condition. He could scarcely stand. . He was unable to walk without assistance. In an ataxic and paralysed state. Extensively bruised on his body and extremities. Arcus senilis was marked and he had a heart murmur. His lungs were emphamatus. He had a dull and vacant expression on his face that was dull and vacant. His mental state was much impaired and his memory defective and his ideas were confused. 16. His urine always had to be drawn off with a catheter, but this proved very difficult because the enlarged and softened state of his prostate. He was ordered medication. 06/08. His body strength was gradually failing. His skin was hot and dry and he was feverish. He complained of great dryness and thirst. He was greatly troubled with Dyspnoea and a cough. This was attended by foetid purulent macular expectorations and he had to be propped up in bed. Mucous rales could be heard all over his chest at the base posteriorly percussion was impaired. Crepitation could also be heard on both sides accompanied by inspiration. He was not as troubled by his urine now. His appetite was poor because he only took fluid and slops. His pulse was 108. It was full, jerking and collapsing cardiac phenomena. This continued unchanged. He was sleepless and restless at night. He was occasionally delirious. He had an accident and he struck his elbow severely. No bones were broken, but there was a great deal of swelling which with the attendant pain rendered a proper examination difficult. Wet cloths were applied to the seat of the swelling and his arm was put at rest in a sling. He was given brandy in addition to his medicines. Turpentine stupes were applied to his chest. 10/08. He got very much worse; in fact he was moribund. His eyes were fixed in a glazed expression. His face was pale and his skin clammy and moist. His breathing was short and he had to be propped up with fences. Loud mucous rales were heard all over his chest. His appetite and strength were failing. His bowels were regular and his urine came away with no need for a catheter. It was albuminous. He was given brandy with ether and he was fed eggs and milk. 11/08. He was gradually sinking. His skin was hot and sweaty. His pulse was 108. It was weak, but

regular. . 12/08. He died today of Sanguineous Apoplexy with disease of the heart and arteries, brain and kidneys.

Thomas Lane. 18/02/73. First attack of 3 weeks duration. He was suffering from Softening of the brain. He was dangerous. He was restless and violent. He struck the wall and bedframe regardless of the pain it caused him. He tore the dressings off any wound as soon as they were applied. He was in a feeble and reduced state of health. He was very thin and wasted. He had ulcers on his left wrist and another about the size of a shilling on his right tibia. There were also some small ulcers on his ankles and feet. A murmur accompanied the first sound of his heart. . His arteries appeared to be rigid and cartilaginous. . His arcus senilis was well marked. The right side of his chest at the posterior was dull. His breathing was tubular with occasional crepitations. On the left side his breathing was rough and exaggerated. His mental state was much impaired and confused. He cried and sobbed frequently when spoken to. He was unable to give an account of himself and his memory and understanding were very deficient. 09/03. He had been in bed since he was admitted to the asylum. His chest symptoms were much relieved. His sores were healing. He took his food well. He was quiet and evidently improving. 01/05. He was now able to be up for some hours during the day. He was somewhat improved. He was still very feeble, low and reduced. 29/09. His state varied at intervals. He was always feeble and delicate, but he was generally able to be up for some hours every day. Latterly he was not as well. He was gain in bed. He had a slight cough and his expectoration and appetite were poor. His general strength and condition were reduced. 25/10. He became gradually weaker and more prostrated. For several days he was quite unconscious. He had two or three Hemiplegic attacks. These affected his left side. He died of Disease of the Heart, Paralysis and Pulmonary Congestion on 25/10/73.

William Lewis. 30/12/70. He was suffering from Paralysis. His speech was affected and his gait was unsteady. He had Ophthalmia in his left eye. This was his first attack. It was of some week's duration. However he gave an impression of being an imbecile for some years. The cause of his illness was said to be drink. His son was in Powick Asylum. He was thought suicidal and dangerous. He had attempted suicide. His memory was failing and he was losing the power of speech. No disease was discovered in his thoracic organs. 08/03/71. He was suffering from vesical affection. 19/08. He was given medicines to improve his bodily condition. He had an attack of Haematmaria. 02/12. He was said to have had an epileptic attack shortly after admission to the asylum. There had been no recurrence of such seizures. He looked pale, feeble and rather delicate. 21/03/72. There was no return of epilepsy. He was still unhealthy looking and occasionally there was still blood in his urine. 16/08. There was not much improvement in his health. Mentally he was imbecile and childish. 05/01/73. Suffered from Dyspepsia and is breathe smelt offensively. There was no mental change. Mentally he was imbecile and childish. 05/01/73. Suffered from Dyspepsia and is breathe smelt offensively. There was no mental change. 09/03. He was failing more perceptibly. He had been confined to bed sometimes. He had a high fever with hot and dry skin. His breathing was rapid and short. Both lungs appeared to be affected. It appeared to be Tubercular Disease. His breathe was even more offensive in odour. He died of Tubercular Disease and Disease of the Kidneys on 09/03/73.

James Malden. 09/12/71. First attack of 3 weeks duration. This illness resulted from a Stroke whilst he was in Africa and perhaps from drill. It was said to have occurred two or three years ago. He was said to have epileptic seizures. This man had a loss of memory. He was unable to sleep because he was in a state of constant restlessness. . He was incoherent in his manner and conversation. He did not remember the days of the week and was unsafe to be left alone. He was of moderate habits, but he was

in poor condition. His thoracic organs were normal. His liver appeared to be enlarged. His expression was intelligent, but his ideas were very confused. He talked in a very rambling and childish fashion. His health was rather feeble and he walked shakily. 18. He had been rather restless and uneasy since admission. He was constantly asking to go home. His memory was much lost and he claimed that he had been drilling this morning. He imagined that his watch and money had been stolen from him. 23/04. His urine had to be drawn off with a catheter. His bladder was much distended and he was not able to micturate. He got more feeble so he was ordered an additional diet plus a tonic mixture. 01/01/72. He now passed urine and looked much better. 16/02. His bodily health improved. His mind was still in a confused state. He was childish. 17/03. He continued to improve in strength. His paralytic symptoms now disappeared. His memory was still much impaired, particularly his recent memory. He was cheerful and contented. 10.06. He was not quite as well. He suffered frequently from giddiness. His ideas were also confused. He then improved. 05/08. He continued to be moderately well, although his memory was still impaired. However he was very quiet and tractable. He was allowed out on trial. He was Discharged Recovered on 02/09/72.

Charles Matthews.12/04/64. He had a depressed and melancholic expression on his face. His general health and condition was feeble and delicate. He had been insane for about 1 year. He had suffered 2 previous attacks of paralysis. He was demented. He ate excrement and he had painted himself with his own faeces. He was not thought dangerous to others. He had Hemiplegia on his right side. Apoplexy was the cause of his insanity. His habits were active, but he was very intemperate. This was his first mental illness. His father was much addicted to drink. This man had spent the previous 11 months in the WH. On 30th April it was stated that on admission this man was in a very weak and reduced state. During the first week his habits were excessively dirty. Every night he smeared himself and his bed with excrement. Great attention by the attendants attempted to break him of this 'lamentable' habit. They were successful. He now used the closet by day and the 'utensil' by night. His bodily health was much improved. He walked better and was much stronger. Mentally he was also progressing favourably. He now appeared to understand all that was said to him. However, occasionally he pronounced one or two words intelligibly which he had not done on admission. October. Both mentally and physically this patient was now deteriorating. He had debility and was confined to bed. . He was now not able to articulate words. He could not understand anything said to him. He died on 12/11/64.

