DATE OF ADMISSION.	NAME.	AGE.
1902 7 July	Angelina Mann	14

Registered No. of Admission	Civil State.	Occupation.	Religion.	Cause of Insanity. Predisposing.	Cause of Insanity. Exciting.	Cause of Insanity. Indeterminate.	No. of Attacks.	Duration of Existing Attacks. Y.	M.	D.
1165	Single	-	C.E.			Congenital				

FORM OF MENTAL DISORDER (One entry, and only one, to be made in each case).

Congenital or Infantile Mental Deficiency	Mania either acute, chronic, or recurrent.	Meloncholia, either acute, chronic, or recurrent.	Delusional Insanity.	General Paralysis of the Insane.	DEMENTIA. Primary.	Secondary.	Senile.	Organic.	Suffering from Epilepsy.	Having Suicidal Propensity.	Whether Dangerous to others.	Having Phthisical Family History.	Having Family History of Intemperence.
1	-	-	-	-	-	-	-	-	No	No	No		

UNION.	DIAGNOSIS.
Suffolk	Imbecility

PREVIOUS HISTORY.

Transferred from Melton Asylum, Suffolk where she has been since April 1901.

On ADMISSION to Ward. Height Weight

PHYSICAL CONDITION.

She is nourished. Hair is brown, eyes blue, pupils equal and vacant to light. Tongue clean. Palate is not arched. Temp, pulse, and respirations normal. Nothing abnormal in heart, lungs, and abdominal. Knee jerks and plantar reflexes feeble.

MENTAL CONDITION.

She is weak-minded and silly. She cannot converse but laughs to herself in a silly manner. R.H.S.

July 14. Copy of Statement: imbecility silly and local minded. Unable to give anyone account of herself and says she is four whereas her age is 15 years. Laughs and mutters to self. Mod. health. R.H.S.

DATE.	NOTES.
Oct 14	A weak-minded silly patient. Is frequently moving and lumbersome both by day and night. Is in F1 ward. Health good. R.H.S.
1903 Jan 14	Has slightly improved recently and is doing a little needlework. R.H.S.
April 4	Rectified: Imbecility: she is silly and weak-minded, restless and mischievous. Cannot converse or answer simple questions correctly. Mod. health. R.H.S.
June 16	She was this day transferred to Suffolk Co. Asylum and discharged as Not Improved. R.H.S.

UNION.	MENTAL DISORDER.
	Imbecility
	NOTES.

Statement of Particulars

The following is a Statement of Particulars relating to the said

Name of patient, with Christian name at length	Angelina Mann
and age	female, 13 years
*Married, single, or widowed	single
*Rank, profession, or previous occupation (if any)	Daughter of a milkman
*Religious persuasion	Church of England
Residence at or immediately previous to the date hereof ...	Hill Cottage, Walton
*Whether first attack	yes
Age on first attack	12 years
When and where previously under care and treatment as a lunatic, idiot, or person of unsound mind ...	never nowhere
*Duration of existing attack...	12 months
Supposed cause	not known
Whether subject to epilepsy..	no
Whether suicidal	no
Whether dangerous to others and in what way	not known
Whether any near relative has been charged with insanity ...	no
Union to which lunatic is chargeable	Woodhidge Union
Names and addresses of relatives	Arthur Mason, Father, Hill Cottage Walton

Reception Order signed by C A Creasey

Dated 29th April 1901

DATE OF ADMISSION.	NAME.	AGE.
1902 7th July	Mary Ling	37

Registered No. of Admission	Civil State.	Occupation.	Religion.	Cause of Insanity. Predisposing.	Exciting.	Indeterminate.	No. of Attacks.	Duration of Existing Attacks. Y.	M.	D.
1163	S.	Domestic servant	Baptist	Previous attack			2nd	12		

FORM OF MENTAL DISORDER (One entry, and only one, to be made in each case).

