

Rochester State Hospital (Minn.). Patient Case Books.

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Personal and Medical History of Mary McCormick

Whole No. 3068
Residence, St Paul Ramsey
Date Admission, July 5 1892
Admitted by, Wm. Wheaton Hour, 7 P M.
How Sent, Ord. Prob. J. B. Olivier
Sex, Female
Age, 38
Civil Condition, Married
Children, 2
Age Youngest Child,
Occupation, Housework
Degree Education,
Profession Religion, Presbyterian
Habits, Good
Nativity, Canada
Physicians Committing, H. A. Craig & E. F. Geer
Correspondents, Chas McCormick Husb
109 Bell St St Paul

No. for Year, 286
Insane Relatives, None
Cause Exciting, Overwork
Cause Predisposing, Unknown
Form,
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, 1891
Duration, Over 1 yr
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 37
Time of Leaving, September 23. 1892
Time in Hospital, 10 Yr 2 Mo 18 Ds
Result, Died: Pulmonary Tuberculosis after 3 months illness

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Dreamy Slow
Clear or Confused, Rather dull & confused
Quick or Sluggish, Sluggish
MEMORY: Not Good
Past Events, Impaired
Recent Events, Impaired
Special Subjects, Not good
PERCEPTIVITY: Fair
Alert or Dull, Dull
Correct or Illusive, Answers questions fairly
REASONING POWER: Seems good
Ordinary Subjects, Quite good
Own Mental State, Very good
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Mind seems to act slowly Says she can not remember as well as she used to that things are mixed

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Rather depressed
DELUSIONS: None determined
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: None
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Talks coherently
Voluble or Reticent, Rather reticent
Will talk and answer questions quite correctly but in a very slow and measured way

Personal and Medical History of Mary McCormick

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Good
WOUNDS OR ABNORMALITIES, Scar on left hip
TONGUE, Tremors, Coatings, Clean Promptness Movement, Slow
PUPILS, Equality, Equal Size, Normal
Response Light, Slowly Accommodation, Slowly
SIGHT, Myopia
HEARING, Seems good
COÖRDINATION, Arms, Not good - Finger to nose with difficulty
Legs, Very poor Can not stand on one foot
TREMORS, Hands, Coarse Tongue,
Facial Muscles, Coarse General, General throughout body
REFLEXES, Patellar, R + Left +
Other Reflexes,
ARTICULATION, Hesitating, Decidedly Slurred, Rather
FACIAL EXPRESSION, Indifferent
SENSIBILITY,
HEART, Sounds are good
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Endometritis Quite extensive erosion of os
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Rather Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Poor Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, One year or little over ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Healthy
Father or Pat. Relations, Say healthy
Brothers or Sisters,

1892 This woman was brought here by her husband Symptoms of insanity upon first examination and a year ago Was timid and weak, wanted to go away from home Was melancholy No disposition to injure others No destructive or bad habits No restraint has been employed Has been under treatment of a Physician in St Paul for eight months or more This attack began after last confinement Is quiet and depressed

July 5 Ate no supper Sometimes talks of killing herself Ate a good supper

" 6 Quiet though said she would like to fight Appetite good No movement of bowels

" 7 Went out walking Does no work Bowels moved

" 8 Appetite good Did not want out for walk

" 9 Talks very little Says she feels like fighting all the time Bowels do not move freely

" 10 Quiet Appetite good Bowels moved Freely Went walking Does no work

" 11 Appetite good bowels moved.

" 14 Could not walk well Weak Had diarrhoea for three months Talks of dying if not taken away from here Had several chills & fells before Opening Usually following a chill Has had a chill and fainting spell since coming here.

" 30 Patient was taken quite suddenly with hemorrhage from the uterus tonight Passed several large clots of blood Was evidently a miscarriage Put to bed

" 31 Has passed several more large clots Today dilated and curetted uterus and gave Hot Bichloride douche 1/4,000

Aug 1 Temp 99 Seems very comfortable Bi chloride douche given

" 2 Complains of backache & Headache Temp 99 Bichloride douche

" 3 Still complains of backache and feels weak Another douche ordered P.M. Very comfortable Temp normal No pain tonight

" 4 Temp normal Does not complain of any pain

" 12 Dull and listless in manner

" 22 Seems brighter Does some work in the dining room

Sept 20 Excited and walking up and down the hall since yesterday morning Moved to C 4.

1892 Sept 23 Has been quite restless for the last few days Asks continually if she may stay here Struggles and does not seem to have any idea what she wants Twitching of the facial muscles Walking up and down all day long This agitation began suddenly about four days ago Previous to this had been very dull and quite stupid at times Calls every one "Dear", "Dear Lord" etc. Wants to kiss the attendants etc Very troublesome in following every one Annoys the other patients

Oct Very sad this morning Requires constant watching Has been locked up in room all day

" 7 Steadily troublesome Talks incessantly and tears everyone almost to distraction

" 8 Undressed this morning Complains of her knee Slipped & fell striking her knee Yesterday but walked around all the remainder of the day Says it pains her now

" 10 Visited by husband Yesterday Who seemed to think her better Today she is afraid she will be killed

" 11 Still raving very much Quiet and well behaved this morning

" 31 Appetite very good Sleeps well Has not been in seclusion nor dirty in habits since Oct 8 Has been quiet Talks incoherent and quite annoying to the other patients No complaint or injury Bowels Regular

Nov 13 Visited by husband who felt quite encouraged in her improvement Has been much better during past months

Dec 1 Appetite good Sleeps well Bowels regular Works some on the ward Nervous Always asks still if she can stay here tonight

Dec 24 1892 Husband called today and took her home Her condition was about as it was at the last note Quiet and inoffensive Pulse dull - Health was good

April 3 Brought back by husband today in very excitable and nervous condition Taken to C 4

" 4 Very restless and talking continually Asks to go home Talk is very incoherent Appetite very good Had bruises about the knees Is menstruating at present

" 5 Sang and was noisy during the forepart of the night Slept quiet and sat as restless today Talks very little

" 6 Bowels moved Sat about the ward and was quiet all day Talked about things that happened at home with some intelligence

Continued Page 23

Personal and Medical History of Helen Benston



Whole No. 3071
Residence, Arendahl
Date Admission, July 10-1892
Admitted by, J. Phillips Hour,
How Sent, Co. Prob. E. V.
Sex, Female
Age, 56
Civil Condition, Married
Children, Four
Age Youngest Child, 10 yrs
Occupation, Housekeeper
Degree Education,
Profession Religion, Lutheran
Habits, Good
Nativity, Norway
Physicians Committing, T. A. Lave & J. H. Phillips
Correspondents, Chas Benstan
Peterson, Hooker Minn.

No. for Year, 288
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, Unknown
Form,
Accompanying Bodily Disorder, None
Suicidal or Not, Suspected
Date of this Attack, 1882
Duration, About 10 yrs
No. of Attack, Continuous Ever since
No. of Admissions,
Age First Attack, 46
Time of Leaving, Apr. 20. 1900
Time in Hospital, 7 yr. 9 m. 10 d.
Result, Died - Acute Nephritis.



EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY: Somewhat impaired
Past Events, Recalls fairly well
Recent Events, Fair
Special Subjects, Fair
PERCEPTIVITY:
Alert or Dull, Rather dull
Correct or Illusive, Answers quite correctly
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State, Fairly good
Special Subjects, Not good
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Changeable
Normal, Calm, Calm & quiet at times
Indifferent,
Exalted, At times
Depressed,
DELUSIONS: On religious
Systematized or Not, Not
Special Subjects, Thinks people have stolen
Transitory or Not, money from her
HALLUCINATIONS: None determined
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,
Talks a good deal but only in Norwegian.

Personal and Medical History of Helen Benston

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in WEIGHT, 201½ lbs NUTRITION, Good Very fleshy
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Slight Promptness Movement, Quite
PUPILS, Equality, Equal Size, Normal
Response Light, Clearly Accommodation, Clearly
SIGHT, Uses glasses
HEARING, Seems good
COORDINATION, Arms, Seems good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General,
REFLEXES, Patellar, Not equal R. & L. +
Other Reflexes,
ARTICULATION, Hesitating, Rather Slurred,
FACIAL EXPRESSION, Dull
SENSIBILITY, Good
HEART, Sounds are good
LUNGS, Seem good
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless, Very
BOWELS, Normal,	Constipated,	Irregular, Irregular
APPETITE, Good,	Medium, Medium before	Poor, Poor
SLEEP, Good,	Poor, Poor	Irregular,
PULSE,	RESP.,	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, 10 yrs ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") None known
Mother or Mat. Relations, Healthy
Father or Pat. Relations, Healthy
Brothers or Sisters, Healthy

Personal and Medical History of Helen Bunston

1892 This woman was brought here by Sam Lane Bunston and her daughter Symptoms were first manifested about ten yrs ago after the birth of her last child Has gradually been growing worse Very suspicious of her family Has long spells of Melancholy At times will break into fits of anger When she has shown a disposition to be violent Her actions have led her family to suspect she might commit Suicide No filthy habits Restraint has not been employed Has been under treatment only for bowel & Stomach troubles

July 10 Ate good supper Can not talk English

" 11 Appetite good Quite noisy part of the day Could not keep her dressed Bowels moved Took bath

" 12 Talked very little Appetite good Bowels moved

" 13 Appetite poor Noisy during forenoon Went out for a walk Bowels moved

" 14 Ate very little Noisy Undressed herself during the day

" 15 Noisy Ate little Cutting and scolding All night about her hair Combed Undressed herself and left the ward Bowels do not move freely Ate very little breakfast No dinner nor supper

" 16 Very noisy so that was necessary to give her a Quieting dose Had dirty in person last night

Sept 1-92 General health good Dainty Smell Seem afraid to take her bowel Cor pan She would have a spell Sleeps well Bowels regular

" 30 Menstruation has ceased More quiet

Oct 8 Had a slight spell of excitement last week Eats and sleeps well Works some

Oct 26 Has noisy turns during part week Usually she is quiet

Nov 1 Quite noisy at times Appetite good Sleeps well Bowels regular

Nov 5-92 Son came to-day and took her home on trial

Nov 10-92 Came back again to day So noisy at night that they could 1893 not do anything with her

Jan 30 Appetite Good Bowels regular Quite noisy during the day Usually sleeps well

Feb 22 Taken sick in bed Complains of pain all over Has a bad cold

Feb 23 Quite ill in bed Head aches Nose swollen and red

Personal and Medical History of Helen Bunston

Feb 24 Moved to 63 Has Erysipelas in face Put to bed

" 25 Temp 96.2. Pulse 66- Resp. 17 at 5 30 P.M. Appetite good-

" 26 Temp 98.6- Pulse 66- Resp. 17 at 9.A.M. Appetite good.

" 27 Temp 99.6 Pulse 60 R- 18 at 9 30 A.M.

" 28 Temp 99.6. Pulse 68. Still in bed Much better

March 1 Temp 97.2 Appetite good Moved back to 3rd floor well

" 4 Feels quite well again Did some work on the hall to day

" 24 Appetite good Behavior violent at times Wanders about the ward in a listless manner Usually sleeps well Clean in her habits General health good

April 5 Has been more excited for the past few days Was in seclusion four hours Noisy and fighting Does no work- Was visited by son Seemed to efface his visit He said that he could not see any improvement in her mental condition

" 13 Appetite good Sleeps well Incoherent in talk Violent at times Was in seclusion five hours Bowels regular Habits clean-

June 8 Wanders about the ward in an aimless manner Stupid in manner Talks very little General health is good June 30.93 Appetite good Noisy at times Singing Does not talk any English Works in the sewing room most of the time July 9 93. Tried to escape/hide out to walking July 21. 93. Out picking apart of the time very noisy. July 29 93 Very noisy on ward & destructive July 31 " Appetite good Tidy in habits. Aug. 11. 93 Very noisy & fighting Had to hold her for 2 hrs Aug. 21 " very noisy & destr. Fighting. Aug 22 " Fighting Mrs Bean & also fighting Mrs. Aug 28 93 Appetite good, otherwise the same. Sept. 5 93 Fighting M. Marcus Sept 10 93 Fighting Had to be held for 2 hrs. Sept 23. 93 Fighting Locked herself in the room Noisy in the room most of the day. Had to sit in the room & going over the floor to get her door open.

Sept 27 93 Fighting M. Morgan Sept. 28 93 Very prostate. Caused by heart trouble. Gave dose brandy & hot water also hypod. of Digitalis. Sept 29. 93. Pulse very weak Gave med as directed Oct. 7. 93 Visited by daughter Friends. Oct 17 93 Restless & awake 2 hrs Crying. Complains of toothache. Oct 19. 93 Suffering from heart trouble again. Gave brandy & hot water, also gave med as directed. Taken but very little nourishment today Has been in bed all day. Oct 26 93 Fighting with Mary Marcus. In seclusion 4 hours. Oct 30. 93 Very violent & noisy at times Appetite good Tidy in habits. In seclusion 4 hrs during month

Nov 2 93. Appetite good. Does not talk English, very noisy at times Has to be kept in the lower bay at times General health good Rests quite well most of the time at nights. Month of Dec 93. Was very noisy & violent & fought other patients. Does not have to go to bed on account of heart trouble - which prostrated her very much. Has given medicine as directed.

Personal and Medical History of Emma Harding

Whole No. 3073
Residence, Yazoo
Date Admission, July 11- 1892
Admitted by, Dr Kilbourne Hour,
How Sent, Court Com. E. P. Latham
Sex, Female
Age, 19-
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Housework
Degree Education,
Profession Religion, Lutheran
Habits, Good
Nativity, Germany
Physicians Committing, J. A. Swartwood D. Hemingway
Correspondents, Mr Wm Edmunson
Yazoo Miss

No. for Year, 290
Insane Relatives, Sister
Cause Exciting,
Cause Predisposing, Heredity probably -
Form,
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, July 8- 1892
Duration, About a week
No. of Attack, 3
No. of Admissions, 2
Age First Attack, 17
Time of Leaving, Oct 17 1892
Time in Hospital, 3 mos. 6 ds.
Result, Recovered.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Very excitable
Clear or Confused, Confused
Quick or Sluggish, Quick
MEMORY: Impaired
Past Events, Recalls partially
Recent Events, Uncertain
Special Subjects, Uncertain
PERCEPTIVITY: Fair
Alert or Dull, Alert
Correct or Illusive, Illusive
REASONING POWER: Impaired
Ordinary Subjects, Poor
Own Mental State, Poor
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Very active & excitable

EMOTIONAL STATE: Unstable
Normal, Calm,
Indifferent,
Exalted, Exalted
Depressed,
DELUSIONS: Many
Systematized or Not, Not
Special Subjects,
Transitory or Not,
HALLUCINATIONS: Can not determine
ILLUSIONS: Can not "
CONVERSATION:
Coherent or Incoherent, Very incoherent
Voluble or Reticent,
Voluble - at times will talk well then her mind seems to wander from one thing to another

Personal and Medical History of Emma Harding

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 ½ in WEIGHT, 116 ½ NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Not examined Coatings, Promptness Movement,
PUPILS, Equality, Was unable excited to examine Size, Dilated
Response Light, Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Seems good
Legs, Seems good
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Right absent L- 3-
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Bright & rather mischievous looking
SENSIBILITY,
HEART, Sounds are good
LUNGS, Seem good
EXAM. URINE,

GYNAECOLOGICAL EXAM., Considerable leucorrhoea
MENSTRUATION, Irregular and scanty
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, Clean	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,
PULSE,	RESP.,	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, About a week ONSET GRADUAL OR SUDDEN, Sudden
Has had previous attacks - 1890 - 1891 - One mo - each
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") Insanity
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters, Has sisters insane

Personal and Medical History of Emma Harding

1892 This woman was brought here by a friend. Symptoms of this attack began about a week ago by religious excitement. Was sure for any wealth in 1890 and in St Peters 1891 for one month. No disposition to injury any one. No filthy habits.

July 13 1892 Very much disturbed on admission. Restless talkative. Very incoherent. Could not sleep during most of last night. Slept only 3 hrs.