Reuben Zaccharia Miller. 10/12/77. THIS WAS A CASE OF GPI. First attack of several months duration. Cause softening of the brain caused by a fever whilst in America. Occasionally epileptic for 6 years. Suicidal and occasionally dangerous. Tottering gait. His memory was gone. His speech was slow, stammering, incoherent and almost incomprehensible. . He did not know how to express his ideas. Some of his fits were followed by aphasia and this persisted for some time. He tied a handkerchief nervously around his thumb whilst he was talking. Although he had been in South America he denied this. He was up and down all day and frequently at night he was seen at the window dancing in his night shirt. He often pretended to read a newspaper but it was upside down. He had threatened to cut his throat and he ran upstairs to do it. He hid knives about his room and in his clothing. At times he was very violent. He was a tall, thin man who was tottering in his gait. He was scarcely able to walk unassisted. His thoracic and abdominal organs were normal. There were several scars on his body. On his forearms there were impressed drawings. In his conversation he was uncertain, tremulous and hesitating. He had GPI at an advanced stage. He had a tremor common in such cases. He was confused and quite unable to say where he was. He had no idea of who the people around him were. He did not

know what he was doing. He was slovenly and untidy in appearance. He wandered about in a listless unmeaning way. 20/01/78. In a very weak condition physically. Mentally he was even worse. He seemed to have great difficulty in lifting his hands to shake hands with anyone. He walked slowly and tottering. His speech was slow, undecided and laboured. He would be found sitting by the fire where he remained taking no notice of anything. 23/03. GPI progressing rapidly and he was more demented. He was very destructive; he tore his things. He was very restless at night. He had lost flesh a good deal. 04/04. More weak and tottery. Obligated to take to his bed. He had lost more flesh. 24/04. Got worse. He had persistent diarrhoea. A growth on his sacrum had a very unhealthy appearance and an offensive smell. He was reduced almost to a skeleton. He still took nourishment remarkably well. He could no longer speak at all. 18/05. He went from bad to worse. He now refused to eat. He had bed-sores that discharged profusely. He gradually sank and died at 4.45 am from the exhaustion of General Paralysis.

John Mills. 09/12/65. He had an imbecile expression on his face. Cheerful. The right side of his body was paralysed. Otherwise he was in good health and condition. This attack was of many years duration. He appeared to understand what was said to him. He answered questions imperfectly. Of late he was very dirty in his habits. He was much given to screaming. Sunstroke was the supposed cause of his illness. He had been in Marley WH for years. Nothing was known of his early history. February 1866. He was unchanged, but still in good health. He was generally cheerful and contented. However if he was crossed he became very petulant and he cried like a child. In the asylum he was always cleanly in his habits. He did not use bad language. March 1867. No great change. He had suffered several attacks of Dyspepsia. This made him dirty in his habits. He was still in good bodily condition. July 16th 1871. His Hemiplegia still existed. He now also had paralysis of his pharyngeal muscles so he had great difficulty swallowing. He frequently choked slightly at mealtimes. His speech was thick and indistinct. However, he was generally quiet and easily managed. Occasionally he was excited and somewhat noisy. He was now thin and in delicate health. 25/02/72. No change. 21/09/72. Heath feeble. Paralysed and demented. 02/04/73. Has to be carried and tended like a child. Up daily but feeble and delicate. 16/12/73. Unchanged. 15/06/74. Several small ulcers on his left leg. He constantly picked and irritated these. He had diarrhoea, but he recovered and was up daily. 20/02/75. Confined to bed for some weeks during the winter. Had Pneumonia. Now up every day but he was very feeble and helpless. 06/08/75. No change. 02/12/75. Physically improved, but mentally the same. Sometimes very feeble and morose. Now in moderate health and cheerful. 27/05/76. Very helpless. Entirely lost the use of his lower extremities. In bed because of an ulcer on his left ankle. He could be sat up leaning against a table. His appetite was good, but his was inarticulate in conversation. 14/08/76. Much the same. Gets about the ward with assistance. 24/12/76. Much the same. Appetite still good. 01/04/77. No improvement. 21/07/77. The same. 21/10/77. Speech implicated. He was helpless and at times very irritable. However he was generally easily managed. Sat up the day-room. 25/03/78. No change. Chattered a good deal. Very feeble and shaky. Up during the day, but put to bed very early. Takes his food and sleeps well. 18/08/78. In a good bodily condition given his paraplegic state. No change mentally. 24/11/78. No change. 17/02/79. Confined to bed. He had a ragged ulcer at the front of his ankle. He also had gout. This was treated and the ulcer healed. In the same state but helpless and paralysed. 10/10/79. He was now in an imbecile state. Bodily he was healthy but delicate. He was infirm and paralysed. His ulcer on his ankle had broken out again, but it healed. 24/09/80. He was no longer troubled by ulcers. However he was still paralysed and feeble. He got up each day and sat on an easy-chair in the day-room. He was much demented and feeble. His articulation was now impaired. It was almost impossible to understand what he said. 15/12/80. He remained as he was - simple and demented. He now suffered from head-aches.

These were in his forehead. Occasionally he now remained in bed. He did not vomit when he was in bed. He again had a slight ulcer on his leg. Possibly Syphilitic. 25/03/81. Not changed. 04/07/81. His headaches were less. He still had a chronic ulcer on his leg and he was very demented. 03/10/81. Again unchanged. A PAGE OF THIS MAN'S NOTES WAS MISSING. However, we do know that he died on 28/02/88. He was incarcerated at Powick Asylum for over 23 years.

Charles Moody. 21/09/70. He was in poor condition. He had a preoccupied, vacant and depressed face. This was his second attack. The first was 2 years ago. This attack of 10 days duration. Two of his sisters were insane. His father had committed suicide. He was suicidal. He was suffering from Monomania with serious sadness. He disliked solitude. He slept little and had threatened to destroy himself. He had suffered from Hemiplegia and he moved his left leg badly. 23/-4/71. He was somewhat improved. However his health was still very feeble. He had been attacked by Paralysis since his admission to the asylum. However he had to a great extent recovered from its affects. He remained in a depressed and languid state. 10/08. He was much improved. His bodily health was more satisfactory and he was more cheerful and steadier on his legs. He had not quite recovered from the effects of the Paralysis. 06/11. He went on favourable. His bodily condition improved, but some paralysis still existed. His wife was anxious to have him home so on December 4th 1871 he was Discharged Recovered.

Joseph Mucklow. 11/06/68. He was suffering from Brain Disease. He had been totally blind for 3 years. He had an incised cut over his left eye-brow. There were also bruises over his whole body and his extremities. . He was in a very low and reduced state of health. The present attack was of several years duration. He had shouted and raved in a loud and violent manner. He required four men to attend to him. He had rambled about the room tearing his own clothes. He had threatened violence towards his wife. He was thought dangerous. Dissipation was the cause of his insanity. His habits had been disorderly for years. This was his first attack of mental illness. There was no known inherited predisposition to insanity. After admission he was agitated, excited, violent, noisy and incoherent. . He had rolled about on the ground. He used profane and threatening language. He was unable to collect his thoughts to answer any questions. He could not control his own actions. He was in an exhausted, low and feeble bodily state. He was in an almost typhoid condition. He could not empty his bladder so he was catheterised. He was suffering from the bruising on his trunk and extremities. Thus he was confined to bed in a padded room, where he was given Brandy with beef-tea and a sedative draught. 21st. He became rapidly worse. His pulse was rapid and extremely small. His extremities were cold. His abdomen was tympanic and he complained of great pain when pressure was applied to that region. He was not able to eat and had to be fed. Warmth was applied to his extremities and stimulants administered, but with no success. He collapsed and died on 21/06/68 at 2.30 am. He died of the exhaustion of Mania and of Brain Disease.

Thomas Muskin. 15/01/76. First attack of 5 months duration. Intemperance and a hereditary predisposition the cause. Dangerous. He had dirty habits and was sleepless. He had tried to choke his child and burn his wife. He had suffered epileptiform seizures about 2 years ago. He fancied he was going to London. He secreted a knife between the bedclothes. He was very stupid, lost and demented. He appeared to be suffering from paraplegia. He was unable to walk without staggering and he stood with great difficulty. He had a deformity of his nose. It appeared to be the result of damage by ulcers. He also had a big scar in his left groin. There were scars in other parts of his body. He seldom entered into conversation freely. If he did talk it was in monosyllables. He slept moderately well. However he was still restless at times. His tongue was clean and his gait was with his leg dragging behind him He shuffled. He

complained of headaches. He continually ground his teeth. He was very low spirited. He was dirty in his habits so that he passed excrement in bed or anywhere else he happened to be. His thoracic and abdominal organs appeared normal. 07/04. He did not improve. Confined permanently to bed with extreme debility. Unable to converse much, but he would answer simple questions. 13/08. Paralysis increasing. In spite of medical treatment he was getting worse. Some evidence of some specific brain mischief. He was given a highly nutritious diet. 14/11. He became worse and worse until he sank and died of brain disease with paralysis with pulmonary congestion.

James Nash. 17/08/67. He was of large stature. His face was demented and unobservant. His health was very feeble and reduced. He suffered from Severe Bronchitis. This attack was on 2 months duration. He was restless, sleepless and violent to people about him. His memory was much impaired. He had attempted to jump from a window. The cause of insanity was Apoplexy. He had not previously been insane. 25/10. His bodily health was improved. He was always, quiet, contented and cheerful. He could still understand much of what was said to him. This was in spite of his memory being impaired. He was unfit for any occupation. 30/4/71. He was now permanently confined to bed with paralysis and senile debility. He was now perfectly helpless. He continued in this state. However he was taking nourishment and was in a pretty good condition. However he had a considerable amount of Bronchitis. He died of disease of the heart, brain and paralysis together with the debility of old age on 30/04/71.