Congenital or Infantile Mental Deficiency	Mania either acute, chronic, or recurrent.	Meloncholia, either acute, chronic, or recurrent.	Delusional Insanity.	General Paralysis of the Insane.	DEMENTIA. Primary.	Secondary.	Senile.	Organic.	Suffering from Epilepsy.	Having Suicidal Propensity.	Whether Dangerous to others.	Having Phthisical Family History.	Having Family History of Intemperence.
-	-	-	-	-	-	/	-	-	No	No	No		

UNION.	DIAGNOSIS.
Suffolk	Secondary Dementia

PREVIOUS HISTORY.

Transferred from Melton Asylum, Suffolk where she has been since 1890. Previous attack happened in Hanwell in 1887.

On ADMISSION to Ward. Height Weight

PHYSICAL CONDITION.

She is poorly nourished. Hair dark brown becoming grey. Eyes brown. Pupils equal and react to light. Tongue clean teeth bad. Tip of nose jaundice. Temperature 98.4, pulse 96, is small in size of frail force. Respirations normal. Heart: apex is in 4, a space vertical to the nipple line, at apex is felt a presystolic thrill and a presystolic murmur is heard with loud first sound and short second sound. Lungs and abdomen normal. Knee jerks and plantar reflexes normal.

MENTAL CONDITION.

She is weak minded and listless. She hears "voices" and answers them. At times she will not converse. R.H.S.

July 14. Copy of Statement: Secondary Dementia. Weak minded cannot answer simple questions correctly saying "she does not know anything". At times will not converse. She hears "voices" and talks loudly to imaginary people. …

DATE.	NOTES.
	… Moderate health - heart disease. R.H.S.
Oct 14	There has been no change since last entry mentally or physically. R.H.S.
1903 Jan 14	A quiet patient. Is untidy, will not do any work. R.H.S.
April 14	Is weak minded, dull, and stupid. Untidy in person. Moderate health. R.H.S.
June 16	She was this day transferred to Suffolk Co. Asylum and discharged as Not Improved. R.H.S.

UNION. | MENTAL DISORDER.

NOTES.

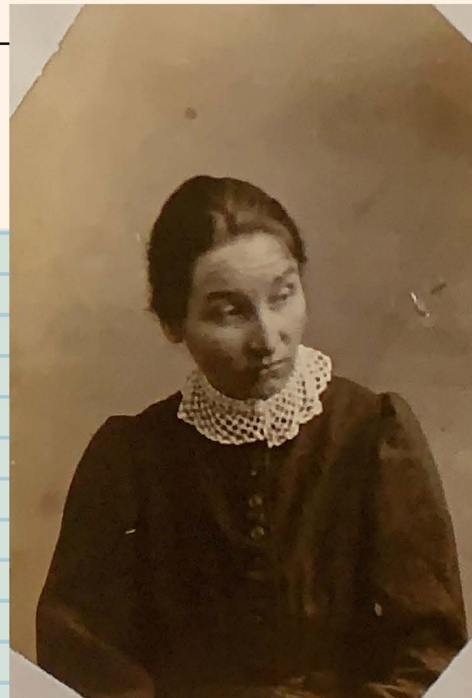
Statement of Particulars

The following is a Statement of Particulars relating to the said

Name of patient, with Christian name at length	Mary Ling
and age	Female. 25 years
*Married, single, or widowed	Single
*Rank, profession, or previous occupation (if any)	Domestic servant
*Religious persuasion	Baptist
Residence at or immediately previous to the date hereof ...	Madhouse
*Whether first attack	No
Age on first attack	22 years
When and where previously under care and treatment as a lunatic, idiot, or person of unsound mind ...	Thrice years ago in Hanwell Asylum
*Duration of existing attack...	Thrice months
Supposed cause	Religious mania
Whether subject to epilepsy..	No
Whether suicidal	No
Whether dangerous to others and in what way	No
Whether any near relative has been charged with insanity ...	No
Union to which lunatic is chargeable	Hoxne
Names and addresses of relatives	Joseph Ling (father) Shadbrone - Wickham Market