Aug 9 1892 Violent and restless most of the time. Was extremely noisy all night.

" 14 Extremely noisy all night. Pulled the heater loose in her room. Disturbed the other patient very much. She refused to take any medicine.

" 15 A hypodermic given her to quiet her for the night.

Sept 12 1892 Has not become quiet. Has lucid moments when excited that could not make an internal examination until today. Find uterus somewhat displaced toward left side. Extreme tenderness & sensitiveness to touch. Tenderness in ovarian region. Has had trouble at her menstrual periods always of late, more mentally at this time. Since coming here has exhibited the same tendency to go into her spell. To laugh & cry and act in a hysterical manner during her periods. The examination today threw her into a hysterical fit of laughter.

Sept 14 Painted ovarian region externally with Tr. Iodine.

" 22 Appetite good. Sleeps well. Began menstruating and is very quiet and says she feels well. Bowels regular.

Oct 1 Still very quiet and feels well. Neat and lady like.

" 17 Went home today. Appetite seemed quite full. Had no trouble during her last menstrual period. Had given her treatment every other day previous to menstruation. Painted ovarian region externally until the extreme tenderness had mostly subsided.

Discharged May 3rd 93.

Personal and Medical History of Helen Benston

Month of January 1894. Out of bed frequently but quite noisy. Went to mending room on Jany 13 but had to be returned, for being too violent. Had a cold and cough on Jany 19. Refused to take med. Appetite good. Habits clean. Talks no English. Month of February 94 Put in seclusion on Feby 2 94 Frequently fighting. Would not go to bed on 20th had to be undressed by force. Appetite remains good. Habits clean. Mch 2 94 Fighting. Put in seclusion Mch 3 94. Awake at 2h a.m. Quite noisy & crying. Mch 4 94 Extremely noisy from 2 to Mch 6 94. Awake & quite noisy. Mch 9 94. Out of bed quite noisy 1 to 9h Talking. Mch 1994 Awake at 2 a.m. Crying. Mch 20 94 Appetite good. Habits clean. Very noisy at times & also violent. April 11 94 Has sick headache. Med as dir. April 20 94 Appetite good. Habits clean. Does not talk English. Habits clean. At times noisy & violent & at times destructive to clothing. May 4 94 Med as dir. Applied mustard plaster. Sept 3 has very quiet. May 6 94 In bed all day complains of pain in stomach, also pain in limbs. Has headache. Med as dir. May 6 94 In bed but seems better. May 11 94. Very sick at stomach. Vomiting, cramping pains in bowels. Med as dir. In bed most of the day. Rested well in the night. May 18 94 Very changeable quite noisy at times. May 28 94 Very noisy, talking quite loud. Appetite good. Clean in habits. June 6 94 In bed all day. Appetite fair. Complains of pain in (illegible). June 15 94 Escaped K. Casey. Has been quite noisy for about 1 hr. June 16 Very noisy, tried several times to start fighting. 18th Noisy & striking patients. June 21 94 In bed complains of aching all over body. T. 97. P 80 R 15. July 3 94 Quite noisy this morning. Still in bed. July 6 94 Is out of bed. Very noisy most of the day. July 21 94 Noisy at times. Strikes ladies. Appetite good. Goes out walking. Aug 31 94 Appetite good. Goes walking & riding. Behavior very noisy at times. Strikes ladies. Sept 1894 Appetite good. Noisy at times. Strikes patients, when excited. Sept 21 94 Very noisy and excited all day. Fighting with patients. Oct 3 94 Appetite good. Behavior noisy at times, also violent. Had diarrhoea. Goes walking. Nov 2 94 Escaped this morning and very noisy very noisy. had to be held in bay. Nov 30 94. very noisy, wanted to go out to bay. Nov 30 94 Quieter than usual past week. Dec 1893 Struck Mr Sanborn also Mrs Rafferding. Dec 21 94 In bed complains of headache. Has headache. Pulse weak. Gave medicine as directed. For police. Appetite good. Dec 1894 Upon ward, very noisy all day. Dec 26 94 Escaped this morning. Jany 10 95. Quite noisy, striking patients, had to be held in bay. Jany 11 95: In bed all day, complains of headache. Jany 24 95 In bed, very noisy at times today. Pulse weak, gave medicine. Feb 2 95 In bed all day. Gave med. as dir. Feb 10 95 In bed. Pulse weak. Gave med. as dir. Feb 22 95. Appetite good. Violent & behavior at times. Also noisy. Bowels reg. Goes riding. Mch 15 95. In bed part of day and very noisy at times. Pulse weak. Medicine given. Mch 31 95 Appetite good. Bowels reg. Noisy at times, also violent. Goes riding. April 14 95. In bed all day. Pulse and quite weak. Med. given as directed. April 26 95 Upon ward. Noisy at times. Appetite good. Bowels reg. May 10 95. In bed part of week. Up to day. Sept 23 Appetite good. Sleeps well. Habits clean. Violent occasionally. Goes riding & walking. Noisy at times. Bowels constipated. Jan 1896 Visited by Supt. Nov. 30 Appetite good. Sleeps well. Habits clean. Works on ward occasionally. Bowels regular. Goes riding & walking. Violent at times. Dec. 29 Dies in bed. T. 101. Complains of pain in back & limbs. May Out of bed & seems quite well. May 18 Appetite good. Sleeps well. Works on ward some. Goes walking. Bowels regular. Sept. Summary Nurses Notes by Dr. E.E. Phelps. Appetite good: sleeps well: clean: works on ward: occasionally very noisy: at times also violent & destructive: Bowels constipated. Jan 97 Appetite good: usually constipated: At times will take medicine. Has rheumatism often: works a little when quiet: Has noisy & violent spells: Talks incoherently. Apr 97 No change: Aug 97 Appetite good: sleeps well usually: Goes riding & walking: works on ward. (Continued by Dr. R.M. Phelps)

(See p. 64)

Personal and Medical History of Christine Odman

Whole No. 3077
Residence, Vasa Goodhue Co.
Date Admission, July 19 1892
Admitted by, Dr Phelps Hour, 1 30 P.M.
How Sent, Court Com. D. J. Nelson
Sex, Female
Age, 43
Civil Condition, Married
Children, 6 +
Age Youngest Child, 7yrs
Occupation, Housewife
Degree Education,
Profession Religion, Yes
Habits, Tobt
Nativity, Sweden
Physicians Committing, B Jacking and Phelps E Jones
Correspondents, Peter Odman White Rock Goodhue Co



No. for Year, 294
Insane Relatives, Father
Cause Exciting, Unknown
Cause Predisposing, Heredity
Form,
Accompanying Bodily Disorder, No
Suicidal or Not, Not
Date of this Attack, June 15 1892
Duration, 1 mo
No. of Attack, 2
No. of Admissions, 1
Age First Attack, 41
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Quite confused
Quick or Sluggish, Sluggish
MEMORY: Seems good
Past Events, Good
Recent Events, Good
Special Subjects,
PERCEPTIVITY: Fair
Alert or Dull, Rather dull
Correct or Illusive, Partially correct
REASONING POWER: Not good
Ordinary Subjects, Not good
Own Mental State, Not good
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Does not think she is sick No reason for being here wants to go away Suspicious of people

EMOTIONAL STATE:
Normal, Calm, Rather calm but suspicious
Indifferent, and resents - Seems afraid
Exalted,
Depressed,
DELUSIONS: Says husband thinks
Systematized or Not, she is not good.
Special Subjects, That he said so to
Transitory or Not, other people
HALLUCINATIONS: None
ILLUSIONS: None
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,
Talks quite freely - Said could not stay home because had trouble with her husband

Personal and Medical History of Christine Odman

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 1/2 in WEIGHT, 112 1/2 lbs NUTRITION, Not good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Some Coatings, Slight Promptness Movement, Sluggish
PUPILS, Equality, Equal Size, Normal
Response Light, Sluggish Accommodation, Sluggish
SIGHT, Good
HEARING, Some good
COORDINATION, Arms, Only fair Some weak all over
Legs, Walks quite a shuffling gait-Not promptly
TREMORS, Hands, Some fine Tongue, deviates to and right side
Facial Muscles, Some tremor General,
REFLEXES, Patellar, R S- Left not taken Rested
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Care worn & suspicious
SENSIBILITY,
HEART, Sounds are good
LUNGS, Some good
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Constipated Irregular,
APPETITE, Good, Medium, Medium Poor,
SLEEP, Good, Not good Poor, Irregular,
PULSE, 72 RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1892 This woman was brought here by Supt Anderson and his daughter. Had attack began in June. Imagines that her husband accuses her of infidelity. No disposition to injure others. No filthy habits. Was treated by a Dr Conley. Had an attack about three years ago of short duration.

July 19 Quiet in behavior. Talks very little. Very untidy
" 25 No change since admission

Aug 7 Has a bad cough. Coughed most of the night. Could not sleep but sat up in bed most of the night
Aug 8 Noisy part of the night and coughs most of the time
" 9 Extremely noisy for two hrs during the night
" 12 Excited and disturbed at times during the day. Coughs
" 13 Noisy, restless, walking up and down the hall. Incoherent in her talk. Seems to have many delusions
" 16 Coughs some little. Slightly noisy at night
" 24 Still coughs some but sleeps well at night. Has not been noisy for some time.
" 26 Examined her lungs thoroughly today. Find a general impairment Bronchial rales. Hygiene not well developed or distinct
Sept 25 Exceedingly restless. Disturbs furniture. Untidy. Very troublesome. Sept 28 Very destructive and restless. Walks up and down the ward. Strong holds held by attendants

Oct 9 '93 Eats and sleeps well. Menstruated about the first of the month. Was sick in bed one day. Has not been dirty in habits or secluded. Very mischievous and destructive to furniture. Unless watched every minute is in some mischief. Talks very little now. Bowels are regular
Oct 26 Noisy at times. Wanders about the ward. Hings some.
Nov 27 Visited by husband to whom she complained about being kept here. She talked of various things in a delusive manner.

Nov 30 Appetite poor. Sleeps fairly well. Behavior noisy and mischievous. Bowels regular.

1893 Jan 16 Appetite good. Untidy in habits. Does no work.
Behavior mischievous. Noisy at times. Sleeps well.
Jan 31 Appetite good. Untidy in habits. No work. Noisy and mischievous. Causes considerable trouble. Sleeps well.
Feb 21 Appetite very good. Very dirty and careless in habits. Behavior quite modest at times.

April 28 Behavior noisy and silly. Very dull mentally. Appetite good. Dirty in habits. Does no work.

March 4 Very incoherent in talk. Does not seem to realize her condition. Does no work. Nude almost constant materially. Appetite good. Habits usually untidy. Behavior noisy restless. Usually sleeps well. Bowels regular. Has not menstruated.

April 1 Appetite good. Habits dirty. Does no work. Talk is silly. Behavior noisy and irritable. Usually sleeps well. Bowels regular.

May 22 Very restless. Twitchings of muscles of face and different muscles of the body. General health seems good. Does no work.
" 31 Appetite good. Has been very noisy and irritable of late. Violent when baited or aroused. Very untidy in habits. Bowels are regular. Sleeps well.

June 7 General health good. Very disagreeable in behavior. Requires constant watching. Is in the Lupus ward.

June 30. 93 Appetite good. Sleep poor. Does no work. Talk very silly. Untidy in habits. Behavior noisy irritable. Menstruation absent. July 21 93. Has been much more quiet of late.
July 24. 93 Shown some evidence today. July 27 93. Has grown more quiet talks very silly, Eats well, sleeps poorly. July 31. 93. Been quite noisy all day. Has shown some violence.
Aug 2. 93. Been very noisy. Eats well. Does not work, untidy in habit. Bowels regular. Sleeps poorly. Talks very silly. Aug 28 93 Been very irritable the past 2 days. In health otherwise.
Sept 1 93 Appetite good. Very dirty in habits. Sleeps well. Does no work. Needs constant watching. Behavior noisy. Talks very silly and incoherent. Bowels regular. Menstruation absent. Sept. 7. 93 Has been noisy and disturbed the past 2 or 3 days.
Sept. 15. 93 Extremely noisy all day. Very untidy. Appetite good. Requires watching to prevent her removing her clothing. Nov 2. 93 Very noisy & untidy in habits. Talks silly & incoherently. Nov 14. 93 No change. Nov 28. 93 No change in mental condition.
March 1. 94 Appetite good. Untidy in habits. Does no work. Bowels reg. Talks silly & incoherently. Behavior noisy and at times violent. Sleeps well. March 16 94 Menstruating. Very noisy during period. March 19 94 Extremely violent & trying.
Apr 28 94 Menstr. Very noisy & disturbed during period. Apr 30. 94 Had to be bathed this morning. Very careless & untidy.
No change in mental condition. May 5. 94. Been quiet the last week or two. Inclined to be noisy.
Dec. 1st 94 Appetite good, sleeps well most of the time, very untidy in habits, does not work, bowels regular, menstruation absent. baths silly & noisy at times. Dec. 18th Very untidy. 31st No change, seems to be coming flesh, appetite is very good. Jan 24. 95 is menstruating, quiet. talks silly & incoherently.
Feb. 11th 95 menstruating, is very restless & irritable. 27th Irritable & at times violent. No change. July 16 95 Appetite good. Dirty & untidy in habits. Is noisy. Very restless. Does riding & walking. In health good.
Oct. 18 95. Appetite good. Dirty and untidy in habits. Is quite noisy. Talks incoherently. Does occasionally violent. Does riding and walking. In health good.
Feb. 8 95. No change since last note. March, April & May 95, same report as before. July 6 95 Appetite good. Dirty and untidy in habits. Noisy and incoherent. General health is good. Does not ride or walk. Aug 11 95 No change. Sept 30 '95 An Inguinal hernia has suddenly developed. Oct 17 95 Operation done by Dr Neil Mays. Sutures of catgut. Recovered. Oct 17 95 Operation done by Dr Neil Mays. Sutures of catgut. Recovered. Oct 17 95 Operation done by Dr Neil Mays. Sutures of catgut. Recovered. Oct 17 95 Operation done by Dr Neil Mays. Sutures of catgut. Recovered.

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Personal and Medical History of Caroline Spickerman

Whole No. 3079
Residence, Winona
Date Admission, July 21 1892
Admitted by, Phelps Hour, 1 P M.
How Sent, Co Prob H. L. Buck
Sex, Female
Age, 58
Civil Condition, Widow
Children, 1
Age Youngest Child, 34
Occupation, Housewife
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Germany
Physicians Committing, Edward D. Kreyer & H. S. Hall
Correspondents, Rudolph Minwick Dan / 562 Mandots Ave Winona — Phillip Van Raber Rel. / Winona

No. for Year, 296
Insane Relatives, None known
Cause Exciting, Supposed to be living alone + brooding over troubles
Cause Predisposing, Unknown
Form,
Accompanying Bodily Disorder, Ulcer on both legs
Suicidal or Not, Not
Date of this Attack, Unknown
Duration, Several years
No. of Attack, 1
No. of Admissions, 1
Age First Attack,
Time of Leaving, Nov 7 1892
Time in Hospital, 3 mos 16 ds.
Result, Improved

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Seems clear on ordinary
Quick or Sluggish, subjects
MEMORY: Seems very good
Past Events, Good
Recent Events, Very good
Special Subjects,
PERCEPTIVITY: Good
Alert or Dull, Alert
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, Fair
Own Mental State, Not good
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Calm and natural in appearance

EMOTIONAL STATE:
Normal, Calm, Normal
Indifferent,
Exalted,
Depressed,
DELUSIONS: Fears bodily harm
Systematized or Not,
Special Subjects, Thinks water poisoned
Transitory or Not,
HALLUCINATIONS: None determined
ILLUSIONS: but said to have
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent,
Talks well

Personal and Medical History of Caroline Spickerman

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3¾ in WEIGHT, 151 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, Ulcer on left ankle. Lame in right hip
TONGUE, Tremors, None Coatings, Slight Promptness Movement, Yes
PUPILS, Equality, Equal Size, normal
Response Light, Slowly Accommodation, Slowly
SIGHT, Fair Unable to see fine work
HEARING, Good
COORDINATION, Arms, Seems good
Legs, Lame right leg
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Equal 7 on scale of 10
Other Reflexes,
ARTICULATION, Hesitating, Seems good Slurred,
FACIAL EXPRESSION, Normal - Mild
SENSIBILITY,
HEART, Sounds are good
LUNGS, Seem good
EXAM. URINE,

GYNAECOLOGICAL EXAM., Complete prolapsus of uterus Laceration of perineum
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good, Good	Medium,	Poor,
SLEEP, Good, Good	Poor,	Irregular,
PULSE, 72	RESP.,	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Several years ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Caroline Spuckerman

1892 This woman was brought here by Shf. Braly. Symptoms
were manifested several years ago. Has fears of bodily harm
and belief that she is bewitched and that her ills are
caused by other people. Has threatened this never in-
jured any one. No disposition to filthy habits.
Has ulcers on both legs. Has had them for years.
Has complete prolapsus. Has been under medical treatment
up to six months ago. Has hallucinations.