William Nicklin. 13/08/72. THIS WAS A GPI CASE. First attack of 3 weeks duration. The cause was intemperance and the death of his wife. Suicidal and dangerous. Very restless and he muttered and talked incoherently. He had various delusions. He believed he was working hard at his business and that the attendants were unkind to him. He thought they would not give him food. He thought the medicine and the food were poisoned. He also thought that he had received Holy Communion with his wife who was dead. He had threatened to destroy himself by jumping out of a window. He also tried to kill an attendant. On admission he was very agitated, excited and restless, so much so that he could not properly be examined. He was thin, pale with a careworn face. His muscular system was tremulous. He could not answer questions correctly. He was constantly talking and muttering to himself. He was discharged 15/08 because his Certifiers were in partnership. This man was readmitted to the asylum on 15/08/72. He was still tremulous and the pupils of his eyes were dilated. His thoracic organs were normal. He was taking Digitalis every hour. 19/08. This medicament was discontinued. He was now rather more composed. He had been unable to pass urine for himself and he had to be catheterised. He had been difficult to feed. 28/08. He no longer needed to be catheterised. He was weaker and more exhausted and he was very restless and difficult to feed. He was feverish with a very dry brown tongue. 14/09. He had improved and was up daily. However he was still restless and incoherent. His habits were much perverted. 28/09. He was still difficult to feed. His mental state remained vacant and deluded and he was often restless and sleepless at night. 22/11. He was troubled with diarrhoea. He was given medication for this. He was restless and confused and he was frequently violent. 24/01/73. His diarrhoea continued for several weeks, which reduced him considerably. However he then improved. He developed boils on his sacrum, nates and thighs. This reduced him still further. He was confined to bed for several weeks. Although he was feeble he was able to be up again. 11/04. He gradually failed. Greatly emaciated and with chest symptoms. Many of his old sores reopened. His appetite was bad and he was becoming exhausted. He died on 11/04/ from the exhaustion of GPI.

Henry Owen. 09/08/67. He was of large stature. He had a heavy and unobservant face. He had a hernia on his right side. His toes were large and ill formed. They were slightly inflamed. His general health was

feeble and reduced. This attack was on 14 months duration. His memory and understanding were reduced. His movement was tremulous, hesitant and uncertain. His articulation was imperfect. He had threatened to kill his wife. He was not suicidal. He suffered epileptiform convulsions. Sunstroke at the age of 14 months was said to be the cause of his insanity. His mind had gradually become more impaired. His cousin was also confined in an asylum. This man had not previously been insane. 25/10, He had been quiet and harmless, but he was occasionally restless at night. He took his food well. He was in fair bodily state. He was often confined to bed with diseased feet. Mentally he was unimproved. 20/06. He gradually got worse. He had obstinate diarrhoea, which took time to pass off. He was very much exhausted. He was then unable to move without assistance. He had to be fed and he spent sleepless nights. His feet were much swollen, discoloured and stained. He had diseased toes. He also developed several small bed-sores. He was fed beef-tea, arrow-root and other nutritious foods. He died of Disease of the Brain with Paralysis on 22/06/68.

John Page (or Kane). 04/05/68. Vacant and sullen face. In an almost typhoid condition. Pulse 115 and compressible. Skin hot and dry. Tongue brown and furred. He was suffering from a distended bladder from retention of urine. His lower extremities were oedematous. In his bladder was a large conical tumour extending from the medial line to about 3" above the umbilicus. On draining with a catheter about six pints of dark coloured urine was drawn off. He had a scar over the upper lip to the left of the mesial line. He was chargeable to Dudley Union. He was transferred to Powick from Surrey County Asylum. He was taken there by the police having attempted suicide. . He was thought dangerous. The duration and cause of his insanity was unknown as was whether this was a first attack. 09/05. He spoke to no-one and appeared unable to observe anything or understand was said to him. He refused food so it was necessary to feed him. He was very restless and suffering from Paralysis of his bladder. This had to be emptied twice daily with a catheter. His pupils were unequal and both were dilated. His conjunctiva was considerably suffused. His pulse was small and very rapid. His body was covered with a clammy sweat. His tongue was brown and dry. His urine was scanty with a precipitate of albumen. He was taking Brandy.12th. His condition became aggravated and his pulse increased. It varied from 130 to 140. His skin was now hot and dry and his breathing was very rapid. . His face was livid. Crepitation's were audible in his right lung with dullness to percussion and accompanied by a suppressed cough. He was given a stimulating expectorant. This was accompanied by steam from hot water. He was no constantly fed with Brandy, beef-tea. Arrowroot. He gradually got worse and died of Disease of the Brain with Paralysis together with urine retention and Pulmonary Congestion. 12/05/68.

Thomas Partington. 14/01/76. THIS WAS A CASE OF GPI. First attack of 6 months duration. The cause of his insanity was unknown. He had attempted suicide by drowning. He was dirty and filthy in his habits. He was noisy at night and he went about naked. He appeared to have lost control of his lower extremities. He could hardly stand or walk without assistance. He was staggering and he almost fell in his gait. . His mind was lost and much demented. His facial expression was vacant and confused. His abdominal and thoracic organs were normal. He appeared to have no control over his bladder or rectum and he passed his excrement involuntarily. He pained or smeared himself with his faeces. His pupils were normal with no arcus senilis. His tongue was clean He appeared to be suffering from partial paraplegia. He rarely ventured to make a remark. He was reticent and uncommunicative. He would however answer simple questions. However this was usually with yes or no. He did not know where he came from or how long ago. He had large blisters or bullae on his legs. It was as though he had been scalded or burned. There was an extensive bruise on his elbow. 07/04. He was much the same.

Demented, but he looked better. 13/08. General Paralysis well marked. He sat, sullen and reticent. He took little or no notice of anything. 12/11. No change. 04/02/77. Much the same. However he did look healthier and stronger. However there was no change mentally. He was still very lost. He could not work because he could not walk. 14/05. Confined to bed. Had an attack of Hypertalic congestion of his lungs. He was left extremely weak. In a feeble condition. He took his food fairly well. However he had to be forced to take nourishment. 06/08. Remained in bed. Still feeble and much demented. Sometimes much excited. 28/11. General Paralysis progressed. He died from the exhaustion of GPI.

George Parry. 15/09/75. THIS WAS A CASE OF GPI. First attack of 6 months duration. The cause was Brain Disease, Paralysis, and Epilepsy (this was of 18 months standing). Dangerous. Wild and restless requiring powerful restraint. Speech indistinct. On admission he was entirely helpless. Unable to stand. Bruised left knee and slight exconation on his wrists. His right ankle was swollen. Also a patch of ulceration on his ankle. Heart sounds feeble and indistinct. Right chest sound louder than left. Moist sounds an inch above his right nipple. Pupils regular. Other organs normal. Lost power in moving his right side. Had a little difficulty passing urine. Unable to speak and much distressed in his countenance. Continually grinds his teeth. Given beef-tea, eggs and brandy. 04/06/76. He was up and about in the ward. However his paralysis then progressed rapidly. From being good he was then low. Thinner. Speech very laboured. He appeared to understand what was said to him. However he was unable to reply. Confined to bed. Catheterised several times to draw off his urine. He then refused his food. 31/03/76. For a time up and useful. It was then apparent that this case would terminate speedily. He became helpless and noisy. Complained of pains in his head. It was difficult to get him to eat. He had a pillow under his head and he continually tried to get out of bed. He gradually became weaker and he died from the exhaustion of mania and General Paralysis.

