

Patient's No.

4644

Name in full:

William John Lugg junior

Committed on order of:

D. Hutchison Esq. S.M.

At

Damaru

Date of committal:

14. 12. 1909.

Sex:

Male

Age:

24 years

Married, single, or widowed:

Single

Condition of life, or occupation:

Farm labourer

Religion:

Hesleyan

Previous place of abode:

Co. of Saddle, Woodlands, near Invercargill

Whether first attack:

as far as known

Age, first attack:

When and where previously treated:

no previous treatment

Duration of existing attack:

one week

Supposed cause: Hove over an attack of Gonorrhoea & getting some girl into trouble

Whether subject to epilepsy:

Do not think so.

If suicidal or dangerous:

apparently not

(2) no.

Names of relatives, and addresses:

William John Lugg, Springton, Christchurch (father)

Medical Certificates

D. McAdam (observed himself) He states that some people want to burn him that if he goes into any house, they frighten him with these threats. He does not know who they are. He says they make holes in the roof & inject stuff into his arms.

D. Whitten (observed himself) He is subject of several delusions:

1. That he committed a wrong act upon a girl.

2. That men are ~~MEDICAL CERTIFICATES~~ persecuting him with squirts, etc.

3. That he has got venereal disease

He gives an incoherent & variable account of his actions.

Facts communicated by Constable M^c Cartney, Gaoher, Damaru: - Patient arrived at a

farm house at Hilderthorpe on evening of 12th December, walked into the kitchen & began striking matches. Then informed the farmer that some men were after him to burn him. Subsequently he threatened to shoot one of the farm hands. He also slept out in the open for several nights.

Date.	Weight on Admission.	
	St.	lb.
	9.	12.

Date.	Progressive Weights.	
	St.	lb.

Admitted: 15. 12. 1909.

Patient's No. 1

James

MEDICAL REMARKS

By Superintendent.

Delusional insanity

A curly headed dark haired young man in thin condition and unimpaired bodily health. Gray eyes pupils equal & react to light and accommodation. Knee jerks normal. Tongue clean. Teeth defective. Heart lungs normal. Chest rather flat. no evidence of gonorrhea. Bowels constipated appetite good. Sleeps badly. Habit clean. Bowels constipated.

Annie

Mental State Patient gives a very frank account of himself. He states that all his troubles are connected with a girl whom he has done a wrong. She said he had given her a disease. States he had gonorrhea 12 months ago, but that he contracted it through people injecting the stuff into him. They come after him at night and inject the dirty stuff through the walls. "I have seen them do this", but do not know for certain who they are but have an idea who one of them is. They also came into the hut where he was and put chemical about on the floor creating nasty smells. He also states the girl before he left her induced him to sleep one night with her and during the night someone came to him and put a battery over the region of back of his kidneys. He is certain of this because he had a sharp shooting pain in his back - states he hears voices when by himself in the country at night, and that he used to sleep out in order to get away from all these influences. Patient considers all his misfortunes are a conspiracy by others to drive him silly.

Salient points Length of attack stated to be 14 days following trouble connected with a woman. Delusions of persecution.

"Visual and tactile hallucinations."

1910 Feb. 18. Patient has been working well with the library party but there is no change in his mental condition, as he states he was followed about by unknown men before coming here to do him an injury, and he was also pursued by a doctor who threw some sort of drug at him which affected his brain. During conversation a very marked facial tremor is noticeable. Apr. 16. 10. Patient still adheres to the delusions he had on admission. A few days ago he was very depressed and crying saying he couldn't forget the wicked things he had done for which he would never be forgiven, he was in such a despondent and saying that he wished he was dead that it was thought advisable to bring him in from work and place him under special supervision - see all other notes.

May 1. 10. Patient was very frightened last evening thinking that people were coming into his room "to do him out" and are plotting against him and putting electricity through him when I saw him he was very apprehensive almost crying and marked tremor was noticeable in his face.

June 23. 10. There is no improvement his recurrent attacks of delirious excitement in which he becomes very fearsome & frightened of what his enemies are going to do to him and in this condition is very depressed and often weeps.