July 21 Behaved well. Exposed no trouble. Saliva same in
Penman. Eats well. No cough. Sore on left leg ankle.
Does not complain.

Aug 8 Operated upon today for the prolapsus. Cervix was
amputated up to fundus. Anterior colporrhaphy
and posterior colporrhaphy. Patient was under ether 1½ hrs.
Came out in good condition.
The first little hr Temp 97.8 then came up again and
during first night ran up to 101.8- 6.30 o'clock was
catheterized. Very thirsty during the night. 2.30 catheterized.

9 9 A.M. Complains of large pain. Has vomited. Ate some
gruel for breakfast. Slept very little during night.
Complains of same burning & wants dr.
1 P.M. Pulse 92. Temp 101. R 26. Had a glass of milk. Slept an hour.
Catheterized 10 A.M. again at 2.30 P.M.
7.30 P.M. Very quiet and comfortable. No pain.

Aug 10 Emma quiet. Catheterized 1.30 A.M. Rare milk given. Slept 1½ hrs.
7.30 A.M. Ate cup oat meal gruel. Catheterized. Emma given.
Temp 99.6. Pulse 84. R. 25.
11 A.M. Temp 99.6. Egg nog given. Bowels have not moved.
7 P.M. Temp 99. Quiet.

Aug 11 3 A.M. Temp 99.4 ½ glass milk given. Catheterized.
8 A.M. Slept two hrs. Temp 100. P. 82. R 26. Flour gruel and milk 3rd.
Very quiet and resting. 10.30 A.M. Catheterized. Egg nog given.
12 M. Temp 99.4 P 82. 4.30 P.M. glass of milk given.
4.30 P.M. Temp 99.8 P 90 R 24. 6.30 Soft boiled egg Graham cracker.
Catheterized 11 P.M. Sordity powder given. Bowels did not move.

Aug 12 2.45 A.M. Catheterized. 8 ozs of milk given.
7 A.M. Temp 99.2 P 84. R 24. Ate toast and egg nog for break-
fast. Emma given and bowels moved freely. Catheterized
12 noon. Temp 99.2. 4.45 P.M. 99.2 P 86. R 24. 6 P.M. Catheterized.
8 P.M. For supper cocoa, bread and butter and milk.

Personal and Medical History of Caroline Spuckerman

1892 Aug 13 2 A.M. Catheterized. 3 A.M. glass of milk given. 5.30 A.M.
Slept only one hr. 9 A.M. Quiet and pleasant this morning says
she feels well. Had clear Egg milk toast & glass of milk
for breakfast. Catheterized 10.30 A.M.
12.30 noon. Drank seven ounces of milk but would not
take any other food for her dinner. 1 P.M. Temp 99.5. Lies
quietly, quite eyes closed most of the time. Took a glass of
beef tea. 3.30 - 1 cup of milk given.
5 P.M. Temp 99.5 R 30. Bread and butter and cup of milk given for
supper. 8 P.M. Temp 99.8 ½ glass of beef tea. Catheterized. Seems to be
resting nicely.

Aug 14 2 & 4 A.M. Catheterized. Same glass of milk. 5.30 slept 2½ hrs.
7 A.M. Temp 98.0 P. 74. R 23. Cocoa and toast for breakfast.
9 A.M. Find part around the wound very red, swollen
and irritated. Complains of a great deal of burning of
the part and inside of her legs. 8.30 catheterized.
1 P.M. Temp 99. P 76. R 24. - 6 P.M. Bread and butter, cake and cocoa for
supper. 5 P.M. was catheterized. Temp 99.6. P 86. R 28.

Aug 15 3 A.M. Temp 99.3. Catheterized. Moaned with burning pain. Slept only
two hrs during the night.
7 A.M. Toast, soft egg, apple sauce and cocoa for breakfast.
9 A.M. Complains of burning pain & irritation of the parts.
1 P.M. Temp 99. Egg cocoa, bread and butter, rice pudding.
7.30 P.M. Ate a good supper. Resting quietly. Has catheterized
4.30. Much more comfortable tonight. Painted the irritation with
oil and Bismuth dusted freely over. Has improved much.

Aug 16 1.30 A.M. catheterized. One glass of milk and half glass of beef
7 A.M. Ate a good breakfast. 9 A.M. Seems very comfortable.
6.30 P.M. Temp 99.6. Pulse 78. R 22. Ate a good supper. Aug 17 1 A.M. Passed
her urine. Slept 3 hrs. Appetite good. Eats regular diet. Very com-
fortable and pleasant most of the time.

Aug 28 Up on the ward. Aug 29. Up on the ward. Aug 30. Says she followed
Sept 4 complains of same pain in left hip. Suppose probably of anterior
wall of vagina. Treating with Tannin & Alum.

Sept 5 Had a chill in the night. Vomited some. Better this morning.
Up on ward. Tongue coated. Appetite not very good. Takes
milk and seems to like it. Sept 9 1892 Put up on tonic today.

Nov. 7 Sent called today and took her home. She was very
glad to go. Has improved considerably in condition.

Dis. May 3rd '93.

Personal and Medical History of Mary C Tieb

Whole No. 3982
Residence, St Paul Ramsey
Date Admission, July 23 - 1892
Admitted by, Dr Kittlehamm Hour, 7 P.M.
How Sent, J. B Olmin Jr Post.
Sex, Female
Age, 53
Civil Condition, Widow
Children, 2
Age Youngest Child, 19
Occupation, Housewife
Degree Education,
Profession Religion, Methodist
Habits, Good
Nativity, Germany
Physicians Committing, H. B. Cogswell & H. J. O'Brien
Correspondents, Robert Tieb
104 West Plumford St St Paul

No. for Year, 299
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, Unknown
Form, Paranoia
Accompanying Bodily Disorder, None known
Suicidal or Not, Not
Date of this Attack, Feb 1892
Duration, 6 mos
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 53
Time of Leaving, Aug. 29 '92.
Time in Hospital, 1 mo. 7 ds.
Result, Improved.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Quick but nervous
Clear or Confused, confused
Quick or Sluggish,
MEMORY: Seems fair Says it is
Past Events,
Recent Events, Fair
Special Subjects,
PERCEPTIVITY: Fair
Alert or Dull,
Correct or Illusive, A little confused
REASONING POWER: Always defective
Ordinary Subjects,
Own Mental State, Distrustful
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Co
Normal, Calm, Calm and a pleasant
Indifferent, indifference
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, Systematized.
Special Subjects, Delusive idea of
Transitory or Not, fear of neighbors etc
HALLUCINATIONS: Can not define it
ILLUSIONS: Thinks neighbors contem-
CONVERSATION: walks taking her
Coherent or Incoherent, Appropriately
Voluble or Reticent, Specific as to mis losses
& murmurs etc
Talks a little reluctantly
Coherent

Personal and Medical History of Mary C Tieb

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, Slight pale Promptness Movement, Good
PUPILS, Equality, Size,
Response Light, yes Accommodation, yes
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Fair Stands on one foot only fairly well
Legs, Stands with eyes shut fairly well
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, 5 on scale of 10
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Pleasant
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem good
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good usually Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, 110 after walking RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother died about 80 - Natural death
Father or Pat. Relations, Father died old age
Brothers or Sisters, Sister died Consumption

Personal and Medical History of Mary E Tuck

This woman was brought by Asst Kinney, wife and patients & an Symptoms began about six months ago- Imagines persecution to herself and property by her neighbors- Throws rocks through windows- Affinity effects- Said to be argumentative. Was in Ramsey Co. Jail one night. On admission spoke clearly in a facetious arbitrary way. Says she is "not insane" We will find out about that & if "Seems contented to stay

1892 Appetite very good. Behavior natural. Bowels regular.
July 32 Imagines (someone is trying to take her clothes
Aug 11 Still has delusions that people come in and take things out of her room. Very quiet and ladylike in behavior. Very neat and clean in person and habits. Never causes any trouble in any way-
General health good

Aug 29-1892 Her son came today and took her home

1893 Mary McCormick No 3 from P 4-
April 8 Was quite disturbed for two hrs this morning since then has been very quiet-
" 9 Talks very little and is quiet. Bowels constipated
" 10 Pulse normal. Complains of bowels being constipated but does not want to take medicine
" 30-93- Appetite & allert. Tidy neat in personal appearance. Has not been in seclusion. Well- Behaved. Very quiet the past month, talks very natural. Complains of bowels being constipated. Must abst 5th
May 27-93 Very quiet. Rather dull. Talks very little. At times ask to go home. Appetite good. Works some in the Ward.
May 22-93 Rel to A 2.
" 30 " In bed. Complains of head & stomach
" 31 " Still in bed. Says feels sick around the head. Very clean in habits. Quiet well behaved
June 30 " Appetite poor. Cleanly in habits. Sick in bed 10 days. Behavior quiet. Talks very little. Menstruated 13th. Does no work. July 4-93 Visited by husband. July 5-93. Same. Transfer to A 3- July 15th. July 18-93. Behavior violent. In seclusion 4 hrs. July 19 In seclusion 1 hr. July 28-93. Appetite good. Clean in habits. Behavior violent & contrary. Was in seclusion 3 hrs. Each day from 20 to 23. talks incoherently. Does not go out walking. Aug 6 In seclusion 8 hrs. Aug 30-93 Menstruated 19-24. Sept 1-93 Appetite good. Clean habits. Behavior noisy. Has been in spells since on ward. Fought several times during month.
Sept 30-93. Appetite good. At times will not come in to meals. Behavior very noisy, sings & pounds on windows. Talks very incoherently

Personal and Medical History of Mary McCormick. No 3.

1893
Oct 5. Moved to C! Oct 6-93. Very noisy for 2 hrs this a.m. Oct 7-93 Has grown more quiet
" 16-93. Had to hold her about 10 or 15 minutes the last 4 mornings. Oct 30-93. Very noisy & violent much of the time. Very profane & vulgar in talk. Nov 1-93 In seclusion 2 hrs Nov 5-93 Very noisy 1 hr today. Gen health good Nov 24-93 Has grown more quiet. Very untidy in habits.
Nov 24. Growing more stupid. Dirty in habits. Uses obscene language. Has delusions. General health good. Nov 27-93 Destroys her clothing. Very untidy in habits. Nov 29-93 Has been very troublesome. Keeps pounding to stand on heater in window. Had to be held. Clothes torn
Dec 1-93 Appetite very good. Does no work. Very untidy in habits. Must be abst. Bowels reg. Talks very silly. Has delusions.
Dec 8-93 Has been destroying her clothing. Dec 8-93 Removed to C! Dec 30-93. Appetite very good. Noisy day & night. Very dirty night & day. Very destructive
Jany 26-94. Appetite good. Habits dirty night & day. Violent & very destructive at night & occasionally during day. Has several scratches on her face, also black eye by Mrs McGrath striking her. Feby 27-94. Very noisy, also destructive. Habits dirty night & day. Requires constant watching. Bowels constipated. Has black eye & scratched nose. Was struck by Maggie Ford. Appetite very good. Noisy & destructive at night. March 30-94. Appetite good. Extremely noisy, violent & destructive day & night. Habits dirty. Bowels constipated. April 30-94. Appetite good. Noisy at times, destructive & violent. Sleeps with muff on. May 28-94. No change. June 16-94 Fighting Mrs Ford. Received bruise on forehead. June 30-94 Appetite good. Noisy greater part of the time. Habits dirty & destructive night & day. Violent at times. Is in restraint at times. July 16-94. Appetite good. Extremely noisy at times, kicks, sticks & bites. Habits dirty usually. Bowels constipated. Is in restraint at night. Received cut on forehead from window. Aug 31-94 Appetite good. Sleeps quite well. Habits dirty usually. Is very destructive. Is in restraint at night. Bowels constipated. Sept. 27-94. Appetite very good. Sleeps quite well. Habits dirty. Is in restraint at night. Is destructive & violent at times. Bowels constipated. Goes riding & walking. Nov 30-94 No change for past two months.
Jany 30-95. Appetite good. Noisy & destructive at times. Habits dirty usually. Has not been in restraint this month. Bowels constipated. Feby 27-95 No change
March 30-95. Very noisy most of the time. Appetite poor. Quite noisy at night. Habits dirty. Bowels constipated. Apr 30-95 No change
May 23. Very noisy at times. Sleeps quite well. Goes riding and walking. Habits dirty usually. Appetite good. Bowels constipated
July 23. No change in any way. Sept Oct & Nov. Patient usually very noisy. Eats quite well. Habits dirty. Goes riding & walking. Violent at times. Bowels usually Constipated. Dec. 30 Eats & sleeps quite well. Habits dirty: Very noisy at times: Bowels constipated: Goes riding & walking. Mar. 30 Very noisy most of time Habits dirty: Appetite good usually. Bowels constipated: Generally noisy part of night. Goes riding & walking. Apr. 30 Extremely noisy at times
1896 Sept. Summary Nurse's Notes by Dr. S.L. Phelps- Appetite usually good: extremely noisy at times: Violent & destructive: dirty: Goes riding & walking. Jan 97 Bowels constipated: Has very bad temper: when angry requires hold-ing: fights at times very violently: Very demented: Does no work. Mar 97 no change: July 97 Quite noisy at times: appetite good: bowels regular: Aug 97 Scalp cut during night by another patient: no change. (Cont'd by Dr. P. M. Phelps) Nov. 97 Always rather noisy & destructive: At times very violent: Always very demented: May 29 98 Visited by husband. Sept 9 98 Transferred to C. Feb. 99 Very noisy & violent at times, but there has been no change of importance since last note. Is always kept in disturbed ward & under water (Cont by Dr. R. L. Pyle) Dec 31 104

Personal and Medical History of Cornelia Harrigan

Whole No. 3083
Residence, New Brighton Ramsey
Date Admission, July 25 1892
Admitted by Dr. McBurney Hour, 7 P.M.
How Sent, Ord of Prob. J. B. Olwin
Sex, Female
Age, 37
Civil Condition, Married
Children, 4
Age Youngest Child, 7
Occupation, Housekeeper
Degree Education,
Profession Religion, Lutheran
Habits, Good
Nativity, Yes
Physicians Committing, C. A. Kelsey & C. T. Searey
Correspondents, John Harrigan Husb
New Brighton Ramsey Co Minn

No. for Year, 300
Insane Relatives, Maternal uncle
Cause Exciting, Religious
Cause Predisposing, Heredity
Form,
Accompanying Bodily Disorder, None
Suicidal or Not, Since attempted hanging
Date of this Attack,
Duration, About one year
No. of Attack, 2
No. of Admissions, 1
Age First Attack, 36
Time of Leaving, Nov 12-1892
Time in Hospital, 3 ms. 17 ds.
Result, Improved

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

By Dr L. Phelps

MENTAL ACTIVITY: Slow in action
Clear or Confused, Hesitating manner
Quick or Sluggish,
MEMORY: Good
Past Events, Good
Recent Events, Good
Special Subjects,
PERCEPTIVITY: Good
Alert or Dull, Answers questions fairly
Correct or Illusive, well but slowly
REASONING POWER:
Ordinary Subjects,
Own Mental State, Fair
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, Afraid some one is going
Transitory or Not, to hurt or kill her
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Talks in a measured way
Coherent or Incoherent, Coherent
Voluble or Reticent,
Willing to talk but mind
acts slowly
Says came to Asylum because sick
Head troubles her
Felt afraid at time

Personal and Medical History of Cornelia Harrigan

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 WEIGHT, NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, Slight Promptness Movement, Slow
PUPILS, Equality, Equal Size,
Response Light, Yes Accommodation, Yes
SIGHT, Says eyes are weak
HEARING, Good
COORDINATION, Arms, Movements not prompt
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Yes Talks in a ~~Slurred,~~ measured way
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Lung good
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Very Much Same Irregular,
PULSE, 90 RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, About a year ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Uncle insane
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Cornelia Harrigan

1892 This woman was brought here by her husband and Sheriff Kinney. Symptoms were first manifested about a year ago. An attack two months ago lasting two days. Feels danger to herself and eternal punishment. No disposition to injure others. Takes no interest in her children or home. No interest in personal cleanliness. Has been restrained during the acute attacks to prevent her running away and keeping from friends. Two days during the first attack and five during the present. Very dirty when she came on the ward. Thought she was going to be killed.