Robert Pearce. 07/11/74. THIS WAS A GPI CASE. This was a first attack of about 2 year's duration. Money matters were the supposed cause. He had suffered several epileptic seizures and he was thought dangerous. He used threatening language and was totally changed in manner. He had tried to strangle a man who was living in his house. He had also tried to jump out of a railway carriage gong at full speed. He was stout, but his muscular system was flabby and tremulous. His health was impaired and he was paralysed. His walk was unsteady and tottering. His speech was also stuttering. At times he was almost unintelligible. His lungs were emphysematous. There were signs of Aortic Disease. There was a murmur at the second cardiac sound at the base of the heart. His mind was much impaired and confused. His general intelligence was very defective. During his first night in the asylum he became very excited and violent. He got up and smashed windows in his room. He also hammered on the door with his bedstead and he shouted at the top of his voice. He was given a chloral sedative. 02/12. He did not go on favourably. He seldom took and nutriment. He lived chiefly on eggs, milk, brandy and beef-tea. All of which he drank readily. He was mostly confined to bed. However he was sometimes got up for a few hours in the middle and bright mentally. He was got up and he sat about in the ward. He answered questions readily. He took his food well. He generally went to bed early. His general health was as good as could be expected. 05/04. He was less cheerful. He hardly spoke and his Hemiplegia was more marked. He was sent to bed. 06/04. He was in a worse condition and he could not speak. He then became unconscious. He took a little food, but he passed everything under him. At 8.30 pm to doctor found him almost moribund. He had suffered another paralytic attack. He was cold and pulseless. His breathing was heavy. He was immediately ordered brandy and a mustard leaf was applied to his chest. He did not rally at all. 18/12. He gradually failed and he only took small quantities of stimulants. Latterly

he was drowsy and semi-conscious. He became much thinner with symptoms of pulmonary congestion for the last few days. He died from the exhaustion of GPI with pulmonary congestion.

William Percey. 27/07/77. Not his first attack. Earlier one 2 years ago. Never well since. Present attack of 2 months duration. The cause hereditary predisposition (father) and poverty. He was suicidal. Had conversations about drowning, poisoning and hanging. Talked incoherently. Restless and he looked idiotic. Declared that he did not want anyone to make assertions without being requested to do so. He had threatened to buy poison to do away with himself. However, failing that he would drown himself. He went about with his clothing undone. He was a very thin and spare man. He appeared to be very dejected. , lost and demented. He did not understand where he is or what is said to him. He wandered about and talked in a meaningless, hesitating, uncertain manner. Evidently much demented. His cardiac sounds were very loud. There was a rasping bruit with the 2nd sound. This was heard at the apex of the heart. However, it could be detected in other places. He slept pretty well. His tongue was clean. There was an ulcer, or the remains of abscesses on the back of his hand. He had partial hemiplegia of his left side. 10/10. His Dementia still existed. He was still in a helpless, feeble state. He did not seem to understand what was said to him. He talked very little and he had a dejected somewhat vacant expression on his face. 10/02/78. Some improvement. He was more sensible and less demented. 20/05. He had been removed from the convalescent ward having become dirty in his habits. He developed a large carbuncle on the back of his neck. It was freely incised. 06/08. Mental faculties much impaired. Bodily health feeble. Some paralysis in his legs at present only slight. 21/10. Unchanged. 24/01/79. No change, simple, childish and quite unable to occupy himself in any way. Health feeble and reduced. 26/05. Unchanged. 27/07. Feeble and weakly. Very simple and demented. He gave no trouble. Seldom dirty in his habits. 28/09. Nothing to record. 25/01/80. Although he was weak and feeble he managed to get out and take exercise in the airing court. . Health feeble. Mentally simple and childish. 29/03. Habits improved. He was moved back to the Convalescent Ward. 18/07. Back in the Acute Ward where he did a little light work. Very simple and childish. 27/11. Much the same. Demented and vacant. He sometimes wept without obvious cause. 23/03/81. Unchanged. 15/07. Suffered from severe Dyspepsia that caused him to vomit. He was also giddy. He then returned to normal. 26/09/71. Had occasional gastritis with vomiting. Had a foul tongue and prostration. Given an aperient and a slop diet. He was also put to bed for a few days. Given medicine including Bismuth. He recovered. Mental state unaltered. 28/11. In fairly good health. Free from gastric attacks. Mentally still very simple and childish. He was willing to be of use when able. 21/01/82. No more gastric problems. He was in an imbecile, childish condition. 27/03. Unchanged. 07/08. He had another gastric disturbance. 10/11. Mentally the same. Health good. 22/01/83. In the same state of imbecility. Health still good. 03/06. Unchanged. 17/09. Still imbecile and childish, but in good bodily health. 22/02/84. Nothing to report. 07/06. The same. 14/10. Remains foolish and childish. 29/12. Trouble with vomiting and diarrhoea. Given medicine and he was put to rights. 03/04/85. Remains childish and imbecile. Has not needed medical treatment. 16/06. No change. 12/09. Health now fair. Does some light work in the ward. 27/12. The same. 07/03/86. Childish and still helping in the ward. Health good. 21/06. No change. Health satisfactory. 06/09. Remains very simple. 15/12. Mentally unchanged. 21/03/87. Very childish and imbecile. He wanted to marry the cook. He grinned at every opportunity. 15/06. Unchanged. 24/09/87. Remains feeble and childish. Demented. Does a little ward work. 10/12. No change. 01/03/88. Very demented and lost. He required a good deal of looking after. THIS PATIENT'S NOTES WERE MOVED TO A FORWARD BOOK THAT IS NO LONGER EXTANT. We do know that he died on 18/02/92 after about 15 years' incarceration.

Edward Phillips. 06/12/71. First attack of about 2 month's duration. The cause was supposedly an injury caused in a railway accident. This had happened 42 months previously. He had been treated in the infirmary for 7 months after the accident. He had only managed to work for 9 months after the accident. He was thought dangerous. He had a heavy stupid expression on his face. When asked a question he frequently paid no attention to it. He often became suddenly excited for no discernible reason. He threw irons, plates and cups at his mother and sister and when asked his reason for doing this he replied 'I don't know I cannot help it'. Sometimes he burst out crying. He took a knife and held it in a threatening attitude close to his mother saying he would kill her. He was in a moderate bodily state. However his muscular system was considerably paralysed. He had lost the co-ordination of his movements. He walked with his legs far apart and he staggered as he went along. His pupils were unequal. His speech was indistinct. His lungs were normal. The first sound of his heart was muffled. It was almost a murmur. 18th. Since admission he was frequently restless, sleepless and inclined to violence to people about him. He took his food well. 01/01/72. He had been in bed for some days following a paralytic attack. He was more helpless and scarcely able to stand. 18. He then improved. He now had symptoms of paralysis of the bladder. However this then passed off. 16/02. He was very restless and obstinate. He refused to take his food. He got much thinner. He also developed bed-sores over trochanters and nates. 12/03. He suffered diarrhoea for some days. . It was a low prostrate condition. 30/03. He continued to be in a very emaciated and prostrate state. He died at 11.00 am of Chronic Disease of the Brain.

William Price. 26/05/73. First attack of 2 months duration. Domestic troubles and ill-health the cause. Dangerous. He had a wild and wandering expression in his eyes. Answers questions dubiously and incoherently. Restless at night and very vicious. He attempted to strike those about him. He believed he had been robbed and injured by someone. Fairly nourished but in a feeble state, of health. Lungs act normally. Heart sound weak and indistinct. No murmur detected. Symptoms of paralysis present. Facial and lingual muscles affected. In a demented and confused state. His memory was much impaired and he was restless and vacant. 30/06. Had a paralytic attack that was succeeded by pulmonary congestion which prostrated him. His condition was for some time critical. He was somewhat better, but still confined to bed. 08/08. He had improved. His pneumonia affection had entirely passed off. He was free from a cough He left his bed yesterday. He could then move about the ward. His health was fair. 05/09. Getting stronger and he was able to move about more freely. His digestive functions were in good order. He slept well. His mental state was still confused and demented. 30/10. Got very state lately. Mentally unchanged. Unsteady walking. Able to be up daily. 26/01/74. Confined to bed for some days. More paralysed than before. Very stubborn. Would not speak and had to be fed. 12/02. Got very restless. Got out of bed and exposed himself to cold for several hours. Got an attack of double-pneumonia from which he never rallied. Died from Pneumonia and Disease of the Brain and Paralysis.

