

Patients - Explore Bethlem

< All patients



Name of Patient.

William Arthur Smith

Gender.

Male

Age.

28

Admitted.

October 27th, 1891

Residence at or immediately previous to date.

6 Walcot Square, Kennington Road, Lambeth, S.E.

Rank, Profession or Occupation.

Clerk

Degree of Education.

Good

Religious Persuasion.

Protestant

Married, Single or Widowed.

Single

Number of Children.

-

Age of youngest Child.

-

Whether the first Attack.

Yes

Age on first Attack.

28 years

Duration of existing Attack.

1 month

How many previous Attacks.

None

BETHLEHEM Confined in my Lunatic Asylum. MUSEUM OF THE MIND -	Where. -	When. -	And how long. -
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Supposed cause of Insanity. Overwork	Exciting.
	Predisposing.
Whether Suicidal. No	Whether dangerous to others, and in what way. No

State of Bodily Health. Poor	Whether of sober habits. Yes	Relatives afflicted with Insanity. Yes – Uncle – Now in Asylum
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Urgency Certificate. (if any).

a. Facts indicating Insanity observed by myself at the time of Examination, viz.—

b. Facts communicated by others.

1st Medical Certificate.

a. Facts indicating Insanity observed by myself at the time of Examination, viz.—

Great taciturnity, his behaviour and general demeanour are at variance with his customary wont, he is aware that he wanders about the streets at improper hours but says it is to get fresh air.

b. Facts communicated by others.

That he refuses food persistently, that he won't [go] to bed at night but will walk the rooms, and eventually lies down on the floor with his clothes on, that he will go out and walk the streets until 2 or 3 AM o'clock – Communicated by William Smith of 4 Post Hill, Southampton, his father.

Alfred Matcham M.R.C.S., L.R.C.P., etc.

a. Facts indicating Insanity observed by myself at the time of Examination, viz.—

He has an anxious dejected expression, is reticent, answers questions unwillingly in monosyllables, never raises his eyes, but looks constantly, does not care to be disturbed, but prefers to be left alone. Has no special delusion except that he is quite well and fit to follow his occupation.

b. Facts communicated by others.

William Smith of 4 Post Hill, Southampton – Has been depressed and melancholy for about 10 months, does not sleep and refuses food – never has any friends to see him or has any inclination for society. Has no special delusion but will walk up and down the passage all day long. Speaks to no one, when out with his father stares at the pavement in such a way as to attract the attention of passers-by and cannot be got to carry on any conversation.

Philip J. Jackson MRCS, etc.

Discharged.

Left the Hospital.

Died.

Relation of Informant to Patient: Father.

Family History.

Insanity or other Diseases of Nervous System:

Yes – (Paternal) Uncle in an Asylum.

Phthisis: Yes. (1 uncle (Paternal)).

Alcoholism: No.

Diabetes: No.

Other Diseases: No.

Previous History.

Neuroses in Patient: Quiet always Listless.

Acute Rheumatism or Chorea: No.

Fits – epileptic or hysterical: No.

Fits – infantile: No.

Fevers, &c.: No.

Syphilis: Not known.

Other Diseases:

Was in Ventnor Hospital 13 weeks when 16 years old. Slight ?? 1 week before admission.

Sober: Yes.

Number and nature of previous attacks: No.

Injuries or shocks: Not known.

On Admission.

Presence or Absence of Bruises: No.

Tongue: Clean.

Appetite: Bad.

Bowels: Constipated.

Abdominal Viscera: N[ormal.]

Pelvic Viscera: N[ormal.]

Genitalia: N[ormal.]

Urine: 1025 normal.

Heart, Pulse, etc.: N[ormal.]

Lungs: Impaired note on percussion right apex, no signs of active mischief.

Eyes and Sight: Good.

Pupils: N[ormal.]

Hallucinations of Sight: No.

Irides:

Ears and Hearing: Good.

Hallucinations of Hearing: No.

Common Sensation: Normal.

Temperature: 98.3°

Hallucinations of Common Sensation: No.

Delusions, Exaltation: No.

Delusions, Depression: No.

Time of earliest symptoms: End of September 1891.

Nature of earliest symptoms:

Was taken "stiff" in the street and had to be taken home, since then has refused food and not gone to bed – has done his work all night – The Doctor called the "stiffness" hysterics.

Progress of case:

Suicidal or Dangerous (facts): No.

Tendency to leave home: Yes.

Hallucinations (observed before admission).

of Sight: No.

of Hearing: No.

of Taste: No.

of Smell: No.

of Common Sensation: No.

Suicidal: No.

Homicidal: No.

Memory, Recent: Good.

Remote: Good.

Reaction to questions: Good.

Sleep: Bad.

Dreams: No.

Walk: Good.

Reflexes: Normal.

Dynamometer:

Weight: 8 Stone.

Handwriting:

Diagnosis: Melancholia.

Prognosis: Fair.

Patient is a pale emaciated man and appears listless. He is of opinion that he is perfectly well and would like to resume work; he suffers from no feelings of depression.

On his father leaving him, he refused to shake hands; this he says was not due to any quarrel but simply he did not care whether he did or did not.

He at first said that he sleeps well – but remembers perfectly the incidents of his nocturnal walking, saying that he thought it would be a change after the office.

He also remembers going to sleep on the floor, this he says he did because he thought it would be a change to a soft bed.

Patient says that he does not remember masturbating; he says he won't say that he has and won't say that he has not but does not think he has. There is a history of coughing blood, no night sweats – slight impairment of resonance of right apex – no adventitious sounds.

Nov. 4 – Patient seems to have improved somewhat

Dec. 4 – Two-sided letter written by William Smith, the patient's father, to Bethlem Hospital, as follows:

Four Post Hill
Southampton
Dec. 4th /92.

Dear Sir,

I am sorry to trouble you again, but my son William Arthur Smith is no better. I have been to the ?? to have him put in the Farham Asylum and he requires the date of my son's entering the Royal Bethlem Hospital, and of his leaving. I would thank you very much for this information.

I am

Sir

Yours Respectfully

W. Smith.

and seems to take more interest in his surroundings.

Says he has been playing draughts. Is taking ??

Nov. 10 – Patient continues to improve and is altogether more cheerful.

Nov. 17 – Patient about the same.

Nov. 24 – Patient is a good deal fatter and has improved considerably.

Nov. 30 – Patient is rather restless; has been walking up and down quickly most of the day; he says it is for exercise.

Dec. 14 – Patient is in rather an absent-minded condition; walks about rather untidily dressed with a drop at the end of his nose.

1892.

Jan. 16 – Cannot be said to have made any marked improvement.

Feb. 6 – The last two or three days the patient has taken a turn for the worse; he has not been taking his food at all well; is restless, walks up and down the gallery quickly; refuses to enter into conversation, will not answer any questions and resists being interfered with in any way; irascible.

Feb. 12 – Top of head to be shaved and blistered.

Feb. 19 – May have slightly improved since blister; not quite so restless; answers questions less unpleasantly.

Mar. 27 – Much the same.

Apr. 28 – Has not improved.

May 20 – No change.

Jun. 25 – Would not speak to his father when he called. Does not occupy himself. Does not feel anything ?? Face is smooth and expressionless.

Sep. 17 – No change.

Oct. 19 – Discharged uncured.

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