83

Name Harriet Massey , Aged 6 , Reg. No. 483 , Admitted Nov. 3 1899,

Transferred from Milton Asylum In Ward H

Reception Order signed by C. G. Burke Dated October 17 18~~9~~85

Copy of STATEMENT OF PARTICULARS.

Sex and Age F. 52 Civil State Widow Occupation Charing Religion Ch of Eng

First attack Yes Age on first attack (?) When and where previously under treatment ~~Milton Asylum, Portsmouth~~

Duration of present attack ~~14 Years~~ 2 wks Supposed cause Unknown Epileptic No

Suicidal Yes Dangerous to others and how No

Any near relative afflicted with Insanity Unknown Union chargeable to Kensington

Previous Place of Abode Kensington Inf. Name and Address of Person to whom Notice of Death to be sent Son (as below)

Name and Addresses of one or more relatives to the Patient. H. Massey. 101 Katherine Rd Notting Hill

MEDICAL CERTIFICATE. Signed by (?) Townsend

1. Facts indicating insanity observed by myself at the time of the examination viz. :-

She has delusions & says day & night she hears voices repeating all she says & threatening to kill her. She is very melancholy.

1. Facts communicated by others viz. :-

Henry Massey (Son) says my mother has been strange in er mind some months. She is continually hearing voices of persons who say they will kill her. She is restless & does not go to bed & on Thursday she was praying all night & next night. She (?) up the neighbours telling them I had a fit which is not true.

HISTORY. Whence obtained

PERSONAL:- Patient is the of a family of of whom are alive. Born at full time Labour protracted or instrumental Cut first tooth when aged months. Commenced to walk at months. Commenced to talk at months. Catamenia first appeared when aged years, regularity ceased Education reached standard at school. Been able to earn own living up to Congenitally mentally deficient Convulsions during infancy . Any fits since, and age at first one . Any injury to head Suffered from Somnambulism, Rickets, Chorea, Rheumatic Fever, Scarlet Fever, Giddiness, Headaches, Asthma, Influenza or Gout (state age and particulars) If contracted Syphilis or Gonorrhoea, when , duration of treatment Other illnesses, with dates If married, when . Number of children, living healthy or otherwise , dead cause any had fit Date of last confinement Patient’s disposition Habits Sexual excess Intemperance in drink, nature amount and duration Criminal history First mental symptoms noticed ago, their nature and subsequent events up to admission

Insomnia Suicidal attempts Violent to others Cause ascribed by friends for present illness Where was patient born Places of abode, abroad or in this Country Occupation engaged in, with dates

FAMILY :- including Parents (Grandparents if possible), Brothers and Sisters, Uncles and Aunts (stating if on maternal or paternal side).

Cause of and age at death of any of the above

 Any suffered from Somnambulism, Rickets, Chorea, Rheumatic Fever, Headaches, Asthma, Gout or Syphilis, stating age

or Epileptic and since when Any Criminal or Vicious Any at all paralysed Any at present or formally insane, weakminded or eccentric, since what age and where treated

 . Phthisis in the family Any, especially the parents, ever addicted to alcoholic excesses and since what age

Age of parents at time of their marriage – father years, mother years; at all related to each other

OTHER FACTS :-

CONDITION ON ADMISSION.

PHYSICAL: General bodily condition thin Nourishment fiar Weight st. lbs.

Temp. °F. Height ft. in.

Deformities No Scars, Bruises, or other signs of recent or old injury, Pigmentations, Eruptions, or New Growths No Sweat No Musculature Fair Joints Nil

HAIR – colour Grey texture Fine amount on cranium Fair on face elsewhere

CRANIUM – General shape Measurements – horiz. circumf. 3 centim. above root of nose between extern. audit. meati, with tape , with calipers , glabella to occip. tuberosity, with tape , with calipers , Index , scalp, &c.,

EARS –

FACE – Shape Symmetry Angle Palpebral fissures

distance between their inner angles Colour of Irides, blue Exopthalmos No

Complexion Pale Grimacings No Furrows and lines of expression No Physiognomy Vacant

THYROID – nil

PALATE – HANDS and FEET Ratio of length of Limbs

NERVOUS SYSTEM – Motor impairment , Dynamr – right hand lbs., left do. lbs. Tremors No Coördination and Station ? Gait

Speech Indistinct Tactile sensation good Thermic do. Sensory Perversions, &c.

Superficial reflexes Deep do. Knee jerks Nil Ankle Clonus

Deglutition Defœcation Micturition Trophic lesions, wastings, &c.

Electrical reactions Sight ? Strabismus no Movement of Eyes good Nystagmus No Ptosis No Pupils – size equality Equal

outline distinct Mobility to light ? to accomm. ? Colour-sense Opthalspc. report

Hearing poor aural discharge No Taste Smell

VASCUALR SYSTEM – Œdema No Flush, Pallor or Cyanosis No

Varicose Veins Injection of Cutaneous capillaries Arcus Senilis

Pulse Vessel-wall Heart Very irregular Blood

RESPIRATORY SYSTEM – Shape of chest Depth with calipers at level of nipples

Circumf. at same level, at expirn. at inspir. Respirations per min.,

Cough, No Sputum Examn. of Lungs Nil

ALIMENTARY SYSTEM – Teeth None Gums Healthy Tongue Clean Breath Nil Hepatic dullness Nil Herniœ (state whether reducible) No

GENERATIVE SYSTEM - Breasts

URINE – Amt. in 24 hours Sp. Gr. React. Album. Sugar Deposit

MENTAL STATE: - As far as possible under such Headings as :-

Attention, Comprehension and Re-action, Cognition of self and surroundings, including mistakes of identity and appreciation of time and place, States of Stupor and Catalepsy, Memory for recent and remote events, Association and flow of ideas, Coherence, Reasoning power, Hallucinations, Illusions, Delusions, Exaltation, Fantasies of dress, Excitement, Depression, Impulses – General, Suicidal, Homicidal, Erotic, Destructive, Obsessions, Resistiveness or Hostility, Restlessness, Self-employment, Attention to personal needs, Religiosity, Sense of propriety, Lewdness of conversation and conduct, Regard for relatives.