Henry Pully. 13/03/78. Not his first attack. Originated 3 years ago. This attack of 2 months duration. Cerebral Disease from over work was the cause. He was epileptic and dangerous. He had attacked his son. His talk was incoherent. He had an idiotic expression on his face. His imbecility advanced daily. He imagined that the spirits of departed individuals were conversing with him. He gave fictitious accounts of robberies having been committed at which he claimed he was present. He was a small thin man with a sallow haggard and careworn expression on his face. He was in a very poor bodily state. He was shaky and tremulous. His gait was tottering and he suffered from left hemiplegia. His muscles were much atrophied. He had a good deal of loose flabby fat about him. His thoracic organs were apparently normal. However his liver was enlarged. However there was an unusual amount of hepatic dullness. He

was somewhat jaundiced and he suffered from conjunctivitis. His bowels were regular. He took his food well. However, he was somewhat restless at night. He was suffering from mania and probably an advanced mental disease of the brain. It may have been softening of the brain. He was incapable of anything but the simplest conversation. He looked wandering and vacant. His manner was childish. His whole demeanour was lost, stupid and imbecile. He had been very quiet since his admission to the asylum. He was in fact almost helpless and he required assistance in getting from place to place. He had suffered no epileptic seizures. 25/03. In a very weakly state. His pupils continued to be contracted almost to a pin-point. He was incoherent in conversation and at times he appeared unable to converse at all. He was sallow; very feeble and he had to be supported when he walked. He was quiet and easily managed. He took his food and slept well. 20/05/78. He was so weak he took to his bed. He was then better and up again. He was now in a critical and prostrated condition. It was feared that a fatal relapse might occur at any time. 13/07. At 10.30 pm he was seized with an attack of convulsions. They were unilateral and they lasted almost all night. 14. At about 7.00 am his convulsions ceased. He lay quite comatose. He swallowed a little liquid with difficulty. His bowels were opened with an enema. A blister was put on the back of his neck. 15. His coma deepened. He was utterly unable to swallow. He lay on his back breathing stertorously. Milk was put in his mouth, but it remained there. 16. He gradually sank and died at 7.40 am of disease of the brain and disease. He also had heart disease.

William Rawlings. 14/09/61. From Worcester County Gaol. Brain Disease. Dangerous. Paralytic. In moderate health. Restless and excited on admission. Very incoherent in manner and conversation. At times violent towards other patients and attendants. Given a warm bath and an anodyne draught. 26/12/61. Beginning to make progress. General behaviour better. Mental state about the same. June 1862 Varies in his mental condition. Makes plans to get vengeance on his wife and others. Frequently threatens to murder her. Believes he has a disease in his feet. Frequently wants his foot and leg amputated. Claims this would be a matter of no consequence to him. Often very irritable and excitable. Frequently quarrels with other patients. However his violence was subsiding and he was becoming more amicable. He suffered Cerebral Irritation. Hemiplegic. Locomotion much impaired. November. Improved. Excitement reduced. Much less irritable and he was less threatening to others. Less boastful and arrogant. More able to control himself. However his mind was still weak and feeble. He often repeated himself in conversation. In fair bodily health and condition. April 1863. He had improved considerably and was useful to the attendants. He was now always ready to oblige. He was occasionally irritable and argued with other patients. However, he never assaulted anyone even when provoked. He had a high opinion of himself. He engaged himself by indulging in a drill. He talked of going abroad to China and other places. However he had a Hemiplegic condition. He dragged his foot when walking. This made him very awkward. His general health and bodily condition were good. September 15. His mental condition was in decline. Dementia with Paralysis. He now had no delusions about his wife and he promised not to meddle with her if he was liberated. He now often asked to be discharged from the asylum. He claimed he could make a living, but this seemed improbable because of his mental state. His health was good. Certificates about him were forwarded to the Board of Guardians of Kidderminster, because it was thought that the Secretary of State would require some assurances from the Guardians of his home union. The Board of Guardians refused this. February 1864. This patient never recovered his mental health. It was thought that was unlikely ever to happen. His mind was weak and feeble. To an extent he was imbecile. However he no longer had delusions and his habits and conversation were rational. He was also quiet and cheerful. He was good tempered and wholly subdued. His manner had changed and

he worked regularly with the shoemaker. He was in no way troublesome or difficult to manage. He was a stout healthy looking man who was quite able to do a moderate amount of work. He was still Hemiplegic, which was still apparent from his gait. One of his legs was under less control than the other. . He was Discharged Recovered 11/04/64.

Samuel Reynolds. 28/11/77. Probably his first attack. Duration 5 months. He had 3 strokes in this time. Cause paralysis. Epileptic, suicidal and dangerous. Tried to get through the bedroom window. He had cut his wife's shoulder and his daughters' head with a fender. Vacant face. Rambling in conversation. Makes violent efforts by striking out at imaginary objects. . His violence was excessive especially at night. He cursed and shouted murder. Thin and spare looking man. Suffering from left hemiplegia. Left eye closed because his eye-lid was unusable, Very helpless and lost. Demented in his manner and conversation. Scarcely able to stand unsupported. Tongue clean. Constipated. Cardiac sounds feeble. Loud breathe sounds. Wanders about the room and very restless. He look little notice of his surroundings. He did not appear to know anything or anyone. Deaf. He did not understand what was said to him. He was not much trouble, but he had to be fed with a can or spoon. 20/12. Much the same. Dementia increased. Physically weaker. Had to be confined to bed. Now took his food fairly well. He was still quite lost to all surrounding objects. He never spoke. 17/01/78. No change except that he had bed-sores. Treated and they improved. He could not hold his urine. Still constipated. Given a nutritious diet with brandy and the best beef-tea, but there was still difficulty in getting him to take it. His dementia deepened. Some profound coma which lasted for some time. He got rapidly weaker and thinner. 28/01/79 Because he had been constipated for a long time his bowels were examined. A number of large hard, blackish, scybalous masses were withdrawn by hand. On the day after this he appeared much weaker. He refused all food. He was fed with a stomach-pump. He was then catheterised to draw off his urine. . He then had three epileptic fits. 29. His breathing was oppressed. Mucus rales were heard at both lung bases. He was given liquid nourishment by spoon, but he found difficulty in swallowing. The food often ran out of his mouth again. He passed a good amount of urine today. 30. He was gradually sinking. His paraplegia was now absolute. He took some liquid, but care had to be taken that it did not go into his larynx. His pulse was almost imperceptible at his wrist. He passed urine. His pupils were entirely insensitive to light. 31. No change except that his breathing was slower. 9 per minute. He again passed urine. His teeth and lips were covered with sordes. At 10.00 pm he was sinking. 01/02/78. He died at 1.00 am of Disease of the Brain and Paralysis.

William Rhodes. 15/09/77. First attack of 4 months duration. Paralysis, drink and an immoral way of living were the cause. Dangerous. Suffering from Hemiplegia. Often wandered from home with no obvious intentions. Unable to give an account of himself. He did not consider it a misfortune that he has afflicted. He claimed he was quite well. He had frequently threatened to strike his friends. . He punished by the Magistrates for riding in a railway carriage without a ticket. He was tall and thin. He was evidently suffering from a Brain Disease. He had left hemiplegia. He was almost powerless and he walked with a limp. He managed to move about in a very unsteady manner. His temperature on the left side was lower than the right side. He had a disturbed expression on his face. His appetite was good. However he slept but little. His pupils were regular. He complained of pain across his forehead. However he then ceased to make this comment. He then said he got giddy. His manner was low and desponding. . He claimed he was rapidly getting better. He had never suffered fits. However, he had never had fits, but he had received a blow on his head with a stick 7 years ago. 10/10. He had become sleepy and evidently something had happened to his condition. Something was going on with his brain. He was now quite

demented. He could no longer answer questions and he was no longer able to converse with people who addressed him. 10/02/78. He appeared to have improved. However he was still bedridden. He could now answer questions. He was always complaining about his bowels not being regular. Mentally he was somewhat better. 20/05. Unchanged. 06/08. As before, but very querulous and discontented. 21/10. No change. 27/01/79. Very feeble, weakly and paralysed. Could do nothing for himself. Mentally the same. 26/05. Still bedridden. In the same state. 27/07. Unimproved. 28/09. Unchanged. 25/01/80 No improvement. 28/03. Unchanged. 24/05. Paralysis unchanged. Mentally the same. 13/08. Much more heavy and stupid. Sits with his head hanging down. He took no notice of anything. When spoken to he hardly answered. Appears to be asleep. Unable to retain his urine. Urine ran away from him involuntarily. 27/11. Very vacant, lost and demented. Sleepless and paralysed. Feebler daily. 18/01/81. The same. Helpless and feeble. Very low and barely speaks. 26/04. Slightly more helpless. Pays no attention to anything. Very wet and dirty. 14/07. Seldom answers. The same. 11/10. Still could not converse beyond a very few words. Very pallid, feeble and reduced. Had diarrhoea and vomiting. Pale and almost pulseless. He was given stimulants and astringents. Placed on a slop diet. He rallied and was back to normal. Feeble. Unable to stand or walk. Could not control his bladder. 07/08. Wet, dirty and helpless. He could do nothing for himself. Very querulous. 01/11. Gradually getting weaker. Still had dirty habits. 14/01/83. He was more demented and very filthy in his habits. 03/06. Kept in bed. Pale, thin with a very weak pulse. In a critical state. 17/09. Lies in bed very wet and dirty. He could still talk a little. 05/12. He became more feeble and died of Cerebral Haemorrhage.