Reception Order signed by Wm Sale

Dated 27th June 1890



DATE OF ADMISSION.	NAME.	AGE.
1902 23rd June	Nellie Thick	26

Registered No. of Admission	Civil State.	Occupation.	Religion.	Cause of Insanity. Predisposing.	Exciting.	Indeterminate.	No. of Attacks.	Duration of Existing Attacks. Y.	M.	D.
1139	.S.	No occupation	C/Eng				1st	13		

FORM OF MENTAL DISORDER (One entry, and only one, to be made in each case). Congenital or Infantile Mental Deficiency	Mania either acute, chronic, or recurrent.	Meloncholia, either acute, chronic, or recurrent.	Delusional Insanity.	General Paralysis of the Insane.	DEMENTIA. Primary.	Secondary.	Senile.	Organic.	Suffering from Epilepsy.	Having Suicidal Propensity.	Whether Dangerous to others.	Having Phthisical Family History.	Having Family History of Intemperence.
-	-	-	-	-	-	-	/	-	Yes	No	Yes	-	

UNION.	DIAGNOSIS.
Bournemouth	Dementia and Epilepsy

PREVIOUS HISTORY.
Transferred from Harts County Asylum where she has been for 13 years

On ADMISSION to B1 Ward. Height 5'5" Weight 7st.5lb

PHYSICAL CONDITION.
She is thin and poorly nourished. Hair cut short, brown in colour, eyes grey. Pupils equal and react to light. Tongue clean. Temperature, pulse, and respirations normal. Heart, lungs, and abdomen normal. Excoriation of skin below right breast. Numerous marks of picking skin produced by patient.

MENTAL CONDITION.
She is weak minded and is a sly, troublesome patient. She viciously attempts to injure the staff and other patients by kicking them for no apparent reason. Is dirty in habits and destructive. R.H.S.

June 30. Copy of Statement: Dementia and Epilepsy. Weak minded and childish. Cannot rationally answer questions or give any account of self. Dirty in habits, destructive, and noisy at night. Moderate health. R.H.S.

DATE.	NOTES.
Sept 30	A very troublesome patient. She has however distinctly improved since admission. She is less frequently violent and has gained in weight. R.H.S.
1902 Dec 30	She continues to be a restless, troublesome patient.
1903 March 30	A very troublesome patient. Violent and bites and screams. Untidy and dirty in habits. R.H.S.
April 22	She has been much the same as described above since last entry - frequently noisy, excited, and very violent. This evening she had an attack of screaming lasting a few minutes at the end of which her neck became rigid, her eyes fixed, and to all seeming as if about to have an epileptic fit which did not develop. Her hands then became pale, her face lost its colour and the medical officer was called. His attempted restoration of the patient by stimulating treatment but she died shortly after his arrival.

Cause of Death
as certified to Coroner and
Commissions in Lunacy
Dementia with Epilepsy;
Syncope R.H.Steen
Path.Reg.II.21

UNION.	MENTAL DISORDER.
Bournemouth	Dementia and Epilepsy

NOTES.

COPY OF NOTICE OF DEATH SENT TO CORONER

I hereby give you notice, *That* Nellie Thick
a Pauper Patient, received into this Asylum on the 23 June 1902
died therein on the 22nd April 1903

Signed [signature] acty. *Clerk*

Dated *the* 23rd *day of* April 1903

Statement respecting the above-named Patient.