July 25

" 26 Quiet and causes no trouble. Helps the work on the ward. Does not walk much. Bowels moved freely.

" 27 Says she knows they are on the ward to get her and that she will be dead in a few hours.

" 28 Appetite good. Quiet and neat in habits. Bowels moved. Helps on the ward. Talks very little.

" 29 Quiet. Appetite good. Still thinks she is going to be killed. Helps on ward. Does not walk much.

" 30 Appetite good. Bowels moved freely. Seems about the same.

Aug 19-'92 Seems better. Was at first afraid of anything but now beginning to lose her fear. Usually very quiet and causes no trouble on ward.

Sept 3-1892 Has had a blank expression and rather stupid manner. Called her down to clinic and examined her again but found no marked symptoms.

Sept 30 Has been working on ward all the month.

Oct 1 Has gone out walking in summer the ladies go.

Oct 9 & 30 Has been working on the ward most of the month. Neat and clean in appearance and personal habits.

Nov 1- Still works every day and sings in good general health.

Nov 12 Husband came today and took her home. Though very much improved she did not seem to feel quite certain about herself mentally. Worked and was very ladylike in manner most of the time during her stay here.

Discharged May 3rd '93.

Personal and Medical History of ~~Cornelia Harrigan~~

Christine Odman.

Nov 7 Up on ward. Nov. 20 Appetite good. Habits dirty. Untidy in personal appearance. Quiet in behavior. Bowels usually constipated. Sleeps well. Goes riding & walking.

1896 Draws to B st. Nov. 27 No change. Dec. 10 Noisy at times: Appetite good. Bowels regular.

Jan. 10 Eats & sleeps quite well. Goes riding & walking. Mar 15 Very untidy in appearance & habits: Appetite good. Sleeps well. Bowels regular. At times helps with dining room work. Mar 30 Draws to Annex.

Aug. Summary Nurse's Notes by Dr. S. L. Phelps:- Appetite good: physical health good: takes out door exercise: dirty & untidy: rather noisy & restless: Oct. 96 No change: Jan '97 Looks emaciated & seems to be failing: do. however, about as a year ago. Behavior somewhat active in a silly half demented way: May '97 No change: Aug '97 Appetite fair: dirty: talks incoherently: emaciated: Genl health appears good: (Cont'd by Dr. R. M. Phelps) Nov. '97: General health fairly good. Always quiet & very demented & somewhat untidy: Feb. 9'98: Weight 99 lbs.

1898 June 23 Visited by friends: Feb. 9'99 A chronic case: no change or happening of importance during intervening period. (Cont'd by Dr. P. A. Tebbetts) Mar 5 Dec. Sept.

1899 Genl health much impaired: Is emaciated & expectorates: appetite variable: quite poor at times: sleeps well: takes out door exercise: works on sleeping flat: neat in habits but careless in appearance: usually quiet: does not converse, but sometimes answers questions sensibly: makes peculiar motions and evidently has many delusions: Aug 18'99 Weight 110.

Sept. Feb 28 1900. Nov. 11. Nat. works on sleeping flat. Expresses delusions: somewhat emaciated: appetite fair: Quiet in behavior: Does not converse: Sleeps well: Takes out door exercise: Jan 1st Wt. 112½ lbs. Jan 30. Complained of headache: Remained in bed most of day: Sleeping dose given at night. Jan 31 Better: Feb 17. No change. March 1- Aug 31 1900 Neat in habits but careless in appearance: Does not converse: Is quite restless but is quiet & agreeable: Talks only when addressed. Appetite fair: On special diet. Takes out door exercise: Works on ward: Apr 17 Visited by brother in law. May 22. Visited by daughter & relatives. June 20 by friend. July 23 Vaccinated.

Nov. 15 Untidy & dirty. Occasionally assists with work: Expectorates a great deal: Takes out door exercise: appetite good. Dec. 1 to Feb. 28. 1901. Appetite fair on special diet. Bowels regular, sleeps well. expectorates a great deal, takes outdoor exercise, rather untidy, occasionally assists in ward work. Feb. 28. 105 Wt. March 4. 1901 Wt. 107

Mar 1- June 1- 1901 Patient expectorates is taking expectorant treatment with malt and cod liver oil. Helps with work on ward occasionally. No change in general condition. May 31 Wt. 109½ #. June to Sept. Assists with ward work, takes out door exercise, Sept. 3 Wt. 106½ #.

Sept. to Dec. No change in mental or physical condition Nov. 30 Wt. 109 3/4 #.

〈Transferred to Page 88.〉

Personal and Medical History of Mary E Lennard



Whole No. 3089
Residence, Melville Waba
Date Admission, Aug 1st
Admitted by, Dr Wilson Hour,
How Sent, Jas Prob Mar
Sex, Female
Age, 36
Civil Condition, Married
Children, 8 - (3 dead)
Age Youngest Child,
Occupation, Housewife
Degree Education,
Profession Religion, Yes
Habits, —
Nativity, Penna
Physicians Committing, Wm F. Mellegan Jas. P. Davis
Correspondents, Mr James Lennard
Melville Wabasha Co. Minn

No. for Year, 1
Insane Relatives, —
Cause Exciting, Pregnancy
Cause Predisposing, Previous attack
Form, Mania - Chronic
Accompanying Bodily Disorder, Pernicious anemia
Suicidal or Not, —
Date of this Attack, 1
Duration, 10 yrs
No. of Attack, not given
No. of Admissions,
Age First Attack,
Time of Leaving, Dec. 20. 95.
Time in Hospital, 3 yrs. 4 mos. 20 dys.
Result, Died Improved May 6 96.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish,
MEMORY: Not good
Past Events, Not good
Recent Events, Not good
Special Subjects,
PERCEPTIVITY: Poor
Alert or Dull,
Correct or Illusive, Illusive
REASONING POWER: Not good
Ordinary Subjects, Not good
Own Mental State, Does not realize her state
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Silly and very talkative
Normal, Calm,
Indifferent,
Exalted, Rather excitable
Depressed,
DELUSIONS: Seems to have various
Systematized or Not, ones
Special Subjects,
Transitory or Not,
HALLUCINATIONS: of hearing Hears
ILLUSIONS: voices - often at night
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent,
Talks a great deal in a very illusive way. Silly and incoherent. Says she came down here to go to a dance.

Personal and Medical History of Mary E Lennard

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ in WEIGHT, 104 lbs NUTRITION, Not very good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, No tremors Coatings, Slight Promptness Movement, Sup. crackwalkers
PUPILS, Equality, Equal Size,
Response Light, Acts readily Accommodation, yes
SIGHT, A little nearsighted
HEARING, Seems good
COORDINATION, Arms, Normal
Legs, Normal
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Impaired Equal - About 2 on scale of ten
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Vacant
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE, Sp. G. 1016 - Albumen - Acid - Diph 12

GYNAECOLOGICAL EXAM., Some endometritis Uterus quite fixed by adhesions
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, Clean	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,
PULSE,	RESP.,	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, 10 yrs ONSET GRADUAL OR SUDDEN,
Has been hysterical at times
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Healthy as far as known
Father or Pat. Relations, " " " " "
Brothers or Sisters, " " " " "

Personal and Medical History of Mary E Lunard

1892 This woman was brought here by Dr Milligan and her husband Symptoms were first manifested about ten yrs ago, occuring a short time previous to delivery subsiding a while after then gradually returning The hysterical Symptoms manifested by rambling about in an harmless manner, by language and actions Neglectful of ordinary duties Has not been under restraint

Aug 1 Behaved quite well Talks a great deal in an incoherent way Does not eat well No complaints of any kind

Aug 2 General examination made Has hernia on left side which reduces upon patient assuming recumb. position Internal examination also made Says she is all right Objected to some extent and was very noisy and incoherent in her talk

Aug 3 Talks almost continually in a rambling way Walks rapidly about the ward & usually inclines to follow and talk to any one passing through

" 29 Slipped and fell hurting her hip Put her to bed and kept them comfortable of it a good deal

Sept 29 General health good Talkative Offers to help Always going to bed Does not seem to realize her mental condition

Oct 9 Appetite fairly good Sleeps well Has not been sick of dirty habits or in collision Bowels constipated at times Always walking up and down the hall Very troublesome in her talk Very incoherent Complains some of her hip paining Seems gradually growing more quiet Speak quite incoherent Looks more intelligent than she is

" 31 Appetite good Sleeps well the first part of the night More restless toward morning Mischievous and noisy Complains of pain in her hip

Nov 16 Pleasant but very talkative and troublesome the way of wanting to run everything

Dec 30 Appetite rather poor Does not sleep well Does no work Mischievous in behavior

Feb 9 Appetite quite good Sleeps fairly well Very troublesome Does no work

March 3 Appetite good Very mischievous and troublesome Talks in an incoherent manner nearly all the time

Personal and Medical History of Mary E. Lunard

1893 April Very noisy and incoherent in her talk and talks almost constantly Rubs hands etc, to point every chance she gets Appetite good and seems to keep good bodily condition Training more incoherent, noisy and troublesome

Apr 17

May 9 Quite noisy and mischievous Bothers the other patients Good deal Does not sleep well Appetite very good

" 22 Requires constant watching to keep her out of mischief Very troublesome in meddling with things Gen. health good

" 31 Appetite good Clean in habits Has many delusions

June 17 Very incoherent and talkative Does not realize her condition Does no work but mischief she is helping by going around and meddling & disarranging things

June 23-93 Appetite good. Clean in habits Is quite noisy at times Has delusions Has to be watched closely.

July 28 " Gen health good Complains a good deal of toothache; part age of menses.

Aug 8 " C. V. Bacon quite noisy. Appetite very poor. Aug 14-93. Appetite improved. Took tonic the past 2 or 3 days. Aug 26-93 Hernia of left side much worse than ever before. Extends down into left labia. Does not complain or has no bad symptoms. Aug 28-93 Kept in bed all day, mad talks

Aug 28-93. Talks very silly, Tidy in habits. Very mischievous Needs constant watching.

Sept 1. " Appetite poor, under tonic, improving some. Tidy in habits. Sleeps poorly. Does no work

Bowels regular Talk silly incoherent, Menstruation absent. Needs constant watching. Is ruptured

Sept 7 93. Has Is very noisy, does not complain of pain. Sept 15-93 Her rupture extends much lower than usual Oct 2-93

Oct 2 " Appetite very much improved under tonic. Oct 16-93 Was visited by son, is growing more like

" 30 " Very incoherent Has many delusions. Noisy in talk Does out riding & walking

Nov 6 " No change whatever in behavior. Nov 14-93. Her rupture seems to be growing worse.

" 21 " Eats well. Has delusions. Talks very silly Noisy at times. Mch 1-94 Appetite improving.

Sleeps well usually Does no work. Behavior noisy Bowels reg: Talks silly Has delusions Menses absent.

Apr 1-94 Retired very badly ruptured April 10-94 Extremely noisy all day. April 20-94 Transfer to 1 E. May 1-94 Manifests

some interest in the ward May 16-94 Transfer to C. May 25-94 Transfer to D3 May 26-94 Appetite good. Sleeps

well Is quite noisy & mischievous. Also has delusions. Helps a little with the ward work

Dec. 18-93 Appetite good tidy. Does no work, sleeps well, has delusions, clothes silly, Dress 31° is very annoying to strangers that come through the ward Feb. 16" very noisy all day, 27" no change in mental condition. Dec 22-94 Very troublesome generally with other patients Assists some with ward work refuses to attending room June 5-94 Appetite good Bowels reg. Sleeps well July 10-94 Works in the nursing room Is quite noisy in ward. Appetite good Sleeps well July 2-94 Talks quite incoherently Gen. health good.

Personal and Medical History of Hannah Lahey



Whole No. 3093
Residence, Hammond St
Date Admission, Aug. 3 18
Admitted by, Dr Phelps Hour,
How Sent, Co Prob Mala
Sex, Female
Age, 61
Civil Condition, Married
Children, 10
Age Youngest Child,
Occupation, Housemaid
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Ireland
Physicians Committing, N. S. Lefft & J. P. Waite
Correspondents,

No. for Year, 5
Insane Relatives, None
Cause Exciting, Menopause & gen debility
Cause Predisposing,
Form, Manic Chronic
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, 1890
Duration, 2 yrs
No. of Attack, Continuous
No. of Admissions, 2
Age First Attack, 49
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

Examined Dr Linton Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Mind does not work well
Clear or Confused, Confused ideas
Quick or Sluggish, Slightly
MEMORY: Seems to recall facts
Past Events, fairly well though
Recent Events, confused
Special Subjects,
PERCEPTIVITY: Only medium
Alert or Dull, Rather dull
Correct or Illusive, Illusive
REASONING POWER: Not good
Ordinary Subjects, Not good
Own Mental State, Does not realize her
Special Subjects, condition.
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Agitated
Normal, Calm, Walks up and down
Indifferent, the room most of
Exalted, the time in a confused,
Depressed, and agitated manner
DELUSIONS: Seems to have many
Systematized or Not, and various
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent in
Voluble or Reticent, her talk
Valuable but senseless

Personal and Medical History of Hannah Lahey

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 3/4 WEIGHT, 120 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors? Slight Coatings, Quite heavy Promptness Movement, prompt
PUPILS, Equality, Equal Size, Normal
Response Light, Respond Accommodation, Yes
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Seems good
Legs, Good
TREMORS, Hands, None Tongue, Slight
Facial Muscles, None General, No
REFLEXES, Patellar, L 4 R 5
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Confused and rather staring
SENSIBILITY, Normal
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Extended laceration of perineum - Rectocele & cysto-
MENSTRUATION, cele Ceased
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty~~, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Seems good Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 90 RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,
Almost two yrs
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1892 This woman was brought here by her son and daughter. Was here in 1890 for a period of 8 mos. See Vol 14-179. Talks incoherently and tries to run away. Has not been sane under past taken. No disposition to injure others. No filthy habits.

Aug 1892 Appetite good. Sleeps quite well. Noisy at times. Violent at times. Bowels constipated. Talk is incoherent and noisy.

Oct 19 92 Patient has been in B[ed] since her admission but became steadily more restless and troublesome.

Oct 31 Appetite good. Sleeps fairly well. Behavior at times violent.

Nov 1 1892 Behavior violent still at times. Resists on being put to bed. Sleeps fairly well. Usually pleasant and smiling.

Dec 31 Appetite poor. Usually quiet and pleasant left at times noisy and violent. Does no work.

Jan 21 Was sick this PM. Complained of pain in her bowels and has a sore foot caused by her getting something in it in bed. Foot dressed.

" 22 Still in bed but better than yesterday.

" 23 Up on the ward this PM. Foot is better.

" 24 Has been up all day and seems all right.