Oct 17. 10. Patient is bright and cheerful, but still has delusions about the Doctor wanting to poison him and retains the idea in a less marked form of all his trouble being due to the woman whom he supposes he has wronged. Is a good worker.

Nov 24. 10. Patient has improved considerably in his mental state since last noted and was to-day allowed out on probation with his father.

Dec 23. 10 Discharged & recovered

Report upon Patient *Wm Jno Lugg* by *Wm J. Lugg* . What relation? *Father.*
no

Have any relations been subject to epilepsy, hysterical attacks, sick headaches, severe neuralgia, St. Vitus's dance, asthma, consumption, or severe rheumatism?

Have any relations been strange or eccentric in manner, or actually insane? State temperament of each parent; whether nervous, hot-tempered, and excitable, or the reverse.

Rather Quick Tempered.

Have any relations been addicted to excessive drinking, or other vices?

Uncle

Where was patient born?

New Zealand.

How long resident in New Zealand?

Life Time

State if patient has resided in other countries, and, if so, for how long.

Was patient originally dull or clever?

How was he as regards power of applying himself to any study, and concentrating his mind on it?

Had he a good memory?

Wont know.

Had he a strong will?

no

Had he good power of self-control?

Was he nervous, excitable, or hot-tempered?

Quick Tempered

Was he shy and retiring, or self-possessed, and fond of company?

Fond Company

Was he affectionate?

What occupation did he follow, and for how long?

Farm labourer

Was he energetic and industrious?

Did he stick long at one job, or was he inclined to be shift?

Shifts

Was he active or sedentary in his habits?

active

Has he been addicted to drinking or other vices?

Wont know

Has he sustained any severe accident or injury to the head?

not known off

Has he ever had sunstroke?

do do

Has his bodily health been usually good?

Has he been habitually troubled with any bodily disorder?

Has he been in ill health of late?

Describe any changes you may have noticed in patient as regards any of the above particulars:

1. At puberty, or since then but prior to a year ago.

2. Recently, or during the last year.

Has patient had any obvious cause for anxiety or grief?

Has he led a solitary life, and, if so, when, and for how long?

If married, has he any family?

*Patient not been home only
on 2 occasions for a short time
for nearly 8 years.
as to his living during that time
I have no knowledge.*

(PLEASE TURN OVER.)

May 1st
that
and
through
almost
his
June 23
or return
his
very
Oct 17
about
in a
woman
Nov 24
I tell
probab
Dec 23

VII. Has patient at any period of life been absent-minded or melancholy? If so, at what ages, and for how long?

when last heard of was
working in Otago for a

VIII. Was patient specially strange or eccentric before becoming actually insane, and, if so, in what way, and for how long? Describe any changes you have noted in manner, habits, or religious tendencies. Has he been sleeping badly? Note the first delusions you observed, and subsequent ones. Has there been anything in patient's statements, manner, or actions, which would indicate a tendency to suicide or homicide?

Mr Thomson
Geddon Bush
Invercargill

IX. Has the patient undergone any previous treatment, and, if so, of what nature, and by whom? Has he been subjected to restraint?

X. If patient has been insane before, give the dates, causes, and nature of previous attacks, so far as these may be known to you.

XI. To what causes do you attribute patient's insanity?

If a female patient, please state—

XII. At what age did menstruation commence?
Has patient been always regular? If not, give details.
Has menstruation ceased? If so, for how long?
Is patient pregnant?
Has she had children? How many, and within what period?
When was last born?
Did symptoms of insanity occur during these times or during nursing?

Signature: William John Legg
Date: 22/12/09

MARGIN not to be written on.

Re W. Lugg.
8th April 41 10/

This day the mental condition of Mr Lugg was a good deal altered. His condition changed from a bright appearance to a depressed condition with a haggard countenance. He did very little work in the forenoon and as the day went he gradually became worse. I took him out in the afternoon as he was anxious to get out but I had to take him in about 2/30^{pm} as he couldn't do nothing and crying like a child. I asked him what was the matter, but the reply was always that I knew. The suicidal tendency was marked that day, as he was continually repeating he wished he was dead, as he was tired of this living. During the time he has been out working with me, any turns that he has taken seemed to be more marked every time, but this is the only occasion, that the suicidal tendency has been noticeable.

Robt. Mear