Name	Nellie Thick
Sex and age	Female, aged 26
Married, single, or widowed	Single
Profession or occupation	None
Place of abode immediately before being placed under care and treatment (if known)	114 Commercial Road Bornemouth
Apparent cause of death	Dementia with Epilepsy, Syncope.
Whether or not ascertained by post mortem examination	By PM
Time and any unusual circumstances attending the death; also a description of any injuries known to exist at the time of death or found subsequently on body of deceased	9.45 pm none
Duration of disease of which patient died	Years
Names and description of persons present at the death	Amy Masters, Nurse.
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, [signature] *Med. Supt.*

DATE OF ADMISSION.	NAME.	AGE.
1902 9th June	William Henry Waters	31

Registered No. of Admission	Civil State.	Occupation.	Religion.	Cause of Insanity. Predisposing.	Exciting.	Indeterminate.	No. of Attacks.	Duration of Existing Attacks. Y.	M.	D.
1094	S	Carpenter	C/E	Previous attack			2nd	1	0	

FORM OF MENTAL DISORDER: Mania.	Melancholia.	Dementia. Ordinary.	Dementia. Senile.	Congenital Insanity including Idiocy, etc.	Other Forms of Insanity, if any.	Suffering from Epilepsy.	Suffering from General Paralysis.	Having Suicidal Propensity.	Whether Dangerous to others.	Phthisical Family History.	Family History of Intemperance.
/	-	-	-	-	-	No	No	Threatens suicide no attempt	Yes	No	No

PREVIOUS HISTORY.

Was in Cane Hill Asylum in '93 and for 4 years from then. Has never been well since then. Has been dull and depressed for last 12 months. Has struck parents and threatened suicide. At times destructive. Onanism Σ.

On ADMISSION to E1 Ward. Height 5.7½ Weight 9 stone

PHYSICAL CONDITION.

Looks fairly well but not very muscular. Hair brown. Grey eyes. Heart and lungs sound. Temp normal, pulse 64, respirations 20. Reflexes normal.

MENTAL CONDITION.

He is a little depressed. Answers questions well and intelligently. Has a fairly good memory. Recognised Dr Kidd and also an attendant who was at Cane Hill.

10 June. Has been quiet and orderly since admission. Slept well.

13 June. Quiet and orderly. Working in painter's shop.

15 June.Copy of Statement. "Mama a poke" "not exhibited any active symptoms so far. Rational in conduct and conversation" "admits excessive drinking. Lacking in confidence and self control. I consider longer detention advisable" 'H.A.K' R.H.S

DATE.	NOTES.
22 June	Quiet. Works well. Fair health. E.F.S
29 June	Has been depressed. Fair health. E.F.S
9 July	Is in same mental and physical state. E.F.S
9 Aug	Is working well - depressed and listless. Fair health. E.F.S
9 Sept	No change mentally and physically. E.F.S
Dec 9	He is somewhat weak minded and slow; but is brighter and not so depressed. Fair health. E.F.S
1903 March 9	Quiet, well conducted, and cheerful. Makes slow progress. Fair health. E.F.S Ward E2. E.F.S
May 15	Rectified: mania. He is dull and weak minded. Has auditory hallucinations - says he hears his mother's voice *[unsure]* Fair health. H.A.Kidd
June 9	Same condition mentally and physically. RIH NSA
July 7	Was this day transferred to Croydon and discharged as Relieved. RIHNSA

UNION.	MENTAL DISORDER.
Croydon	Mania
	NOTES.

Statement of Particulars

The following is a Statement of Particulars relating to the said

Name of patient, with Christian name at length	William Henry Waters
and age	William Henry Waters
*Married, single, or widowed	Single
*Rank, profession, or previous occupation (if any)	Carpenter
*Religious persuasion	Ch of Eng.
Residence at or immediately previous to the date hereof ...	Union Infermary Croydon
*Whether first attack	no second attack
Age on first attack	21 yrs
When and where previously under care and treatment as a lunatic, idiot, or person of unsound mind ...	In Cane Hill Asylum 10 yrs ago
*Duration of existing attack...	about 12 mos
Supposed cause	not known
Whether subject to epilepsy..	no
Whether suicidal	supposed to be
Whether dangerous to others and in what way	yes has struck both father and mother
Whether any near relative has been charged with insanity ...	none known
Union to which lunatic is chargeable	Croydon
Names and addresses of relatives	William Thomas Waters father 150 Holmesdale Rd South Norwood S E

Reception Order signed by Fred Foss

Dated 9th June 1902