Feb 10 Appetite usually good. Does no work. Sleeps poorly. Noisy at times. Asks to go home at times violent and excited at such time she requires undressing and dressing and has to struggle with her.

March 4 Has been quiet of late. Does work. Pleasant in manner. Put to bed yesterday with a cold but better today.

" 31 Appetite usually good. Behavior generally quiet excited this afternoon. Walks up and down the hall a good deal.

April 22 Pulse 84. Heart's action strong. Slight roughness at second Sound.

" 29 Was visited by her daughter today.

May 3 Requires three to undress her every night. Has to be led into dining room for every meal.

June 8 Has had very trouble some in resisting on being put to bed. Always requires three or four to undress her.

Sept 29. 93 Appetite good. Behavior untidy. Walks most of the time & is very noisy. Sick in bed 3 days.

Oct 30. Appetite good. Behavior very untidy. Walks most of the time. Very noisy at times. Has to be undressed every night.

Nov 11. Visited by daughter. Nov. 26. 93 Her daughter & sister visited her Nov 29. 93. No change in behavior.

Dec 29. 93 Appetite good. Behavior untidy. Walks most of the time. Talks and scolds a great deal. Has to be undressed every night.

Quite noisy at times. Febry 1894 About the same. March 8. 94. Appetite not very good. Clean in habits.

Behavior noisy at times. Has to be undressed by [illegible] for a day put to bed. — May 28. 94.

May 28/94. Appetite good. Extra noisy at times. Talks incoherently. Refuses to go to meals & bed at times. Habits clean. Does not go off of ward. June 6 94 Visited by friends. June 30 94 Appetite good. Clean in habits. Fighting & wants undressing at bed time. Wants to go home. Goes riding & walking. Gen. health good. July 30 94 Appetite good. Neat & personal appearance. Clean in habits. More quiet. Talks of friends & wants to go home. Does no work. Aug 29 94 Appetite fairly good. Neat in personal appearance. Clean in habits. At times extra noisy. Goes riding. Gen. health good. Aug 31. 94. Visited by son, talked sensibly and wanted to go home. Sept 6 94 Visited by daughter.

Sept 7 94 Visited by friends. Sept 24. 94. In bed. Has diarrhoea. Sept 27 94 On the ward. Diarrhoea checked. Appetite good & quite restless.

Oct 9 Complains of pain in left breast & feeling weak, put to bed. D 98. T 102. Applied sand bag & put Medicine as directed.

" 11 Upon the hall. Oct 23. 94. Appetite fair. Clean in habits. Behavior at times extremely noisy, very restless and much excited during the day, at times resists in going to bed. Goes walking and riding. Nov 17 94. Visited by friends, talked incoherently and wanted to go home.

Nov 1 94 Visited by daughter. Nov 29. 94 Continues about the same. Gen. health fair. Dec 21. 94. Visited by daughter. Dec 27 94 More quiet the last few days. Gen. health good. Dec 29 94 Visited by daughter. More excited & noisy afterwards. Feby 28. 95. Appetite good. Clean in habits. Behavior very noisy at times. Gen. health good. March 22 95. Was visited by daughter. Talked quite freely sensibly. March 29 95. Very noisy during the day. Appetite poor. Talks some. Bowels constipated. April 22 95 Was visited by daughter. Gen. health good. Behavior the same. May 20 95 Walks swollen and painful. More quiet during the night. Appetite better.

June 10 Complains of pain in chest. Appetite poor. Bowels constipated. Put to bed. June 14 Patient much better & up on wards. July 2 Feet badly swollen. Very noisy during day. Is on her feet most of time. Appetite good.

July 19 Visited by daughter. Feet swollen some. July 27 Visited by her sons. Talks sensibly. Extremely noisy during night. Appetite poor. Clean in habits. Aug 24 Visited by daughter & sister.

Aug 31 Extremely noisy during day & night. Appetite poor. Feet still swollen. Bowels constipated.

Sept 30 Gen. health good. Appetite poor. Clean in habits. Extremely noisy at times. Oct 30 Appetite better.

Nov Nervous & restless. Clean in habits. Nov 28 Visited by daughter & son. Nov 24 Very much excited.

1896 Extremely noisy during night. Dec 13 Visited by relations. Extremely noisy during day.

Jan 2 Visited by daughter. Extremely noisy during night. Jan 18 Awake 7 hrs. Out of bed & pounding at door. Extremely noisy at times. Jan 26 Awake 6 hrs. Very noisy.

June 4 Did not sleep any. Out of bed & noisy most of night. Feb 14 Visited by relations.

May 7 Visited by her sons. Extremely noisy afterward. May 25 Visited by daughter & sister. Very noisy afterward. May 28 Visited by relations. Extremely noisy afterward.

May 30 Quite noisy most of time. Takes out door exercise. Appetite poor. Very restless. Nights very noisy.

June Summary Nurse's Notes by Dr. G. L. Phelps:- Quite disturbed most of time: talks incoherently: appetite good: Aug '96 no change: Nov '96 very restless: walks about or stands & looks out of window most of time: Quit health good: Jan '97 sits or stands about in a dull melancholy way: occasionally says she wants to go home: rarely says anything else: no physical complaints: May '97 no change: July '97 visited by son:

1897 Aug. Visited by daughter: quite noisy most of time, asking to go home: Appetite fair: bowels constipated. (Cont'd by Dr. R. M. Phelps) Nov. 17 '97. Visited by daughter: General health fairly good, altho' one or two times in the past has shown some general weakness & heart failure. Feb. 26 '98 Weight 154. Dec. 7 '98 went home on trial. May 2 '98 Received back upon ward. Behavior about the same as before: July 8 '98 Visited by daughter: Aug. 7 complained some of pain in lungs & was put to bed. Visited by

1898 daughter Aug 20 '98 Visited by sister. Still rather active & noisy at times.

Sept. 16 1999 Visited by daughter: Sept. 19 coughing some: Sept. 30 Transf. to C[3]:

Feb 8 1897 Visited by daughter & son: no special change. (Cont'd by Dr. A. A. Bell.)

Mar. to Dr. Quit health somewhat impaired: Heart is weak: at times complains of pain in left side: appetite only fair: bowels regular: takes out door exercise regularly: does not sleep well: frequently noisy at night: neat in habits and appearance: sometimes very resistive & often noisy: sometimes so much so in the sitting room

(Over p. 84)

Personal and Medical History of Anna Packe



Whole No. 3095

Residence, St Paul

Date Admission, Aug 4 - 1892

Admitted by Dr Phillips Hour,

How Sent, [illegible] Prof J. B. C[illegible]

Sex, Female

Age, 45

Civil Condition, Married

Children, 2

Age Youngest Child,

Occupation, Housewife

Degree Education,

Profession Religion, R. C.

Habits, Good

Nativity, Germany

Physicians Committing, H. S. Bale and J. Stamm

Correspondents, Joseph Packe
460 Lawson St St Paul Minn

No. for Year, 7

Insane Relatives, None

Cause Exciting, La Grippe

Cause Predisposing, Unknown

Form, Melancholia - Acute

Accompanying Bodily Disorder, None

Suicidal or Not, Not

Date of this Attack, 1892 July

Duration, 6 mos

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 45

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Profound depression

Clear or Confused,

Quick or Sluggish,

MEMORY: Can not determine

Past Events, Sits with head bent

Recent Events, down in silence

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Never Speaks

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Does not talk

Coherent or Incoherent,

Voluble or Reticent,

MURDER AND SUICIDE IN RIVER.

Pine City Man Assaults and Drowns a Young Girl and Drowns Himself.

1900

Pine City, Minn., Special, Aug. 20.—A Bohemian named Paca took a young girl of twelve years of age and a younger brother, children of the family where he boarded, to the river to fish by fire light. This was an excuse, probable, to get the girl away from home. While at the river about 10 p. m. Paca assaulted the girl, choked her into insensibility and then threw her into the river. He frightened her younger brother away by threats of shooting, but the boy only went out a short distance in the bushes where he could see the whole tragedy. After drowning the girl, Paca deliberately went into the water himself and drowned close to where the murdered girl was found. It was probably the insane freak of a lunatic. Paca had a wife in an asylum at Rochester.

N ON ADMISSION—(Continued.)

CAL CHARACTERISTICS.

[illegible] lbs NUTRITION, Poor

[illegible], Illinois, [illegible] Coatings, Same Promptness Movement,

PUPILS, Equality, Equal Size,

Response Light, Will not adapt Accommodation, Examined

SIGHT, Can not determine

HEARING, Seems to be good

COORDINATION, Arms, Good

Legs, Good

TREMORS, Hands, None noted Tongue,

Facial Muscles, General,

REFLEXES, Patellar,

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Sounds are normal but quick

LUNGS, Respiration impaired. Chest scarcely moves when she breathes

EXAM. URINE,

GYNAECOLOGICAL EXAM., Laceration of cervix Erosion of os Endometritis

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Constipated Irregular,

APPETITE, Good, Medium, Poor, Poor

SLEEP, Good, Poor, Irregular,

PULSE, 120 RESP., TEMP., 100.4

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Anna Paa



Whole No. 3095

Residence, St Paul

Date Admission, Aug 4 1892

Admitted by, Phillips Hour,

How Sent, In charge Prof J. B. A

Sex, Female

Age, 45

Civil Condition, Married

Children, 2

Age Youngest Child,

Occupation, Housewife

Degree Education,

Profession Religion, R. C.

Habits, Good

Nativity, Germany

Physicians Committing, H. S. Bale and F. Stamm

Correspondents, Joseph Jacke
460 Lawson St St Paul Minn

No. for Year, 4

Insane Relatives, Nun

Cause Exciting, La Grippe

Cause Predisposing, Unknown

Form, Melancholia - Acute

Accompanying Bodily Disorder, None

Suicidal or Not, Not

Date of this Attack, 1892 July

Duration, 6 mos

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 45

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Profound depression

Clear or Confused,

Quick or Sluggish,

MEMORY: Can not determine

Past Events, Sits with head bent

Recent Events, down in silence

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

7

EMOTIONAL STATE: Never Speaks

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

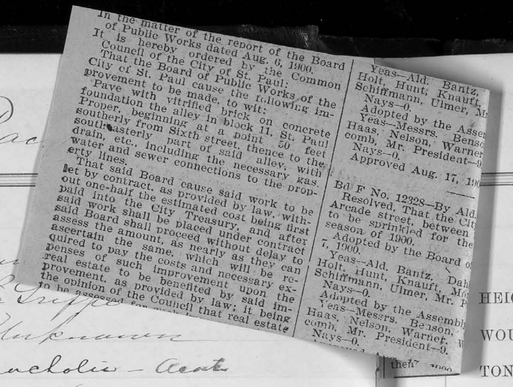
HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Does not talk

Coherent or Incoherent,

Voluble or Reticent,



In the matter of the report of the Board of Public Works dated Aug. 6, 1892. It is hereby ordered by the Common Council of the City of St. Paul, That the Board of Public Works of the City of St. Paul cause the following improvement to be made, to wit: Pave with vitrified brick on concrete foundation the alley in block 11, St. Paul Proper, beginning at a point 50 feet southerly from Sixth street, thence to the southeasterly part of said alley, with drain, etc., including the necessary water and sewer connections to the property lines.

That said Board cause said work to be let by contract, as provided by law, without one-half the estimated cost being first paid into the City Treasury, and after said work shall be placed under contract said Board shall proceed without delay to assess the amount, as nearly as they can ascertain the same, which will be required to pay the costs and necessary expenses of the same, upon the real estate to be benefited by said improvement, as provided by law; it being the opinion of the Council that real estate in the

Yeas—Ald. Bantz, Holt, Hunt, Knauft, Schiffmann, Ulmer, Mr. P. Nays—0.

Adopted by the Asse

Yeas—Messrs. Haas, Nelson, Warner comb, Mr. President—

Nays—0.

Approved Aug. 17, 18

Bill No. 12928—By Ald.

Resolved, That the cit Arcade street, between to be sprinkled for the season of 1900.

Adopted by the Board of 7, 1900.

Yeas—Ald. Bantz, Dah Holt, Hunt, Knauft, Schiffmann, Ulmer, Mr. P

Nays—0.

Adopted by the Assembl

Yeas—Messrs. Benson, Haas, Nelson, Warner, comb, Mr. President—0.

Nays—0.

Personal and Medical History of Anna Paske

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 3/4 in WEIGHT, 111 lbs NUTRITION, Poor

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, None Coatings, Some Promptness Movement,

PUPILS, Equality, Equal Size,

Response Light, Will not adapt Accommodation, Examined

SIGHT, Can not determine

HEARING, Seems to be good

COORDINATION, Arms, Good

Legs, Good

TREMORS, Hands, None noted Tongue,

Facial Muscles, General,

REFLEXES, Patellar,

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Sounds are normal but quick

LUNGS, Respiration impaired. Chest scarcely moves when she breathes

EXAM. URINE,

GYNAECOLOGICAL EXAM., Laceration of cervix Erosion of os. Endometritis

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Constipated Irregular,

APPETITE, Good, Medium, Poor, Poor

SLEEP, Good, Poor, Irregular,

PULSE, 120 RESP., TEMP., 100.4

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

1892 This woman was brought here by Dep Sheff Kinney. First symptoms were manifested about six weeks ago by destruction of clothes She is melancholy and silent No disposition to injure others No filthy habits No restraint has been employed.

Aug 4 Crying and will not talk.

" 6 Quiet. Appetite poor. Stupid Bowels moved

" 6 Appetite poor. Stupid Will sit in the same place all day if not disturbed. Has to be led into the dining room

" 7 Bowels do not move freely

" 8 Quiet and stupid Appetite poor Bowels moved Not out walking today

" 9 Very stupid No movement of bowels Does not eat well

" 13 Internal examination

" 15 Local treatment given Glycerine tampon and Boracic Acid

Sept 3 & 14 treatment given Sept 21 Treatment given Sept 26 Not douche

" 28 Treatment Oct 3 Local treatment Quiet & Dull & Stupid

Sept 8 Has been in bed for a week Bowels constipated Has a good appetite Sleeps well

Sept 29 Has been up on the ward for considerable time Looks in fairly good health Sits with her head down Has had several crying spells In a condition of stupor Melancholia Has good appetite Sleeps well and well behaved

Oct 20 Has crying spells Keeps head down Habits dirty at times Appetite very good Bowels constipated

" 25 Crying spells very frequent Sits quietly the remainder of the time There is a slight suggestion of Tuberculosis in her appearance but no physical signs

Dec 30 Appetite good Does no work Dull and noisy at times Was in seclusion 8 hours Sleeps poorly.

Feb 9 Cries a great deal and is quite fussy and cross Appetite is good Does no work Sleeps poorly

March 8 Cries most of the time and scolds in an angry way Appetite good Sleeps poorly Husband was here to see her the other day & said her talk was incoherent. March 8 Is menstruating today.

April 7 Has been quite noisy Broke some in the laundry Appetite good.

May 9 Appetite good Tried to run away from laundry - When on ward spits on floor May 22 At times noisy

Cries and scolds in a loud angry voice Has many delusions Sits looking down at the floor most of the time

May 31 Appetite good Behavior noisy Clean in habits Keeps mark on the ward same and at times goes to sewing room Menstruated from 26th to 31st of the month

June 6 Was moved to C 1 on account of noisy Struck one of the other patients this morning and was put in seclusion for a short time Has a very mild and savage look at times

Oct. 31/93. Returned by husband this evening was noisy, talkative, violent in manner, remarked indecent & obscene at times Appetite poor Sleep poor Eyesight poor Bowels regular Complains some Pys. Rig. Tys. Injunction & some.

Nov. 1. Behavior noisy at times, did not sleep; has delusions. Appetite good. Sleep poor, Eyesight poor Bowels regular Complains some Pys. Rig. Tys.