Joseph Robinson. 21/07/73. First attack of 5 years duration. The cause was a head injury caused when he was run over by a cart. However, old age and paralysis were also factors. Dangerous. He had a wild, vacant, morose and vacant face. He was incoherent and could not answer questions. He was very irritable. He was filthy in his habits and he bit, scratched and kicked people near to him. He was thin, feeble and reduced in health. He was scarcely able to stand and he could not walk without assistance. He was also rather deaf with a dull, vacant and pinched expression on his face. Arcus senilis was present. His arteries were rigid and cartilaginous to the touch. His heart action was irregular. A murmur accompanied the first sound of his heart. The second sound was muffled. His lungs appeared normal. He was demented and paralysed and he was unable to give connected responses to questions. His memory and understanding were much impaired. His speech was indistinct. 30/08. His health was gradually failing. He could now hardly sit up and his motor powers were very feeble. His appetite was also failing. He was given stimulating medicines. 03/09. He was getting feebler. He was ordered to bed. He had a slight attack of bronchitis. He was ordered a mustard leaf on his chest with a cough mixture and other medicaments. 18/09. He got gradually worse with low pneumonia setting in and bed-sores formed over his sacrum. He died of Disease of the Brain and Heart with Pneumonia.

Thomas Sergeant. 14/01/71. First attack of 7 years duration. Not previously treated. The cause of his illness was unknown. It was suspected it was caused by old age. He was thought suicidal and dangerous. He had a vacant look. He was restless and constantly talking about property and claiming that he was quite competent to look after of it. His memory was almost gone. He was no capable of holding a conversation. Since he had lost his property he became even worse. He was in a state of dementia. He was unable to recognise his friends and unable to reply coherently to enquiries about his personal requirements. His health was broken down and reduced. He was feeble and had Paralytic seizures. 12/03/71. He was very uneasy and restless and was wandering about constantly wanting to go home. He was no longer taking his food well. 27/04. He became somewhat worse. His breathing was thick and he

was perfectly insensible. He was sinking and he died of Disease of the Brain, kidneys and other organs. He died 27/04/71.

Samuel Smith. 24/06.70. Has a vacant and heavy face. Answered questions slowly. There was a slight catch in his speech. First attack of 2 months duration. In very low spirits. He believed there were evil spirits in his bed. He had been wandering about helplessly. Had an affection of the liver and heart. No Cardiac Disease present. He had no injuries. 19/04/71. Improved. Mental state stationary. 15/08. Stout but in rather feeble health. Restless. Talked to himself both day and night. Numerous delusions. He was afraid people spoke ill of him. 16/12. Unchanged. 14/04.72. Frequent Catarrh and Dyspepsia. Has varicose veins. Mentally confused and irritable. 28/08. Health still feeble. Still had Dyspepsia and Hepatic Derangement. Very debilitated. Mentally unchanged. 20/01/73. Confined to bed for some weeks. Derangement of the stomach and liver. His liver was enlarged. Stomach and bowels distended. Occasionally sick. Tongue furred and breathe foetid. Weak and feeble. Given medicines with Brandy. 23/04. Up again for some weeks. Considerably improved. His feet and legs were swollen. Painful. Still shaky and feeble. 03/07. Occasionally confined to bed. Oedema of the legs. Fretful. Still had Dyspepsia. 17/10. Catarrh. Also bilious attacks at intervals. Not much improved. 26/03/74. He had not been laid up again. Had Conjunctivitis. Confused and deluded mentally. 28/10. Dyspepsia and Catarrh. Stout and flabby and full of complaints about his health and his treatment. 25/03/75. Mentally much as before/ 03/08. One or two attacks of Jaundice. Now much better. Very sallow appearance. Says he had not felt this well in a long time. 26/11. Much better health. Very cheerful. General appearance feeble and shaky. Takes his food well. 27/05/76. Much the same. Delusions are in full force. Imagines he is being bewitched. Feeble but not laid up. 20/08. Mentally unchanged. Physically weak. 28/12. No great change. Skin tinged. Still has Dyspepsia. 20/04/77. Still deluded. Always complaining about his health. . Varies from day to day. 10/10. Unchanged. 05/02/78. Intensely jaundiced. Full of delusions. He would remain in bed always if allowed to do so. 09/03. Somewhat improved. Very querulous and dissatisfied. .06/08. Much better. More cheerful and less querulous. Jaundice better. 25/10. Had diarrhoea. More paralysed around the lips and tongue. Urine sparse but on examination nothing found. 15/11. Had a sudden attack of Syncope. Cold and collapsed. It was very cold weather. Put to bed and hot water bottles applied to various parts of his body. . Stimulants were freely administered. However he never rallied. He was quite comatose and his face was much swollen. His bowels were freely open and he passed urine in good quantity. 16/11. He got worse. He died at 8.40 am from Disease of the Heart, Liver and Kidneys. He had also suffered from Cerebral Apoplexy. Death on 16/11/78.

William Smith. 18/01/71. First attack of 4 days duration. The cause being injury to his head in a mining accident. This happened 9 years previously. He had occasional epilepsy ever since the accident. Insanity was probably inherited from his mother's side of the family. He was a married man with 3 children. He was suicidal and dangerous. He entered into incoherent and rambling conversations. These conversations had no relevance. IN explaining ideas he used gesticulations with his arms. He claimed he was not going up, but down. He claimed that Jesus Christ was coming to his house. He wandered around the roads at night with a candle and threatened and attempted to destroy his and his wife's life. On admission to the asylum he was demented and suffering from Paralysis. His mind was weak and wandering. His health had broken down. However, physically he was still in a fair state. On admission he had suffered an attack of Hemiplegia. 19/08/. He suffered several epileptic fits and he was frequently excited, noisy and inclined to violence. However his health had improved and he had become quiet and tractable. His Paralysis was not really progressing. 02/12. He had not had any fits for some months. He

was certainly better both physically and mentally. He was allowed home on trial on 04/12. He was Discharged Recovered on 08/01/72.

William Soley. 17/09/67. Restless, anxious and demented face. Health feeble and reduced. Attack 12 months duration. Twice tried to set his bed on fire. In a critical state. Tried to throw wife down stairs. Has bitten his daughter in Law and the children. Cause was apoplexy. Had several fits in the last 12 months. Not previously insane. 02/10. Since admission gradually got worse. Intensely restless especially at night. Great difficulty in administering food. A week after admission entirely confined to bed. Increased debility. Had slight diarrhoea. This had entirely stopped. He died of Disease of the Brain and Paralysis 06/10/67.

Joseph Styles. 16/04/78. First attack of about 3 week's duration. A disordered eyes were the cause of his insanity. He had suffered for a long time. He was now blind. He was suicidal and dangerous. He had thrown a jug at his wife. He was very restless and excitable. He constantly talked all kinds of nonsense. He could not control his actions. If provoked he became dangerous to people about him. He imagined he saw the Saviour and they he knew him and that angels visited him. They kissed him and told him what to do. He was a medium sized man in poor condition. His muscles were extremely atrophied. . He was very shaky and infirm in his gait. He had to be supported to get around the ward. He had lost his left eye which was removed some years ago. It had been diseased (amurosis?). The other eye bulged forward far from its orbit. He was blind because of this. There was a large scar on the inner side of his left knee. This was caused by a burn or an eruption of oedema that had healed. The right side of his chest barely moved when he breathed. There was a substantial retraction below the clavicle. No breathing sound whatsoever at the 3rd coastal cartilage. . His breathing was very weak. The vocal resonance was very direct at the apex of his lungs. . There was substantial consolidation on that side. His breathing on the other side was puerile. . His heart sounds were almost inaudible. . He spoke in a peculiar husky voice. . However, there was nothing in his throat to account for this. His bowels were slightly relaxed. He slept pretty well and took his food well. He had clearly been suffering from a long-standing disease of the brain. His conversation was absolutely incoherent and unintelligible. He could not often answer the simplest question. His memory was much impaired. He wandered along stupidly when by himself. He had partial paraplegia. He had little control over his lower extremities. His tongue and lips were also almost entirely paralysed. He was tremulous and he often did not obey. 30/04. This morning whilst sitting on a chair he suddenly lurched forward as if in a fit. He hit his eye on the corner of a wall. He was much bruised and his eye was quite black. He was put to bed where he remained in a very weak state. He could not help himself in any way. 08/05. He was then up when his eye got better and he was again sitting on a form when he was suddenly seen to drop his head forward onto his chest. The AMO who happened to be in the ward went to him, but he was quite dead. He died at 3.40 pm of Disease of the Brain and Paralysis.