Suffering from melancholia, will not answer any questions asked but sits in one position & wears an appearance of deep melancholy. Takes no interest in her surroundings.

Signed A. Rotherham

DIAGNOSIS – Melancholia

RESULT - Date

After a residence of duration.

CAUSES – Predisposing Exciting

PROGRESS OF CASE.

Date.

Feb. 3 1900 She is demented & incoherent, has indefinite delusions of persecution. She has not improved in (?). Fair health & condition.

May 6 Still has delusions of persecution though she will not explain exactly what they are. She is continually noisy at night and then may be heard complaining of the things that are done to her.

Aug 9. She is rather deaf and is not disposed to be communicative but is fairly well behaved and does some work. Talks indistinctly due perhaps to her having no teeth.

Nov 10. Noisy at times, chiefly at night, does housework but still has delusions of persecution. Fair health.

1901 Has aural hallucinations. May be seen answering in (?) voices. Is very deaf, does some work in the ward. Is noisy at times.

May 2 She does not change, has aural hallucinations and may be observed talking to voices. She is in fair health and does some work.

Aug 4 In statu quo.

Sept 30 Has just recovered from an attack of colitis? For the details of which

Date.

1901 see chart. Mentally she is not in any way improved.

Dec 23 Memory is much impaired. She is very incoherent. Converses with imaginary persons. Works well in the ward.

1902

Mar 4 Very dull. Forgetful, incoherent with auditory hallucinations.

 Special report & certificate

April 9 Dementia. Dull & mentally enfeebled. Talks to imaginary people. Memory defective. Cannot tell her age. In (?) health.

July 29 Very deaf. Won’t speak to me as I’m not her doctor. Mutters to herself. Habits clean. Health fair.

Oct 21 Dull & depressed. Refuses to converse. Talks incoherently to herself. Works well. Is rather deaf. Fair health.

Dec 22 Contusion of right eye. Cause unknown. Will (?) no account of it. Remains very incoherent irrational & demented. Moderated health. (?) a thumping 1st sound & irregular action of heart. No phthisis.

1903

Feb 2 Has been in bed since Jan 25 with a sharp attack of diarrhoea. No blood or slime. Given a mixture of (?). Brandy & beef tea diet. Has now quite recovered & is up again. Mentally quite demented.

May 29 Vacant minded & self absorbed & forgetful. Rather restless (?) nights. Works well in the ward. Moderate health.

Aug 28 Demented & irrational seldom speaks. Works in the ward. Moderate health.

Nov 25 Dull morose & demented. Will not converse works well. Moderate health.

Name Harriett Massey

Date.

1902

Feb 23 Works well in the ward but is very dull & gloomy seldom speaks has little or no memory. Moderate health

May 26 Taciturn dull with marked impairment of memory. Moderate health.

Aug 6 Dull & vacant, no idea of time or place. Memory quite lost. Moderate health.

Nov 14 No change in her mental state. Is in moderate health. Works well.

1905

Feb 17 Talks to imaginary people under the floor. Thinks the place belongs to her. Memory much impaired. Works well. Moderate health.

May 25 Dull & morose. Retains her hallucinations of hearing. Memory much impaired. Moderate health.

30.8.05 There is no mental change, moderate health.

Nov 15 Incoherent, demented. Works well in the ward. Moderate health.

1906

Feb 26 Dull gloomy & forgetful. Continues to work. Moderate health.

May 29 Taciturn & gloomy. Memory much impaired. Cannot converse rationally. Moderate health.

Aug 29 Dull vacant minded & silent. Memory much impaired. Moderate health.

Nov 28 Taciturn & apathetic. Memory & intelligence impaired. Works well in the ward. Moderate health.

1907

Feb 21 Imagines she owns the place, talks incoherently to herself but does not converse with others. Works in the ward. Memory much impaired. Moderate health.

Feb 27 A perineal abscess was found yesterday on the left side of the rectum. It was opened & a large quantity of foul pus emanated. Temperature 99.4. A special diet of two milks & beef tea ordered.

 Special report & certificate

April 10 Secondary dementia . Vacant & mentally enfeebled. Has no idea of time or place. Says this place. Belongs to her. In feeble health. Has a perineal abscess which is improving.

July 9 Dull vacant minded with very little memory or intelligence left. Works in the ward. Feeble health.

Sep 24 Is in bed today owing to oedema of feet. Heart’s action very irregular murmuration. No mental improvement.

Oct 5 She is very feeble. Heart’s action weak & irregular. The oedema of feet still persists.

Oct 10 She died at 12:50 pm today.

67/9

COPY OF DEATH SENT TO CORONER.

DIED

Name … … … Harriet Massey

Sex and age … … … Female 74 years

Married, single, or widowed … Widow

Profession or occupation … … Charing

Place of abode immediately before Kensington Infirmary

being placed under care and

treatment (if known) … …

Apparent cause of death … … Valvular Disease of Heart

Whether or not ascertained by post

mortem examination … … Yes

Time and any unusual circumstances

attending the death; also a description 12:50 p.m.

of any injuries known to exist at time None

of death or found subsequently on

body of deceased

Duration of disease of which patient Many years

died … … … …

Names and description of persons

present at the death … … … Nurse M Gillanders

Whether or not mechanical restraint

was applied to deceased within seven No

days previously to death, with its

character and duration if so applied …

Signed (?) Med. Supt.