Name Catherine Downey Age 74 Reg No. 1901 Case Book No. XII Folio 101

Union Lambeth Occupation Nil Religion Roman Catholic Widow

Date of admission 9th February 1910 Date of discharge Result

CERTIFICATION ORDER – (Sd) George O Hardy, 7th Feb 1910 E no S no D yes strikes others

 She is very noisy and violent, won’t stay in bed, says it is full of water and had to be put in the padded room; shrieking at the top of voice and threatening all about her

 Ellen Kelly. 80 Branksome Road, daughter, states she has religious mania for a year, sees people from other world and her grandchildren (Sd) Marcus N. Quarry

SUMMARY OF INQUIRY FORM – There is no reliable history to be obtained, except the statement of the Delivering Officer

Present illness – onset- date and mode of- assigned cause – succession of symptoms

 Attack duration 6 years, Causes: - serility. Prolonged mental stress and Chronic Bronchitis.

PRESENT STATE\*

GENERAL EXAMINATION – Physique, Nutrition and Aspects, the presence or absence of bruises or superficial marks of injury or disease and the temperature should be noted in every case.

Poor physique, sparely nourished, distressed aspect. Grey hair, brown eyes arcus senilis present. Slight bruises on left food, inner side of each leg back of left hand. Temperature 98. Several small scars on both legs

RESPIRATORY SYSTEM – Symptoms. Dyspnoea

Physical Signs – If present, their nature and localisation should be noted.

 Lungs hyper resonant. Has slight emphysema

CIRCULATORY SYSTEM – Symptoms.

ARTERIES Somewhat sclerosed

VEINS Normal

HEART Sound very feeble and muffled

PULSE Regular 84. Poor volume

ALIMENTARY SYSTEM – (Note on the examination of lips, teeth, tongue, mouth, abdomen and action of bowls and appetite to be made in every case)

 Lips pale, teeth carious, man missing, tongue furred and tremulous. Palate vaulted

\*It is important to note in all cases negative as well as positive signs and symptoms, thus indicating that a complete examination has been made of the physical condition; it should be stated if there are no symptoms or physical signs discovered on examination of each system

NERVOUS AND MUSCULAR SYSTEM – A note should be made in every case positive or negative relating to the following points. Investigation may show that a special form or sheet is required to describe the symptoms and signs.

Motion – (1) Power and co-ordination of movements in gait and station

 Normal

 (2) Writing and speaking Speech Normal

 (3) Tremors, fits None

PUPILS- Size, equality and re-actions. Normal size. Equal, sluggish reaction

Control of sphincters Normal

Superficial reflexes Normal

Deep do. Knee jerks sluggish

Special sense and common sensibility Is rather deaf with defective eyesight due to commencing cataract

GENITO URINARY SYSTEM – (In every case a complete examination of the urine is required and a positive or negative statement made)

SYMPTOMS.

SIGNS

URINE acid reaction S.G 1009. No albumin, blood or sugar

SPECIAL FORM FOR FEMALES to be filled up in every case “positive”, “negative”, “not known” “not reliable”

1. If married, how long, number, dates and details of confinements and abortions
2. Details of children and location
3. MENSTRUATION – Relation of mental symptoms to
4. Date of onset
5. Regularity
6. Usual duration
7. Character of loss
8. Presence of
9. Leucorrhoea
10. Pain, character, duration
11. Climacterium

MENTAL STATE\*

In taking the mental state it is necessary to state facts based upon personal observation and interrogation. Facts elicited by enquiry of friends or attendance should if possible be verified and the source of the information stated. A statement should be made in every case as far as possible under the following headings:-

1. Behaviour and conduct as indicated by speech and action

Very restless and resistive. Shouts out in fear of when attended and is much distressed

1. Intelligence, comprehension, attention, memory recent and remote, reason, judgement

Intelligence and comprehension, attention difficult to [?]. Memory impaired. Reason judgement very poor

1. The existence of hallucinations, delusions, illusions, impulses, and the nature and character of the same when present

Imagines she is brought here to be done away with and thinks she is in a Consolation hospital. Is very confused as to her surroundings

Name Catherine Downey

PROGRESS OF CASE

Date

1910

Feb 11 She takes ordinary diet freely and has slept fairly well since admission

Feb 14 Statement:- Senile Dementia. Restless resistive. Is unable to sustain a rational conversation. Memory defective, has little idea of time or place, cannot tell her age or how long she has been here. Says this place is a convalescent home. Childish and weak minded. In feeble health.

Feb 21 Is very confused as to her surroundings thinks she has been here a month makes a rambling statement about being driven into a canal in a cart and left there with all her clothes taken from her. Is extremely feeble. Is on a special diet of milk and beef tea.

Feb 22 Heart’s action very feeble. Ordered mist [?]

Feb 28 Restless, confused and depressed, sees horses on the ceiling and imagines that 2 girls tried to drown her before she came here. Feeble health.