" 2 Very much the same did not sleep so much. Appetite very good. Slept well last night. Very irritable if spoken to by other ladies. Nov 3/93 No change not so noisy. Has no delusion

" 4 Very disturbed talks silly & incoherent. Nov 5/93. Very noisy about 4 this to day. No change in behavior

" 6 Cried about ½ hour this morning. Nov. 8/93. No change. Behavior more quiet Nov 9/93 The same Eyesight Poor Bowels reg: Nov 10/93 No change. Nov 11/93 No change. Nov 12/93 Quite noisy & turbulent this morning Very irritable at times Nov. 13/93. Been very quiet all day Nov 14/93 No change Appetite good.

Nov 16 Is menstruating. Very quiet during period Nov. 21. 93. Has delusions, talks loud very silly.

" 25 Went to sewing room to day. Nov. 29. 93. Going to sewing room the past few days No change in mental Condition. Dec 30. 93 Appetite good Sleeps well generally Quiet most of the time Talks to self.

Jan 28/94 No change. Dec. 1 & bedclothing - would not go any more. Bowels regular, is tidy, Dec. 11th 94 - Extremely noisy all afternoon. Dec. 20. crying about 3 hrs to day, 21st has been crying more of late than formerly, frequently crying about 4 hrs. Jan 9th 94 Is menstruating, is very noisy, is tidy and good energy. Jan 15th 94 noisy most of afternoon. 31st been crying more of late than formerly, talks silly & incoherently, extremely noisy the past week (previous to Feb 16) crying sometimes for hours Feb 27th Been crying at times all the week - noisy, March 1st appetite good, does no work behavior noisy - cries for hours at a time, 8th menstruating - is noisy, 19th patient cried ½ hour to sleep. Apr. 26th Is menstruating - noisy, talking & crying 30th seems very dissatisfied when changes or officers come on ward. May 10th menstruating 24th extremely noisy all forenoon, June 4th 94 Appetite poor Sleep poor Bowels reg. Tidy habits usually, Does no work Talks to self & scolds, pokes at a time, Menstruating Extremely noisy, during period. June 16th 94 No delusions 2 hrs. June 17th 94 Quiet night all day for 2 days June 19th 94 Is decidedly violent. July 4th 94 Fought today July 7th 94 Cries in a loud noisy way most of the time. Has been violent of late July 19th 94 Cried again to day Scolds and cries most all the time. July 31st 94 No delusions 3 hrs. During month Aug 8th 94 Scolds in a loud manner, is fond crying Aug 29. Menstruating 31st No change. Sept. 3rd 94 Appetite good. Bowels regular. Becomes very excited when company or officers come on ward, talking and gesticulating in a very loud manner. Does not take a bath Sept. 13th 94. Menstruating Has been more quiet during period. Oct 6th 94 Has been quiet and well behaved for the last week. Oct 13th 94 Menstruating Nov 4th 94 Becoming quiet & well behaved Nov 6th 94 Menstruating, quiet during period. Nov 15th 94 Extremely noisy about 3 hrs to day. Nov 19th 94 Extremely noisy this a.m. Dec 3rd 94. Appetite very good. Does no work Bowels regular. Has crying spells. She says her children have been stolen. Has threatened to kill herself. Her talk is very delusive. Sleeps usually well Dec 4th 94 Quiet most of the day. Dec 7th 94 Menstruating, very much disturbed during period. Dec 11th 94 Very noisy all day. Jan 4th 95 Menstruating Extremely noisy the past 2 weeks. Jan 13th 95. Extremely noisy all day Feb 4th 95 No change apparently Feb 9th 95 Menstruating Very quiet during period. March 13th 95 Appetite good. Behavior noisy She cried & has bathed in a very loud manner. Bowels reg. Does no work April 4th 95 Menstruating Extremely noisy during period. May 15

Personal and Medical History of Anna M. Tillen

Whole No. 3097
Residence, Hampton Dak.
Date Admission, Aug 9 1892
Admitted by, Dr Phelps Hour,
How Sent, Chas P. Maran Jof Pub.
Sex, Female
Age, 52
Civil Condition, Maried
Children, 6
Age Youngest Child, 8 yrs
Occupation, Farmers Wife
Degree Education,
Profession Religion, R.C.
Habits, Good
Nativity, Germany
Physicians Committing, E. W. Hammett
Correspondents, Thos. Tillen Hampton Minn

No. for Year, 9
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, Unknown
Form, Acute Melancholia
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, June 1 - 1892
Duration, Some 9 da.
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 52
Time of Leaving, Dec. 16" 92
Time in Hospital, 4 mo. 23 d.
Result, Imp'd.

EXAMINATION ON ADMISSION.

Examined by E. W. Phelps M. D. Aug 12.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish,

MEMORY:
Past Events, Some good
Recent Events,
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Rather dull
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State, Does not seem to realize
Special Subjects, her condition

GENERAL DESCRIPTIVE REMARKS:
Afraid of every one
Walks up and down the hall crying and making a good deal of noise

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Very
Depressed,

DELUSIONS:
Systematized or Not,
Special Subjects, Thinks Jesus Christ want to kill her
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,
Will talk at times quite well but is very suspicious of every one Thinks they will kill her

Personal and Medical History of Anna M. Tillen

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 4 ft 9 in WEIGHT, 100 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, Very little Promptness Movement,
PUPILS, Equality, Left smaller and fixes Size, a white scar at immerge
Response Light, Accommodation,
SIGHT, Impaired in left eye.
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General,
REFLEXES, Patellar, R 6 - L 7 8 on scale
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Anxious and as if frightened
SENSIBILITY,
HEART, Sounds are normal Rather tumultuous in action
LUNGS, Has a hacking cough which she has had for 3 mos (Aug 11)
EXAM. URINE, Sp. G. 1024 - Acid - Albumen none -

GYNAECOLOGICAL EXAM., Some fixation of uterus Prolapsus left ovary Same
MENSTRUATION, tenderness of left ovary -
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor, Poor
SLEEP, Good, Poor, Irregular,
PULSE, 100 RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Unknown
Father or Pat. Relations, "
Brothers or Sisters, "

Personal and Medical History of Anna M. Dillon

1892 This woman was brought here by Jacob Hogan and her husband. Symptoms were first manifested about June 1892. Has delusions of persecution. Afraid of everybody. Afraid people will kill her. Runs away at night. Nurse blames anyone or destroys any property. No filthy habits. Attack came on slowly. Eat only poorly. Sleep poorly. Said to have had attacks of trouble. Has been under treatment. Was at first satisfactory but no effect later.

Aug 9 Irritable. Noisy. Incoherent. Thinks she was brought here to be killed. Did not eat but drank some milk.

Aug 10 Noisy - screaming most of the time. Incoherent. Delusions. Was fed.

" 11 Many delusions. Talks incoherent. Ate very little. Was fed. Went out walking and tried to run away. Bowels moved.

" 13 Noisy most of the time. Was to be fed. Bowels do not respond freely.

" 14 Noisy part of the day. Appetite poor. Cries most of the time.

" 15 Will not take her medicine. Appetite poor.

Sept 16-1892 Moved to Annex today. Very much excited and disturbed by the change. Afraid some one will hurt her. Walks back and forth crying and rubbing her ears.

Oct 11 Has quieted down considerably. Sleeps when counted. General health has been good. Does not riding and walking.

Nov 23 Very much more quiet. Wants about going home to her husband and children. Often cries. Seems to take no particular interest in anything. Does no work. Talks willingly when addressed but it is mostly upon the one subject of going home. Neat and clean in her personal habits. Health very good.

Dec 16 Husband came today and took her home. She was very glad to go.

Personal and Medical History of Anna Packe

1896

Aug. Summary Nurse's Notes by Dr. G. L. Phelps:- Menstr. regular: quite noisy at times: appetite very good: bowels regular. Goes riding & walking: Nov '96 Noisy & incoherent: quiet, health good: Jan. '97 more Very quiet of late: incoherent: appetite good: bowels regular: sleeps well: May '97 Takes out door exercise: Appetite good. bowels regular. No mental change: Aug '97 Inclined to be very noisy: physical health good. (Cont'd by Dr. R. W. Phelps) Nov. 28 '97: At times very noisy: rather disagreeable. Health fairly good: Feb. 27 '98 Still at times very noisy, altho' not so persistently so as she used to be. Has an exceedingly loud way of scolding. (Cont'd by Dr. R. A. Bell) Mar. to Sept. '99. General health quite good. appetite good: inclined to be constipated: requires laxatives: menstr. regular: takes out door exercise: untidy in habits & very careless in appearance: very noisy at times, especially when visitors are on the hall: will stand with eyes closed & scold. Sept. 1 - Feb 28 1900 Nov 15 Extremely noisy: untidy: appetite fair: Menstruates regularly: Goes walking & riding: Sits quietly with eyes closed. Scolds a great deal especially when disturbed. Jan 15 No change - Wt. 136#

Mch - Aug 31. (Dr Linton) Patient extremely noisy most of time: untidy in habits: Eats & sleeps well. Menstruates regularly. Bowels usually constipated. Eyes treated. Does not take exercise July 16 Vaccinated - Nov 15th No change. Nov. 17 Wt. 136#

Dec 1 - Feb 28th 1901. General health & appetite good: Bowels constipated: Does not sleep well: Takes out door exercise: Habits very dirty: Menstruates regularly: Is extremely noisy & riotous Mch 1st Wt. 135#

Mar. 1 - June 1 - 1901 No change Wt. 136# May 29 - June to Sept. Shows no change in mental or physical condition Sept. 2. Wt. 136#.

Sept. to Dec. Mental and physical condition remain unchanged Nov. 30 Wt. 141#.

To Feb. 1, 1903 General health good: eats and sleeps well: takes exercise does no work: bowels regular: menstruates regularly: does not converse or answer questions: is at times very noisy. Dec. 1st. Wt 150#.

Personal and Medical History of Mary Grady

Whole No. 3598
Residence, St Paul
Date Admission, Aug 9 1892
Admitted by, Dr Culpepper Flour,
How Sent, by Police & B Clinic
Sex, Female
Age, 76
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Unknown
Degree Education,
Profession Religion, R.C.
Habits, Good
Nativity, Ireland
Physicians Committing, Arthur Simmons and P. Marchand
Correspondents, Michael Grady Bro.
Shakopee Rice Co. Minn

No. for Year, 10
Insane Relatives, None
Cause Exciting,
Cause Predisposing, Old age
Form, Senile Dementia
Accompanying Bodily Disorder, Senual debility
Suicidal or Not, Not
Date of this Attack, No exact date
Duration, Unknown
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 76
Time of Leaving, March 24. 1895.
Time in Hospital, 2 years 7 months 15 days.
Result, Died.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Demented
Clear or Confused, Can not determine
Quick or Sluggish,
MEMORY:
Past Events, Can not determine
Recent Events, because so deaf
Special Subjects,
PERCEPTIVITY: Much unimpaired
Alert or Dull,
Correct or Illusive,
REASONING POWER: Can not determine
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Generally quiet but
Indifferent, easily excited
Exalted,
Depressed,
DELUSIONS: Seems to have many
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,
Talks a good deal in a
senseless manner

Personal and Medical History of Mary Grady

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 4 ft 9 1/2 in WEIGHT, 82 1/2 lbs NUTRITION,
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, Considerable Promptness Movement,
PUPILS, Equality, Equal Size,
Response Light, Do not Accommodation, Do not respond
SIGHT, Says good
HEARING, Very much impaired
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, Both 8
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Sounds normal
LUNGS, Seem in good condition Aug 14-92.
EXAM. URINE, Sp. G. 1018 No Albumen - Acid -

GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION, Has ceased
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, Clean	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,
PULSE, R 90	RESP.,	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Mary Grady

1892 This woman was brought here by Mr Kinney
No exact time is given for the beginning of this attack
Thinks people are trying to kill her and her nurses also
sees spirits Filthy habits about her clothing Has been
kept in a pupun at the home of the Little Sisters of
the Poor because of restlessness and noise for the
past two weeks

Aug 13 Internal examination made & day - Patient struggled
considerably against it - Found her in good condition
Since a dysentery patient has been very quiet Neat in
appearance and clean in habits Has had the
habit of burning her head on the floor for
hours at a time Declines to keep off by herself
in her room

Sept 29 Dull in manner disinclined to talk Has many
delusions when questioned Sexual health good Does
no work and takes no interest in anything

" 30 Appetite good sleeps well Has no bad habits Clean
and neat Bowels regular Behavior quiet Walks idly
up and down the ward Talks very little and when she does
it is mostly about her clothing

Nov 3 During the last week has been wakeful Appetite good
Constipated and has had a cold and sore throat Quiet in

" 26 Sits or stands about in her room in a dull way the
most of the time Sexual health good though she is not
very strong Dull and demented in manner Does no work

Dec 30 Appetite usually good Does no work Quiet in behavior
Sleeps well Demented and dull -

Feb 9 Appetite good Does no work Quiet and indifferent
Sleeps well Does not seem to take interest in anything

March 3 Has a bad cold aside from this has been well both
Appetite good Does no work Stays in her room most
of the time Usually finds her way her room with head
down Sleeps well Talk is incoherent

April 7 Appetite good Very quiet in talk and actions

" 13 Stays in her room a great deal Quiet and demented
Rather feeble from age

May 22 Always very quiet and pleasant in manner Ac-
cepting what she wants Getting Generally remains
in her room Often found her knees stiff and staying in her

Personal and Medical History of Mary Grady

room or in different places on the ward Never asks any
questions Very childish and demented Often talks to herself
Makes her own bed but does no other work General
health good

June 7 Appetite good Behavior quiet Clean in her habits General
health & Nurse good but weak and rather feeble from
old age

June 29 93 Moved to A. 1. Sun Porch. Appetite fair. Sleeps quite well. Behavior
quiet. Talks to self. Has delusions. Resists when bathed. July 28 93 Appetite fair, Sleep
generally good. Quiet, talks to self. Aug 31 93 No change. Sept 30 93 Appetite fair.
Does not sleep very well. Quiet in the day time generally but keeps roommates awake by
talking through the night. Does not Complain. Oct 29 93 Appetite fair Sleep gen'lly
good of late. No cough Does not Complain. Nov 30 93 Appetite good Sleep fair.
Has been troubled with a cold, but is well at present. Mch 28 94 Appetite good Sleep good
generally quiet. Talks a night occasionally. No complaints. April 30 94 Appetite good Sleep good
Behavior quiet. No Cough. May 28 94 Appetite good Sleeps well. Is quiet & clean in habits. At times
talks & laughs to herself. June 29 94 Talks to herself occasionally Appetite fair Bowels reg. Sleeps well July 30 94 Appetite good Bowels reg.
July 31 94 Cares for herself. Appetite good. Bowels reg. Quiet in ward. Moved to A. Aug 29 94 Appetite good. Sleeps well. Is quiet. At times talks to herself
Gen health good Refuses to go out. Sept 26 94 Appetite good. Sleeps well. Is quiet in ward, at times talks to herself Gen health good.
Oct 5 94 Is not feeling well. Complains of stomach trouble. Appetite poor Oct 16 94 Not feeling well. Appetite poor Transf'd to Infirm. Nov 8
Oct 26 94 Appetite improving. Talks very little. Nov 30 94 General behavior very quiet. Appetite fairly good. Bowels regular.
Dec 12 94 Good appetite. Bowels regular. Clean in habits. Gen. health fair. January 26 95 Remains about the same. Sits in parlor during day
Talks very little patient in her surroundings. Feb 4 95 Transf'd to A 2 Feb 20 95 Appetite good. Bowels reg. Neat in habits. Talks to herself.
Sleeps most of the day in her chair. Feb (1) Moved to B 4 Feb 27 95 Appetite good. — Mch 7 95 Very quiet and makes no
trouble. Appetite fairly good. Sleeps well. Bowels reg. Mch 22 95 Seems to be sick, but refused to go or
stay in bed. Appetite fairly good. March 23 95 Sick in bed, but does not seem to suffer much pain.

Died March 24. 1895.