William Henry Swallow. 21/05/67. He had an intelligent face, but he looked wild and excitable. He suffered a cardiac disturbance. Pulse 140 per minute on admission. Insanity was of one week's duration. He sang hymns allowed in the street. He behaved indecently to every woman he passed. He exposed his person and assaulted ladies on the railway station platform. He also knocked down a porter. The cause was thought to be dissipation. He had not previously been insane. August. For several days after admission he was extremely restless. He was much inclined to violence. On several occasions he wilfully tore his clothes. He was very noisy especially at night. He gradually quietened and began to conduct himself with propriety and modesty. Mentally he was still excited and his speech was tremulous. . All his

actions were uncertain and hesitant. He had delusions. He talked of millions in money that was at his disposal. He claimed many projects that had been accomplished by him. His bodily health improved. 10/12. He had several attacks of excitement. Sometimes these lasted several days. At this time it was necessary to confine him in his room. He then became very quiet and subdued in manner. His understanding was now much affected. He then suffered epileptiform convulsions. He then failed and had to be kept in bed. He weakened and became more exhausted. He died of Paralysis on 14/12/67. PROBABLY GPI.

Benjamin Roe Tandy. 03/09/67. He had a wild and agitated expression on his face. His health was moderately good. He had been in the street without shoes, stockings, coat or waistcoat. On one occasion he went to a pool and sat in it. He ordered £70 worth of cigars and £2,000 during the last 2 months. He shot at one person and threatened to shoot another. He had a fit a year ago with paralysis. Intemperance was the supposed cause of his attacks. In Droitwich Asylum about two years ago. September 12. Since admission - very restless and sleepless. He conversed incoherently. He was confused and impossible to understand. He claimed he travelled around the country in a trap at 30 mph. He was very untidy in his dress. He often removed portions of his attire. He was taking sedatives. His speech was thick and indistinct which was thought to be because of paralysis. He complained of imaginary bruising and injury. November. After admission he improved. He was now quiet in his manner and behaviour. He was neat and tidy in appearance. His speech was now more distinct. However, it was still thick and sometimes inarticulate. His gait was affected by his paralysis. He said he had numbness in his extremities, but he made light of this. He could not settle to any occupation. He passed his time looking at the newspaper and walking about. . He would talk to anyone who would listen. He appeared completely self-satisfied. However, his conversation was often very confused. He gave different versions of occurrences at different times. This sometimes happened during the same day. His memory was much affected. He still had good bodily health. January 1865. In the early part of this month his symptoms underwent a significant change. From being very loquacious, self-satisfied and flighty in manner he became considerably depressed, reserved and retiring. He now rarely initiated a conversation. Although his physical condition remained unchanged he complained of various little ailments. He concentrated on his feelings of numbness, which he often mentioned. This period of depression lasted for two weeks and it gradually passed off. He returned to his state in November. April 1866. He was unchanged. January. He had improved and was as well as he had ever been. His conversation was now perfectly coherent. His memory was also greatly improved. His morbid tendencies sometimes peeped out. He was inclined to take off one shoe when walking and he repeated his boast that he drove a gig at 30 mph. However he normally conducted himself with the greatest propriety. He was allowed to go about 'on parole' and he always returned to the asylum at a reasonable hour. He was now cheerful and he appeared completely contented. He was becoming stout in person and in good general health. July 1866. He was little changed. He continued to enjoy good health and his temper was remarkable and he was cheerful. His habits were active. He now took an interest in politics and in the news generally. His opinions on passing events were sound and judicious. Occasionally he exaggerated unimportant matters. His memory was now very good. The remains of his paralysis were still marked in his face and gait. His speech was no longer affected. He now longer complained of numbness. January 1867. He remained in a favourable and satisfactory state. He had not varies in any perceptible manner in the last six months. He was discharged by Order of the Asylum Committee on 04/02/67.

George Taylor. 19/06/75. This was his first attack that was of 2 years duration. The cause was paralysis. He was very forgetful and wandering in his conversation. . He was very restless and unable to attend to anything. He could not be left for a moment. His general health was weak and debilitated. His thoracic and abdominal organs appeared normal. However his agitated state made it difficult to effectively examine him. It was impossible to assess his heart condition. His habits were depraved and dirty. His mind was much impaired and he could not talk at all rationally. His speech was tremulous. He was in a nervous and restless state. He took his food well. 28/09. His mental condition did not improve. His health was about the same. He was feeble and restless. 16/12. No marked improvement. 06/04/76. He was up daily and he looked well. However he was very feeble and lost in his manner. Mentally he was worse. 07/08. His general paralysis increased rapidly. He was confined to bed. His intellect was almost entirely gone and he was quite unable to converse or articulate his words. 21/11. He was much worse. He was suffering from a low form of Pneumonia. He was getting very emaciated. . He was put on a good nourishing diet. Eggs, beef-tea, milk and brandy. It was necessary to catheterise him to draw off his urine on several occasions. However, he was then able to micturate. 01/12. He got weaker and weaker and he died of exhaustion from Disease of the Brain and Paralysis.

John Taylor. 31/01/72. First attack of 15 months duration. The cause was the desertion of his wife 12 years ago. He had been strange since. Thought to have had 4 paralytic attacks in the last year. Epileptic, suicidal and dangerous. Threatened to drown himself. Exceedingly incoherent and wandering in his speech. He believed God had not been conscious of his existence. . He had used violence to his mother and he used very bad threatening language. . He was very suicidal threatening to drown himself. Also to cut his head off or dash his brains out. He was now quite blind and had been for 9 years. He had Ptosis of the eye-lids. In the last paralytic attack he lost the use of his right arm for several weeks. His abdomen was hard and distended. . He claimed his bowels had not been open for some days. His thoracic organs were normal. His conversation was rambling, incoherent and deluded. 13/02. There was difficulty in getting his bowels to act. Purgatives and enemata failed. For some days he was restless, discontented and deluded. He cried and shouted that he was going to be killed and drowned. He was given a chloral sedative and he improved. 28. He had another slight paralytic attack with epileptiform convulsions, although these were not of any severity. His speech was much affected. It was thick and indistinct. . He only lost the use of his left side for a short time. He burned his feet by putting them on a hot tin. 03/03. He was prostrated with hot sweaty skin. He was also obstinate taking food. He got bedsores on his sacrum and trochanter. 11/03. He got worse and more prostrated. There was great heat in his skin particularly on his abdomen. His abdomen was tympanic and he had diarrhoea. Foetid injections were used to cause fomentation in the abdomen. His bed-sores formed more rapidly. He died at 4.30 am on 11/03/72 of Disease of the Brain.

Henry Thomas. 21/04/74. There were no particulars known about this man's mental health history. He was found wandering in Bromsgrove Lickey about five weeks ago. He was sent to the WH. He is dangerous and suicidal. He threatened to cut his throat. At times incapable of controlling his own actions. He did not appear to know where he was or where he came from. He was very restless and sleepless at night. He was very thin and reduced in condition. His health was much impaired. He had lost the little finger on his left hand. He had several bruises on his trunk and extremities. His lungs were normal. Arcus senilis was present. His arteries were cartilaginous to the touch. His heart action was irregular, intermittent and there was a murmur. His mind was confused and impaired. He was very talkative, but his speech was thick. He tripped over his words as if his tongue was too large. He was

irritable and restless. Rambling and incoherent in conversation. 02/06. An Inquiry found his Poor Law Settlement was in Aston Union so he was transferred to Birmingham Borough Lunatic Asylum.

Joseph Tilsley. 10/02/73. First attack of 1 year's duration. Family troubles were the cause of this attack. He was suicidal. He was in a low and desponding state. He answered very few questions put to him. He spoke in a strange way at times. He was very violent and unmanageable. He had concealed a knife in his coat. Immediately he entered the asylum he had a severe epileptic seizure (his first?). He was in reduced bodily health and condition. He was feeble. His face was puffy and expressionless. His pupils were unequal. His speech was very imperfect. He was much paralysed. He was very shaky and tremulous and he could scarcely walk without assistance. He was suffering from bronchitis and emphysema. His breathing was rapid with lung crepitation. His heart action was feeble. His loud breathing obscured his heart sounds. His mind was much impaired. He was unable to answer questions intelligibly. Occasionally he gave vent to a few oaths. He was very vacant and demented. He was treated with turpentine stupes to his chest and he was given brandy. 12. He had several epileptiform attacks. These usually came on whilst he was being fed. His chest symptoms continued. He would not take anything to eat of his own accords, so he had to be fed with liquid foods from a jug. He became semi-comatose and his chest symptoms increased. His heart action now failed and he was unable to swallow anything. He rapidly sank and died on 12/02/73 of exhaustion from Disease of the Brain and Paralysis together with severe bronchitis.

