

Patients - Explore Bethlem

< All patients

	Name of Patient. Sarah Jane May Gender. Female Age. 23 Admitted. January 16th, 1888
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Previous Place of Abode. 26 Tomlin Terrace, Limehouse, E. County Hotel, Rothbury, Northumberland	Occupation. Book-keeper
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Married. -	Single. Yes	Widower. -	Number of Children. -	Age of youngest Child. -
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Whether the first Attack. Yes	Age on first Attack. 23 years	Duration of existing Attack. 8 days	How many previous Attacks. None
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 Confined in my Lunatic Asylum. -	Where. -	When. -	And how long. -
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Supposed Cause of Insanity. Unknown	Exciting. -
	Predisposing. -
Whether Suicidal. No	Whether dangerous to others. No
Has the Patient been of sober habits. Yes	Degree of Education. Fairly good
State of Bodily Health.	Religious Persuasion. Church of England
Relatives similarly afflicted. None	And the degrees of Relationship. -

1st Medical Certificate.

1. Facts indicating Insanity observed by myself.

Incoherent talk. Spoke of her having been dead. Refused food.

2. Other facts (if any) indicating Insanity communicated to me by others.

Mrs. Sarah Ann Fose, mother of patient – is very violent, trying to strike – throwing things at her – said would kill her – refusing all food for last twelve hours – no sleep, almost constantly talking, singing and laughing.
F.M. Corner, 152 East India Road, Poplar.

1. Facts indicating Insanity observed by myself.

Talks at random, sings snatches of songs, throws herself and her hands constantly about and is quite uncontrollable, will not answer questions.

2. Other facts (if any) indicating Insanity communicated to me by others.

Mrs. Sarah Ann Fose, her mother, states she is very violent and makes use of abusive and filthy language and that she is now obliged to leave her hands tied and be strapped down as she strikes out at them.

Christopher J. Coward, 53 Turners Road, Limehouse.

Discharged.Left the Hospital.Died.

Relation of Informant to Patient: Mother.

Family History.**Insanity or other Diseases of Nervous System:**

None.

Phthisis: Grandmother, 1 aunt and 2 cousins on mother's side ?? of ??

Alcoholism: No.

Diabetes: No.

Other Diseases:

Father paralysed suddenly after fit and died.

Grandmother, uncle and aunt were paralysed after fits (Apoplexy) on father's side.

Previous History.

Neuroses in Patient: Very studious and quiet.

Acute Rheumatism or Chorea: ?

Fits – epileptic or hysterical: Yes - hysterical.

Fits – infantile: No.

Fevers, &c.: No.

Syphilis: ?

Other Diseases: Had an attack of hysterical paralyse of left arm aged 9 years.

Sober: Yes.

Number and nature of previous attacks: No.

Injuries or shocks: Fell into river 2 years ago but not in danger.

Catamenia: Occasional irregular menstruation, lately

On Admission.

Digestive functions --- Tongue: Furred and rather dry.

Appetite:

Bowels: Confined.

Hallucinations of Taste and Smell:

Delusions related to digestion or food:

Obstruction:

Poison:

State of Lungs: Normal.

State of Heart: Normal.

State of Reproductive Organs:

Urine, sp. gr.:

Eyes and sight:

Pupils: Equal, rather dilated – React to light.

Hallucinations: Yes.

Ears and Hearing:

Hallucinations: Yes.

Common Sensibility: Variable.

Temperature: *Anaesthesia.*

Reaction to questions: Bad.

Delusions, Exaltations:

Delusions, Depression:

Suicidal:

Homicidal: Violent at times.

Memory, Recent: Incoherent.

Remote:

of face and much pain.

Present Attack.

Time of earliest symptoms:

Nature of earliest symptoms:

Progress of case:

Suicidal or Dangerous (facts):

Tendency to leave Home:

Hallucinations.

Sight:

Hearing:

Taste:

Smell:

Common sensibility:

Sleep: Bad.

Dreams:

Walk: Normal.

Reflexes: Knee jerk excessive.

Dynamometer:

Weight:

Handwriting:

Diagnosis:

Within the patient's notes is an hand-written, two-sided piece of paper reading as follows:

History of Present Illness

Whilst at work as bookkeeper at an Hotel at Rothbury in the Spring of 1885 she became suddenly paralysed in both left arm and leg with twitching of her face and complete loss of sensation of that side. She recovered in about a week and remained well till last June, 1887, when she became unable to walk having "no use in her back and legs". She lay on a board for 6 weeks after which she had a poroplastic jacket and with this could walk but badly. In November however she become worse, being unable to walk at all. Up to this date she had continued her employment, but now was obliged to give it up and was sent to St. Bartholomew's Hospital where she remained 10 days and was discharged during cleaning of the wards. She returned January 3rd, and remained till the 9th. She had not improved at all at Barts paraplegia was complete, and had had very little sleep. When taken home she seemed to talk in a rambling manner and at times nonsense. All the next day would only let

Is a thin, very pale and anaemic girl of medium height, with dark hair. Walks about in a restless manner, catching hold of people and things as she passes. Emotional, crying or laughing without apparent cause. In strong clothing in I.A., is wet and dirty and noisy at night having very little sleep. Is very incoherent paying no attention to questions asked her. No paralysis. The sensation however of the limbs and body seems very variable. At one time she apparently does not feel the pricks of pain and at another does so.

Jan. 18 – This afternoon was just like "Ophelia", singing snatches of songs in a low voice and apparently having hallucinations of sight. Has been violent at times, very noisy at night. Restless and agitated.

Jan. 22 – Much the same. In strong clothing. Incoherent. Noisy at night.

Jan. 31 – Wet and dirty, incoherent, noisy at night. In strong clothing.

Feb. 5 – No change.

Feb. 20 – No change.

Feb. 29 – No change.

Mar. 6 – No change.

her sister - on her and throughout the day continued to ramble. Singing songs and was quite incoherent. On the 11th she suddenly got out of bed and walked to the one next to it and jumped in. She became worse. Refusing food. Sleepless. Constantly talking, singing, screaming or shouting. Had hallucinations of sight and hearing. Seeing and hearing people and animals in her room. Lost a good deal of flesh. Not feverish but wet and dirty the last 10 days. Bowels confined - not open for 9 days. She continued in this condition up to admission with no paralysis.

Mar. 20 - No change.

Apr. 2 - No change.

Apr. 30 - No change.

May 17 - Somewhat quieter but always has to wear strong clothing. Incoherent and restless. Received a black eye a few days ago from another patient (Mrs. Aslin).

Jun. 21 - No change. Variable in amount of noise and excitement.

Jun. 25 - Continuous bath increased 1 hour daily.

Jul. 9 - Has improved a great deal. Is quiet and talks rationally. The improvement supervened rather suddenly as three or four days ago while in the bath she was singing incoherently. Has a small superficial abscess behind left heel.

Jul. 12 - Doing needlework - Does not think she ought to stop here, but realizes that she has been ill.

Jul. 24 - To Witley.

Aug. 8 - Seems well mentally, but is complaining of pain in her back and seems to have difficulty in walking, as if the paraplegia were returning. Cold sponging to back seems to cause the symptoms to disappear for a short time.

Aug. 25 - Returned - Well mentally. Leave of absence 4 days.

Aug. 29 - Discharged well.

Additional files

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