Physicians note. Patient was steadily conscious but her breathing became very labored while temp.
remained about normal. Diagnosis of oedema of lungs was made. She died very soon. Strychnine
injections were tried but with no effect

Personal and Medical History of Fredericka Batton



Whole No. 3103
Residence, Red Wing
Date Admission, Aug 13 189
Admitted by, Dr Phelps Hour,
How Sent, In Charge
Sex, Female
Age, 31
Civil Condition, Married
Children, None
Age Youngest Child,
Occupation, Housewife
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Sweden
Physicians Committing, Dr Jackson and C. J. Brown
Correspondents, C. B. Batton Red Wing Minn.

ar, 16
atives, Mother
iting,
disposing, Heredity
Chronic Melancholia
ying Bodily Disorder, None given
r Not, Not
his Attack, 1888
Hyde
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 24
Time of Leaving,
Time in Hospital,
Result,
Judge Chas. B. Batton

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined by Dr J. M. Phelps Aug 16 1892

MENTAL ACTIVITY:
Clear or Confused, Clear on ordinary subjects
Quick or Sluggish, Fairly quick

MEMORY:
Past Events, Fairly good
Recent Events, Says confused
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Quite quick - Answers all
Correct or Illusive, questions promptly

REASONING POWER:
Ordinary Subjects, Fair
Own Mental State, Somewhat poor
Special Subjects, Half realizes her delusions

GENERAL DESCRIPTIVE REMARKS:
Has a languid manner
Has been in bed of late on account of nervousness

EMOTIONAL STATE:
Normal, Calm, Calm and but decidedly
Indifferent, hysterical an admission
Exalted,
Depressed,

DELUSIONS: Fear of men
Systematized or Not,
Special Subjects, Thought she had betrayed the secrets of Masons
Transitory or Not,
HALLUCINATIONS Thought she had done
ILLUSIONS: a wrong - Hears dogs & cats
CONVERSATION: etc. Good - Inclined to Quite talk
Coherent or Incoherent, Coherent
Voluble or Reticent,
Talks willingly and quite freely -

May 14' 97.
Notice of hearing petition to appoint Guardian (C.B. Batton) for Fredericka Batton. served upon A. J. Kilbourne Med. Supt.
(Filed with Commitment papers)
Petition to be heard July 3' 97 at Redwing Minn.

ON ADMISSION—(Continued.)

YSICAL CHARACTERISTICS.

94# Generally poor NUTRITION, Anaemic
of stomach Chronic sore throat
ngs, Slight Promptness Movement,
Size, Normal
Accommodation, yes
of late

HEARING, Good
COORDINATION, Arms, Some hesitation of placing finger on nose with eyes closed Legs, Good
TREMORS, Hands, Slight Tongue, Slight
Facial Muscles, None General,
REFLEXES, Patellar, 5 on a scale of 10
Other Reflexes,
ARTICULATION, Hesitating, Quite prompt Slurred,
FACIAL EXPRESSION, Natural Calm
SENSIBILITY,
HEART, Sounds are normal - Rather weak
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Some ovaritis causing considerable tenderness
MENSTRUATION, Says has been suppressed for some time
OPHTHALMOSCOPIC EXAM.,

HABITS, ~~Dirty,~~	Clean, Clean	~~Careless,~~
BOWELS, ~~Normal,~~	Constipated, Somewhat	Irregular,
APPETITE, ~~Good,~~	Medium,	Poor, Poor
SLEEP, Good, Not very	Poor,	Irregular,
PULSE, 100 and weak	RESP.,	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Gradual
Dizzy at times
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety.")
Mother or Mat. Relations, Mother "out of her head" at one time
Father or Pat. Relations, Father has heart disease
Brothers or Sisters, Healthy - far as known

Personal and Medical History of Fredericka Ba



Whole No. 3103
Residence, Red Wing
Date Admission, Aug 15 189
Admitted by, Dr Phelps Hour,
How Sent, [illegible]
Sex, Female
Age, 31
Civil Condition, Married
Children, None
Age Youngest Child,
Occupation, Housewife
Degree Education,
Profession Religion, Yes
Habits, Tobd
Nativity, Sweden
Physicians Committing, Blackwood C. J. Brown
Correspondents, C. B. Batton Red Wing Minn.

ar, 15
atives, Ma
iting,
disposing,
Chronic
ying Bodily Disorder, Man
r Not, Not
is Attack, 1888
4 yrs
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 24
Time of Leaving,
Time in Hospital,
Result,
Judge
Chas. B. Batton

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined by Dr J. M. Phelps Aug 16- 1892

MENTAL ACTIVITY:
Clear or Confused, Clear an ordinary subjects
Quick or Sluggish, Fairly quick

MEMORY:
Past Events, Fairly good
Recent Events, Says unfaind
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Quite quick - Answers all
Correct or Illusive, questions promptly

REASONING POWER:
Ordinary Subjects, Fair
Own Mental State, Somewhat poor
Special Subjects, Half realizes her delusions

GENERAL DESCRIPTIVE REMARKS:
Has a languid manner
Has been in bed of late on account of nervousness

EMOTIONAL STATE:
Normal, Calm, Calm mind but decidedly
Indifferent, hysterical on admission
Exalted,
Depressed,

DELUSIONS: Fear of men
Systematized or Not,
Special Subjects, Thought she had betray-
Transitory or Not, ed the secrets of Masonry
HALLUCINATIONS, Thought she had done
ILLUSIONS: a wrong - Hears dogs & cats
CONVERSATION: etc. Said - frightened as
Coherent or Incoherent, Coherent
Voluble or Reticent,

Talks willingly - and quite freely -

Personal and Medical History of Fredericka Batton

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 2 3/4 in WEIGHT, 94 Generally poor NUTRITION, Anaemic
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Says cannot Coatings, Slight Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, yes Accommodation, yes
SIGHT, Somewhat weak of late
HEARING, Good
COORDINATION, Arms, Some hesitation of placing finger on nose with eyes closed Legs, Good
TREMORS, Hands, Slight Tongue, Slight
Facial Muscles, None General,
REFLEXES, Patellar, 5 on a scale of 10
Other Reflexes,
ARTICULATION, Hesitating, Quite prompt Slurred,
FACIAL EXPRESSION, Natural Calm
SENSIBILITY,
HEART, Sounds are normal - Rather weak
LUNGS, Some in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Some ovaritis. Causing considerable tenderness
MENSTRUATION, Says has been suppressed for some time
OPHTHALMOSCOPIC EXAM.,
HABITS, ~~Dirty,~~ Clean, Clean ~~Careless,~~
BOWELS, ~~Normal,~~ Constipated, Somewhat Irregular,
APPETITE, ~~Good,~~ Medium, Poor, Poor
SLEEP, Good, Not very Poor, Irregular,
PULSE, 100 and weak RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Gradual
Dizzy at times
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother "out of her head" at one time
Father or Pat. Relations, Father had heart disease
Brothers or Sisters, Healthy far as known

Personal and Medical History of Fredericka Batton

1892 This woman was brought here by her husband. Symptoms were first manifested by being melancholy four years ago and has been gradually growing worse. No disposition to injure others. No filthy or destructive habits. On admission was hysterical and feigned crying

Aug 15 Made internal examination today. Asked if she was not pregnant she thought she was because she had not menstruated for some time. Very quiet and lady like in her manner and personal appearance

Sept 20 Appetite very good. Behavior quiet. Very seldom speaks. Bowels constipated. Does not complain

Oct 3 In bed this morning. Complains of pain in her bowels. Constipated

" 10 Patient talks a little again. Leaves to go away that she may care her own crying

" 15 Visited by her husband who thinks her brighter but still deluded

" 26 Has to be fed. Dull and sluggish but better behaved in every way. Delusions not so prominent

Nov 24 Quite noisy last night. Quite incoherent in her talk. Hysterical in her actions

Nov 30 Eats better at present than for some time past. Usually more noisy at night than during the day. Talks slowly about getting home

Dec 31 Appetite poor. Habit clean. Does no work. Behavior dull. Sleeps poorly.

1893 Jan 31 Appetite very poor. Clean and neat. Dull mentally. Has occasional crying and hysterical spells. Sleeps well.

Feb 27 Wrapping and tucking at times. Appetite poor. Cries and moans at times. Usually sleeps well

March 30 Appetite poor. Clean in habits. Hysterical at times. Talks excitedly at such times. Menstruated about 28th.

April 29 Has been much better of late. Says she feels better. Is quiet and eats well.

May 31 Appetite poor. Clean in habits. Behavior has been quiet. Menstruated 24th of month

June 5 Husband called and visited her. Said she seemed much better and talked more sensibly

June 30 93. Appetite poor. Quiet most of the time. Gets at times pretty hysterical very.

Personal and Medical History of Fredericka Batton

July 28 93 Appetite poor. Has been quiet most of the month. Gets at times complains of headache. Does not talk often. Aug 5 93 Moved to B[ldg] Aug 9 93. Resisting to be moved and bruises on left elbow. Aug 28 93 Has been quiet. Appetite good. Relapses spells. Menstr. about 19th.

Sept. 22 93 Appetite [illegible] good. Sleeps fairly well. Is noisy at times. Has spells of screaming. Has delusions. Stays in her room most of the time. Went home today on trial. Was unchanged in every way. Dec 30 93 Appetite good. Sleeps well. Behavior quiet. Sits in her room most of the time. Has delusions. Menstr. about the 15th.

Jany 13 94 Appetite good. Sleeps well. Has had spells of screaming since last month. Menstr. about the 25th.

Feby 28. Sleeps well. Appetite good. Has many delusions. Menstr. about the 20th. March 1 94 Visited by her husband. Has been crying greater part of time since he left because he did not take her home. March 27 94 Sick a. bed.

April 5 94 Appetite quite good. Has delusions. Is behavior quiet most of the time. Clean in habits. Menstr. about the 10th. April 11 Cut off her hair. Bought clothes. Pronounced Cr. April 19 94 Menstr. April 24 94. Restless all night, noisy 9 p.m. 25. Restless and crying 3 hrs. April 30 94 Appetite very poor. Neat about self. Worrying about home most of the time. May 17 94 Menstr. May 1 94 Benefits B[ldg]. May 22 94 Appetite fairly good. Sleeps. Neat in her personal appearance. Has delusions. Is restless. May 30 94 Complains of headache & toothache today. June 28 94 Appetite fairly good. Sleeps well. Talks some. Has delusions. Rather careless in her personal appearance. Always asking to go home. Menstr. about 23d. July 28 94 Sleeps well. Always asking to go home. No change.

Aug 5 94 Threatened to kill herself this a.m. Said she would rather take poison, but if she could not get any she would kill herself some way. Removed to B[ldg].

" 31 " Appetite fair. Always asking to go home. Quiet in behavior. Personal appearance rather careless. Clean in habits. Does not walking about any day.

Sept. 14 94. Appetite poor. Behavior quiet. Goes walking & riding. Talks a great deal about home. Transfer to B[ldg] Sept 21 94. General behavior very quiet. Refused to go walking and riding. Talks very little and only about home. Appetite rather poor. Sleeps quite well. Insists on lying down during the day. Complains of pain in her stomach and abdomen to day and says it is more intense when the bowels operate. Bowels usually regular. Sept 30 94 No change. Does not complain of pain as much. Menstruated.

Oct 30 94 Is very quiet, lying down most of the time and refuses to get up mornings. Appetite poor. Sleeps quite well. Bowels at times constipated. Menstruated last part of month. Nov 28 94 Quiet. In her room most of the day, lying down most of the time. Appetite poor. Bowels at times constipated. Does not complain. Is menstruating. Discharged Jany 17 95. No change, menstruated. Jany 15 95 Visited by her husband.

Feb 27 95 Is quiet and agreeable in behavior. Has delusions. Neat about her person. Clean in habits. Goes riding & walking. Complains of pain in her chest most of the time. Appetite fairly good. Bowels regular. Sleeps well. Menstruating. March 11 95 Fought this morning on account of dressing a sore head. was very angry. March 27 95 Quiet in behavior. Neat in habits. Complains of pain in her chest most of the time. Appetite quite good. Talks some. Sleeps well. Bowels reg. Never wishes to go walking or riding. April 27 95 Fought in dining room this noon. Is very cross at times. Pushed Dixon over and hurt her leg. April 29 95. Quiet in behavior most of the time. Neat about her person. Clean in habits. Complains a great deal of not feeling well. Never wishes to go out. Appetite fairly good. Talks some. Sleeps well. Bowels reg. May 29 95. Has fought with the patients quite often during last month striking them & pulling their hair. Will not go walking or riding without being taken by force. Stays in her room most of the time. Is neat and clean in habits. Appetite quite fair. Bowels reg. Is always complaining & not feeling well. Will not take her tonic.

June 5 Appetite fair. Sleeps well. Bowels irregular. Will not go riding or walking with out being forced. Very quiet at times at others scolds & strikes patients. Frequently complains of not feeling well. Trans. to B 2. June 7 Fought nurses

June 16 Quite disturbed today. Goes walking & riding. July 2 Carried knife out of dining room & hid it in her bed. Complains of being sick. Aug 17 Fought several times during day. Aug 30 Visited by husband & friends.

Sept. 14 Noisy at times. Eats well. Works in dining room. Complains of being sick. Sleeps well. Oct. 2 Tried to cut off her hair with a case knife while at supper. Oct 8 Noisy at times. Appetite poor. Bowels regular

Personal and Medical History of Annie Fiske

Whole No. 3111

Residence, Bridgewater

Date Admission, Aug 23-1892

Admitted by, H Baker Hour, 1

How Sent, Asy Supt R.A

Sex, Female

Age, 45

Civil Condition, Married

Children, 3

Age Youngest Child,

Occupation, Housekeeper

Degree Education,

Profession Religion, R.C

Habits, Good

Nativity, Poland

Physicians Committing, C.V. Lynde & E.E. Brubaker

Correspondents, Mr Wm Fiske
Bridgewater Rice Co Minn



No. for Year, 23

Insane Relatives, Unknown

Cause Exciting, Unknown

Cause Predisposing, Unknown

Form, Dementia

Accompanying Bodily Disorder, Heart Murmur

Suicidal or Not, Not

Date of this Attack, May 1892

Duration, 3 mos

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 45

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Dr Phelps Aug-24-1892

MENTAL ACTIVITY:

Clear or Confused, Confused & sluggish -

Quick or Sluggish,

MEMORY:

Past Events, } Too confused to test

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, } Dull & illusive

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Poor

Own Mental State, Poor

Special Subjects, Poor

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm, -

Indifferent,

Exalted, & silly -

Depressed,

DELUSIONS:

Systematized or Not, Not -

Special Subjects,

Transitory or Not, Transitory - Dementia

HALLUCINATIONS: ?

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Incoherent & disconnected

Voluble or Reticent,

Personal and Medical History of Annie Fiske

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Good -

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Won't let us see it Coatings, Promptness Movement,

PUPILS, Equality, Equal - dilated. Size, dilated.

Response Light, Can't try - Accommodation,

SIGHT, Seems good

HEARING, Good

COORDINATION, Arms, Won't try any tests - Probably fair.

Legs, " "

TREMORS, Hands, Tongue,

Facial Muscles, General,

REFLEXES, Patellar, 5? about normal

Other Reflexes,

ARTICULATION, Hesitating, - Jerky and Slurred, ——

FACIAL EXPRESSION, - Silly - drawn -

SENSIBILITY,

HEART, Aortic regurgitation - - Pulse always rapid.

LUNGS, Normal -

EXAM. URINE, Sp. G. 1024 - No Albumen - acid - (Aug 26)

GYNAECOLOGICAL EXAM., Uterus retroverted Some laceration of left side of cervix -

MENSTRUATION, -

OPHTHALMOSCOPIC EXAM., -

HABITS, Dirty, — Clean, but untidy. Careless,

BOWELS, ? Normal, Constipated, Irregular,

APPETITE, Good, Good Medium, Poor,

SLEEP, Good, Good Poor, Irregular,

PULSE, 150 yesterday 120 today RESP., ? TEMP., Normal -

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ? ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

1892 This woman was brought here by W.E. Hubbard Deputy and her husband. Symptoms were first manifested in May of this year. Has had many hallucinations. Has threatened to injure others. No disposition to filthy or destructive habits. Has some heart trouble. Has been under some medical treatment for heart & some for head symptoms.