Robert Vine. 14/09/75. This was not his first attack but he was said not have been able to work for 5 years. The caused was probably ill-usage several years ago. Dangerous. He was very violent to his wife. He was averse to conversation. He said he did not want to be bothered. On admission to the asylum he was old and feeble. His muscles and body were somewhat wasted. His heart and respiration were normal. Both legs were covered with the remains of psoriasis. This had left a purple stain. He was very deaf. When he hears a question and repeats it he says he does not know what the question means and does not understand. 17/09. He was allowed up in the ward and he appeared cheerful. He did not talk much. 28/09. Has the signs of paralysis; tottering in his gait. Clips his words. Claimed he was 40 years old. Very feeble and can hardly walk without help. Inclined to fall. 16/12. Up and about daily although he was very feeble. Very much demented. Appeared contented and cheerful. 06/04/76. He had become more feeble. His intellect was more impaired. His wife visited him, but he did not recognise her. He was confined to bed and he often refused food. 09/08. Remains very feeble, demented and lost. He gradually becomes weaker. Remains constantly in bed. Appears very happy as he was continually laughing. On a nutritional diet but he got thinner. 09/11. Rapidly getting worse. Moist sound in his chest. He lied quite unconscious of all that goes on around him. It was evident that he would not last for long. 03/12. After a protracted illness he died of Disease of the Brain and paralysis with Disease of all other organs.

James Walters. 17/08/74. First attack of 14 days duration. The cause was epilepsy and sunstroke, plus paralysis. He had wandered away from the house whenever he got the chance. He got out of bed and disarranged the other beds. He could not dress himself or recognise the people around him. He was emaciated and shaky and he could barely not walk without assistance. He had a considerable loss of power in his right arm and leg and his reflex actions were impaired in his right leg. His tongue was pushed over to the right side. There was comparative dullness at the base of his right lung. His heart sounds were very weak. There were a number of bruises on his skin of his thighs and legs. There were marks from cupping and a blister mark on the nape of his neck. He was restless at night; getting of bed

frequently and he could not get back into bed without assistance. 02/09. He suffered several epileptic attacks. They left him in a feeble and helpless condition, although he got up for some hours every day. He was wet and dirty in his habits. His appetite was fair. 18/01/75. He was a little stronger, but still comparatively helpless. His fits occurred at short intervals. He was in a very demented state. 24/05. Unchanged. 26/08. His health was good, although his paralytic condition was unchanged. He was cheerful and agreeable. 12/11. He became more helpless in his lower extremities. After a course of medicine. He got much better and he was now much improved in general health and he appeared contented. 31/03/76. Much the same. He had as ever cold, but he recovered. 04/07. No change. 26/11. Much improved. He was able to walk much better. His conversation was now rational and he had a strong desire to be discharged. He had a good appetite and he slept well. 15/02/77. There was no return of epilepsy. He was easily managed. His paralysis was still apparent. 05/05. Unchanged. 06/08. About the same. 10/10. He fell down in a paralytic stroke. He had left Hemiplegia and he was confined to bed. 03/03/78. He was paralysed in his limbs, but he was cheerful.

James Watson. 15/05/68. He had a dull and somewhat vacant face. In a feeble and low state of health. Had a Paralytic Stroke 12 months ago. Had 2 slight attacks since. This attack of 1 month's duration. He talked incoherently. Able to understand questions in monosyllables. Had difficulty in following a train of thought. Constantly interrupted conversations by asking a question. Domestic problems and poverty were the supposed cause of this attack. A loss of money because of robbery and dishonesty of people he employed was also a cause. There was no inherited facet to the cause. This was his first attack of mental illness. He died of Disease of the Brain, Paralysis and Pulmonary Congestion 16/07/68.

William Webb. 19/04/78. First attack of 2 months duration. Drink, worry about work and a hereditary predisposition the cause. Suicidal. His Certifier had known him for 30 years. He had a weak intellect and he was now incapable of caring for himself. He was uncontrollable and he threatened self-destruction. He was a tallish, spare man with very ruddy cheeks. His muscles were not good. He was not in the slightest paralysed. His lungs were healthy. His heart was displaced downwards and to the right. His apex beat was feeble. The third sound was strongly accentuated at the apex. He had an inguinal hernia on his left side. This was easily reducible and he had no need to wear a truss. There were some large varicose veins on his right leg and groin. His pupils were contracted. His tongue was quite furred. His appetite was food. His bowels were regular. He was suffering from Dementia. He was dull and heavy. He answered questions hesitantly and he stammered. He was vacant, confused and wandering. He has a suspicious aspect. He looked at anyone who spoke to him as though they had some design on him. He made one or two very determined attempts to commit suicide. He suffered greatly from insomnia. He claimed he was sleepless because he was worried about his work. 20/05. No improvement. Still lost and heavy. He had a dull and stolid look. Moves about in a slow deliberate fashion. He would often not answer a question until it had been repeated several times. He was now troublesome about his food. He had to be fed. He was constipated but other respects unchanged. 25/07/78. A short time ago he seemed to be going bad. He persistently refused to eat. He was very thin. His tongue was dry and glazed. He had persistent diarrhoea. His mind was quite blank. He then improved and he picked up in condition. He remained dull and heavy, but he now spoke when questioned and he paid attention to his surroundings. His appetite was considerably better. 31/08. He ceased to do well after he had a chronic diarrhoea attack that lasted about a week. This led him to abuse himself. He was now thin, weakly and he got up and sat in the sick-room; extremely lost and demented. He would sometimes not speak at all or not above a whisper. . A t night he was now occasionally dirty. 24/11. The diarrhoea ceased. He was very

this and wasted and he continued to abuse himself in spite of being given preventive treatment. He was still troublesome about his food. He was restless at night and quite demented.

George Wilkins. 18/07/72. This was his 5th attack. It was of 1 month's duration. Previous attacks were the supposed cause. He had been in Powick Asylum twice previously. The trouble had started about 18 months ago and it gradually got worse. He was thought dangerous. (See Vol 13, p. 755) He was wandering and incoherent in conversation. He asserted he was in the family way and had been educated at Christchurch College, Oxford. He was dirty in his habits, noisy both day and night and he destroyed his clothing. He was thin, but he showed some evidence of muscularity. His sacrum was somewhat discoloured and congested. On admission he was excited and somewhat incoherent. However he was aware that he had been in the asylum before. He answered questions in an undecided manner. His lungs were slightly emphysematous. There was a respiratory murmur from his bronchial tubules. His heart was normal but it sounded weak. 29. He remained in bed because he could not stand or attend to his own wants. He had to be fed. He passed his faeces and urine involuntarily. He was often restless, sleepless and talkative. He was given medication. 28/08. He was now able to be dressed and carried to a chair. He was somewhat improved. He was quiet and more coherent. He now seldom passed urine and excrement involuntarily. 28/09. He was again confined to bed. He had Oedema of his legs with ascites having come on. It then decreased, but he was still feeble and restive. 24/11. Better. His oedema had subsided. However he was still paraplegic and helpless. He sometimes suffered from bronchitis and dyspepsia. 02/03/73. He was now generally confined to bed. His legs were still hard and swollen. His abdomen contained a certain amount of ascites. His breathing was impeded and difficult. His mental state varied. He was sometimes quiet, but more usually talkative and excited. 14/04. He was rather better than he had been. His abdomen was no quite as hard and swollen. His breathing was easier. 22/06. He was able to be up for some time each day. His abdomen was still hard and full and towards evening his legs became Oedematous. He was rather restless and talkative. He had not required the power of his legs at all. 22/10. No material change. 21/03/74. No improvement in his health. He still had Oedema, Ascites and Dyspnoea. . He was relieved by an occasional purge. He was usually up for some hours each day. Mentally he was still irritable and talkative. 17/10. Continued to be feeble and paralysed. Often choky and bronchitic in his breathing. He still needed purging occasionally. 12/02/75. His Anasarca was increasing rapidly. Both legs were and his hand, scrotum and penis were Oedematous. His breathing was much oppressed. His heart action had failed. He died of Dropsy and Disease of the Heart, Liver and Kidneys.12/02/75.