Mar 7 She remains in much the same condition sees horses on the ceiling and complains of people having tried to drown her. Poor health

Apr 7 Very full, confused and depressed. Memory and intelligence greatly impaired. Does nothing for herself. Feeble health. Suffers from Chronic Bronchities and is having mist [?] and a special diet of milk and beef tea

May 7 Imagines she has been attacked by robbers, thrown into a canal and that she has been brought here because she has injured her back. Wet and dirty. Poor health

June 7 Is dull, vacant and demented, has been in bed during the last week, got up yesterday, complaining of her heart. Feeble health.

Sep 7 Remains in the same demented condition, appears to be getting cataracts of her eyes. Feeble health.

Dec 7 Full of imaginary complaints and is much distressed at times. No idea of time or place. Wet and dirty. Poor health.

1911

Jan 7 Special Report and Certificate. Senile Dementia. Is unable to sustain a rational conversation, requires to be washed and dressed. Memory much impaired, has little idea of time or place. Faulty in habits. In poor health

March 8 Remains in the same demented condition. In feeble health

June 8 Much depressed, retains the delusion that x2 people drove her into the canal and tried to drown her. Memory and intelligence much impaired. Feeble health.

Sep 8 Patient is greatly lost to her surroundings. She [?] no trouble in the ward. [?] in feeble health.

Dec 8 Retains the delusions she had on admission. Very resistive when being bathed. Memory and intelligence impaired. Very feeble and tottery

Date

1912

Jan 8 Special Report and Certificate. Senile Dementia. Is unable to sustain a rational conversation. Quite childish and simple in manner. Does not seem to have much idea of time or place. Requires to be washed and dressed. Faulty in habits. Poor health.

Mar 7 Memory and intelligence greatly impaired. Imagines men are looking at her through the windows. Faulty habits. Poor health.

June 7 Remains in a dull and demented condition is nearly blind. Faulty habits. Poor health

Sep 6 Dull and depressed. Can do nothing for herself. Has to be washed and dressed. Feeble health

Dec 7 Very simple-minded and forgetful. Unable to attend to herself. Mistakes identities. Poor health

1913

Mar 7 Is much demented and full of complaints about everything. Fair health

June 6 Very dull, depressed and demented no idea of time or place. Cannot look after herself. Faulty habits. In poor health

Sep 14 Contusion of left eye. Fell in lavatory. Nurse Sullett present.

Nov 24 Had a slight seizure at 11am yesterday, but is well enough to get up again today. Is very restless and will not stay in bed

Dec 6 Is much demented. No idea of time or place. Much depressed and very noisy at times, clamouring for old age pension. Quite unable to attend to herself. Faulty habits. Poor health

1914

Jan 7 Special report and certificate. Senile Dementia. Is noisy and restless as times. Requires to be washed and dressed. Has no idea of time or place. We and dirty in habits. In feeble health

Mar 6 Imagines she is going to be killed and is very restless and distressed. Cannot attend to herself. Poor health

1914

June 5 Restless, resistive and noisy. Talks to imaginary persons in the wall and ceiling. Memory greatly impaired. Faulty habits. Feeble health.

Sep 5 Very noisy, restless and distressed – no idea of time or place. Poor health.

Dec 7 Much demented and very restless, noisy and depressed. Fault habits. Cannot attend to herself. Poor health.

Dec 9 Whilst walking across the day room at 8:55 this morning, she slipped and fell on her back sustaining a subglenoid dislocation of the left humerus which proved to be irreducible, manipulation having failed it was not considered practical to use more forcible measures under an anaesthetic in view of the state of her heart and arteries and her general feeble condition

Dec 16 She is going on fairly well; the left arm is bandaged to other side. She is very restless and frequently gets her arm out of the bandages.

Dec 17 She soon got over the slight shock which followed the accident and now much in her usual state of health but remains in bed.

1915

Jan 18 She remans in bed is at times very feeble. Her circulation is very defective, heart’s action being extremely weak at times. Has marked arteriosclerosis. Does not complain of any pain in the arm which is kept bandaged to the side

Jan 29 She succumbed today at 12:30pm

 Certified cause of death

1. Senile decay
2. Valvular disease of the heart

COPY (WITHOUT NOTES) OF STATEMENT OF DEATH SENT TO CORONER No. 1921

Name Catherine Downey

Sex and Age Female 79 years

Married, single, or widowed Widow

Profession or occupation nil.

Usual Residence (postal address) before admission Lambeth Infirmary, previous address unknown

Cause of death Primary Senile decay Duration of disease indefinite

 Secondary Valvular disease of heart indefinite (aortic [?])

Whether or not ascertained by post mortem examination Yes

Time and any unusual circumstances, attending to the death; also a description of any injuries known to exist at the time of death, or found subsequently on the body of deceased, or a statement that there were none 12-30pm. 29 January 1915. Subglenoid dislocation of the left humerus

Names and description of persons present at the death Nurse Johnson

Whether or not mechanical restraint was applied to deceased within seven days, previously to death, with its character and duration, if so applied No

Signed Med. Offr.