Sept 22 Very restless would not keep any clothing on unless held. Delirious at times. At other times she complains of being brought to a "Mad-house". Came to the table but did not eat much. No cough. Found in clean condition. Kept her hand over her heart and looks distressed.

" 23 Still inquiets in going without her dress and refused to eat her supper.

" 24 Ate her three meals today. Otherwise just as yesterday.

" 25 Menstruating today. Refused to eat this dinner.

" 26 Ate middle today.

" 27 Put a strong dress upon her and she did not try to take it off.

" 28 Appetite very poor and is inclined to remain in bed.

" 29 Talk is incoherent. Untidy. Bowels moved.

Oct 2 Has improved considerably mentally. Much more quiet and will talk quite well. Manifests interest in home and children. Mood at times Dull. Genital health fair. Eats and sleeps well. Sits quietly on the ward. Does no work.

Nov 23 Very quiet and causes little trouble. Always pleasant and rather silly in manner. Never talks unless addressed and then only answers questions. Neat and

1893 clean. Does no work.

Jan 31 Does no work. Quiet and clean in habits. Is gaining in flesh. Genral health seems good. Eats well.

Feb 24 Very quiet. Rather demented in mind and silly. Getting very flabby.

April 6 Takes no work. Very quiet and clean. Gaining in flesh but does not seem well. Appetite good.

May 10 Very sluggish and dull. Never manifests interest in anything. No work. Incoherent. Very flabby. Feet quite large.

" 31 Visited by husband and child. At first seemed glad to see them after seven last interest and was glad to go back to Jamaica ward. Sits in a demented way upon the ward.

July 20 93 Appetite good. Is quiet. Habits clean. Health poor. Walks & rides.

Nov 30 93. Patient at times, health good. Does not show Exophthalmic signs now.

(The following report should be before Nov 30 / Sept 8. Moved to Annex. Has been dull & silly. Knows is a demented way that she is crazy. Sept 12 93. Left the ward. Sent to Annex. Was diagnosticated as Exophthalmic Goitre. Has manner - continually accelerated pulse (100 to 140) quiet dementia of organic kind - Goitre & slightly protruding balls / Oct 6 93 Appetite fair. Habits clean. Is quiet. Is growing thin. Gen health poor. Oct 26 93 Visited by her husband.)

Feb 8 Appetite fair. Is looking somewhat better. Clean in habits. Does riding & walking. May 12 94 Appetite fair. Is quiet. Clean in habits. Occasionally violent. Is quite thin in flesh. Does riding & walking. Gen. health poor. January 94 Appetite fair. Clean in habits. Untidy in her personal appearance. Is quiet. Occasionally violent. Quite thin in flesh. Does not look as pale as she has been. Seems to feed quite well. Does riding & walking. Oct 6 94 Appetite good. Clean in habits. Untidy in personal appearance. Will often suddenly jump up and throw a chair or kick a patient. Is quite thin in flesh. Does not complain of being sick. Does riding and walking. Jany 21 95 The same as in last note. March 21 95 Is thin in flesh and looks pale, has heart trouble & no danger to report.

June 30 Appetite good. Clean. Talks very little. Occasionally violent. Has heart trouble otherwise gen. health good.

July 27 Struck d. Mulberry in face. Bruising flesh around left eye.

Sept Oct & Nov. Appetite poor. Dirty & untidy in habits. Not noisy but occasionally violent. Thin in flesh. Gen. health good. Does riding & walking. Jan 27 Appetite good. Clean & tidy in habits. Quiet. Talks little. Violent occasionally. Has heart trouble & also goitre. Takes out door exercise.

1896 Feb " Menstr. Mar. 28 Appetite fair. Dirty & untidy in habits. Quiet most of time. Talks incoherently. Has heart trouble. General health poor. Thin in flesh. Has a goitre. Takes out door exercise. Apr. 21 Very noisy for two hrs. during night. May 13 Menstr. regularly. Very restless & noisy at night a good deal of the time. Summary Nurses Notes by Dr. S.L. Phelps. Aug 96 - Appetite good. untidy. noisy & violent at times. Quiet. Health poor. Oct 96 Genl health continues poor. Has heart trouble. Very dull & demented. Feb 97 Does not talk. smiles in a silly way. always sits in about the same place. Apr 97 No change.

1897 Aug Lungs & Heart examined. Has Exophthalmic goitre. Gen nutrition impaired. Chest concave. round shouldered. Chest expansion seems normal. Breath sounds normal. Heart. Apex beat displaced toward left. Diastolic murmur. Pulse 66 - weak. (Recorded by Dr. R.M. Phelps) Oct 27 97 Patient has had some circulatory disturbance in the past, but at present seems in fairly good health. Goitre not so prominent. Feb 98 Weight 114 lbs. Jan 1899 No change in any respect during year. Sits quietly in the annex, very seldom stirring about, altho' once in a while is somewhat violent, if interfered with. (Note by Dr. R.A. Bell) Mar 2 Sept 99 Genl health fair. appetite good. sleeps quite well. takes out door exercise. very untidy in habits & appearance. never talks coherently. at times violent. striking both herself & other patients. Aug. 1899 Weight 115 lbs.

Nov 1 - Feb 1 1900. Nov 7 Very untidy. Does not converse but mutters & laughs. General health good. Eats & sleeps well. Takes out door exercise. Strikes others at times. Nov 8 Struck Golson in face. Nov 9 Trans. to Nov 28 Wt. 119 lbs. Dec 1 96.

Personal and Medical History of Mary McNanny

Whole No. 3114
Residence, Stillwater Washington
Date Admission, Aug 30 - 1892
Admitted by, J. Baker Hour, 7 P. M.
How Sent, Jas Poor & Rudolph Schmicker
Sex, Female
Age, 72
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Housework
Degree Education,
Profession Religion, R.C.
Habits, Good
Nativity, New York
Physicians Committing, H.C. Voigt & C. Clark
Correspondents, Chas McNanny 3rd. Stillwater

No. for Year, 26
Insane Relatives, Father
Cause Exciting, Unknown
Cause Predisposing, Heredity
Form, Acute Mania
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, March 1 - 1892
Duration, 6 mos
No. of Attack, Continuous
No. of Admissions, 2
Age First Attack, 72
Time of Leaving, May 19, 94
Time in Hospital, 1 year 8 mos 20 days.
Result, Died

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Quick
MEMORY:
Past Events, Unreliable
Recent Events, "
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Illusive
REASONING POWER: Mind wanders
Ordinary Subjects, Seems ans clear to
Own Mental State, matter in rapid
Special Subjects, succession
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Excited and mischievous
Depressed, now but was quite
DELUSIONS: and depressed on
Systematized or Not, admission
Special Subjects, Seems to have various
Transitory or Not, delusions
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, Talks incessantly to herself in an incoherent manner

Personal and Medical History of Mary McNanny

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 in WEIGHT, 109 NUTRITION, Poor
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Slight Coatings, slight and Promptness Movement, indented
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Some tremor
Legs, Good
TREMORS, Hands, Slight Tongue, Slight
Facial Muscles General,
REFLEXES, Patellar, Equal +
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Looks in a staring manner
SENSIBILITY,
HEART, Very rapid but sounds are normal
LUNGS, Dept. 21 Has a very bad cough Respiration impaired
EXAM. URINE, Sp. G. 1014 — No albumen - Acid -

GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless, Careless
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 120 and weak RESP., Impaired TEMP., Some fever
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations, Father was insane
Brothers or Sisters,

Personal and Medical History of Mary McManus

1892 This woman was brought here by C.N. Anderson Deputy and Mr Langren, lady Companion. Had been here before committed here in March of this year and remained here four months. Was taken away by Our Brother when very little improved. She is Irrational on all subjects. Has shown a disposition to injure others. Was in Sudden paroxism. Her father was sent to the Hospital in 1883 and died there.

Sept 30 Since her return has been very quiet. Very stubborn. Appetite poor. Bowels constipated. Sleeps well. Most of the time Menstruated about 25th of the month.

Oct 8 Moved to Annex today.

Nov 23 General health has been good. Very quiet. Never talks. Sits quietly on the ward and never takes any interest in anything.

Dec 29 Very much excited. Walks constantly and walks up and down the hall continually if not watched. Very mischievous and troublesome. Tongue coated.

Jan 2. Has continued so much excited that moved her to B4.

1893 Jan 3 Very noisy and quarrelsome. Appetite good.

" 31 Same as ult. mark. Mischievous and noisy. Sleeps well.

Feb 28 About the same as at last note.

March 14 Has quieted down a good deal. Pleasant and talks at times, coherently. Did some sewing today. General health has improved. Not as mischievous as a few weeks ago.

" 15 Very pleasant in manner but unchanged. Transf to Annex.

" 17 Brother came today and took her home. She was improved but not cured. Had a bad cough and her mental condition was very unstable.

April 19 Brought back. Very unquiet. Inclined to run away so they could not keep her at home. Rebd. was inclined to run. Harvey. Mildly talkative recalled. Health good.

May 31. 93 Much better than prs when first came on ft. Appetite good. Clean in habit. Behavior quiet. natural. At times talks silly. Works in Dining room.

June 30. 93. Eats well. Cleanly in habits. Behavior noisy at times restless. Still delusions. See bruise on eye during the night. Told of being up & about full. Delusions & hallucinations during the night. Think she is being killed &c. A patient struck her. July 22 93. Has been occasional spells when she is distressed by terrible things which she sees. July 31 " Appetite good also more quiet & late & talks more sensibly.

Aug 31 93. Appetite good. Behavior quiet. very lady like. Works a little on ward. Dining room. Has crying spells occasionally. Wants to go home. Oct 19 93 Appetite good. Careless and untidy in habits. Is growing more demented and fleshy. Gen health good.

Personal and Medical History of Mary McManus.

Feby 8 94 Appetite poor. Is growing thin in flesh. Is very weak. Has fever most of the time. Complains of a pain in her left side. T. 101 ⅘. P. 124. R. 34. Transf to C2 Feby 28 94 Remained in bed 20 days this month. Hospital Ward Record. Feby 9 94 Slept quite well during the night. Coughed quite hard this a.m. Very restless all day. Appetite good. Feby 10 94 Quite restless, coughed considerably. Slept 3 hrs. quiet most of the day. Expectorates very freely. Feby 11 94 Slept quite well all night. Bowels moved twice during day. Restless. Feby 12 94 Slept quietly nearly all night. No cough during night. Bowels constipated. Noisy at times. Out of bed several times. Bowels moved. Feby 13 94 Quiet & slept quite well all night. Coughs & expectorates. Visited by priest. Feby 14 94 Very restless & noisy at times during the night. Slept 6 hrs. Feby 15 94 Bowels moved. Stools dark green in color. Feby 15 94 Slept well all night. Bowels moved 2 times a.m. Feby 16 94 Slept well all night. Feby 17 94 Slept well all night. Bowels moved. Appetite always regular. Feby 18 94 Bowels moved. Rested well all night. 8 a.m. Talking most of time. Bowels moved. Feby 19 94 Slept well all night. Bowels moved 2 times. Feby 20 94 Bowels moved. Slept well all night. Feby 21 94 Noisy 1 hr. Slept well the rest of the night. Bowels moved. Appetite good. Feby 22 94 Rested well. Bowels moved. ⅓ 23 94 Noisy 1 hr. Asleep the rest of night. Quiet all day. Coughs hard. Expectorates freely. ⅓ 24 94 Asleep all night. Bowels moved. ⅓ 25 94 Slept well all night. Quiet all day. ⅓ 26 94 Asleep all night. ⅓ 27 94 Slept well. Quiet all day. ⅓ 28 94 Asleep all night. Bowels move regularly. March 1 94 Very restless at times during night. Slept about 3 hrs. March 2 94 More restless than usual, talking nearly all night. Asleep 2 hrs. ⅓ 3 94 Slept well all night. T. 101 ⅘ P. 110 R. 24. Quiet all day. Mch 4 94 Noisy 2 hrs. Quite restless all night. Very quiet all day. Sleeping most of the time. Mch 5 94 Restless 2 hrs. Noisy 1 hr. out of bed several. Mch 6 94 Quiet restless at times. Appears much better today. ⅓ 7 94 Slept well all night. " 8 " Restless until 10 P.M. Quite noisy during the day. Mch 9 94 Restless all night. ⅓ 10 94 Slept quite well. Rested quietly all day. " 11 " Slept quite well. Quiet all day. Mch 12 94 Rested quite well. Quite restless most of the day. Mch 13 94 Restless nearly all night. Slept very little. Very restless. Out of bed several times. ⅓ 14 94 Slept well all night. ⅓ 15 Same. Very quiet all day. ⅓ 16 94 Same. March 17 94 Quite restless nearly all night. Slept about 2 hrs. ⅓ 18 94 Slept well all night. ⅓ 19 94 Same. ⅓ 20 94 Same. ⅓ 21 94 Quite restless noisy, 3 hrs. Slept well rest of night. ⅓ 22 94 Slept well all night. ⅓ 23 94 Same. Hoarse. ⅓ 24 94 Noisy 2 hrs. talking & singing. Slept about 3 hrs. ⅓ 25 94 Same. Quiet & slept very well during the night. Apr 5 94 Restless & noisy the greater part of night. ⅘ 94 Quiet & slept well again. ⅘ 94 Quite noisy part of the night. Asleep 4 hrs. ⅘ 94 Quiet & slept well all night. ⅘ 94 Restless at times, but slept very well during night. ⅘ 94 Noisy for about 3 hrs. Slept well rest of night. ⅘ 94. Slept well all night. ⅘ 94 Noisy 2 hrs. Slept well balance of night. Quite noisy this P.M. ⅘ 94 Asleep nearly all night. ⅘ 94 Quite noisy 2 hrs. Rest of night asleep. ⅘ 94 Quiet all night. Slept well. May 1 94 Very restless. Slept about 6 hrs. May 2 94 Slept nearly all night. ⅘ 94 Quite restless & noisy the greater part of night. May 3 94 Very restless. Slept 4 hrs. & singing this a.m. May 4 94 Asleep 6 hrs. most this P.M. May 5 94 Quite restless most of the night. 12 M. Sleeping most of the time. Coughs & expectorates a good deal. May 6 94 Asleep most all night. May 7 94 Slept quite well. Restless 3 hrs. May 8 94 Quite restless most of the night. May 9 94 More quiet than usual. Seemed to be asleep most of the time. 12 M. Asleep 4 hrs. May 10 94 Very restless & noisy, did not sleep any. Cried a little while. May 11 94 Quite restless until 11 P.M. more quiet the rest of night. May 12 94 Restless all night. May 13 94 Quite noisy for a while. Out of bed. Sleeping all the time. Diarrhoea 6 P.M. Noisy 1 hr. May 14 94 More quiet. Slept part of the night. Appetite regular all the time. May 15 94 Was very quiet but slept very little. Seems much weaker this a.m. Coughed quite a good deal. Bowels regular. 12 M. Sleeps most of the time. Seems to grow weaker. May 17 94 Was very quiet. Slept about 5 hrs. Is very weak. Seems swallowing hurts her. Bowels moved. Very low this a.m. Coughs & expectorates. Bowels moved freely, odor very bad. 6 P.M. Lies in kind of stupor. 8.45 P.M. Died. For particulars see nurses record Conf.

Personal and Medical History of Elizabeth Ash No 3

Whole No. 3116

Residence, Smiths Mills (Nascal)

Date Admission, Sept 1 - 1892

Admitted by, Dr Phelps Hour, 12 noon

How Sent, by Prof. E. B. Collister

Sex, Female

Age, 58

Civil Condition, Married

Children, 7

Age Youngest Child,

Occupation, Housekeeper

Degree Education,

Profession Religion, No

Habits, Good

Nativity, Canada

Physicians Committing, M. Taylor & D. S. Cummings

Correspondents, T. W. Randall
Jamesville Minn

No. for Year, 58

Insane Relatives, None

Cause Exciting, Unknown

Cause Predisposing, Unknown

Form, General Paresis

Accompanying Bodily Disorder, None

Suicidal or Not, Not By taking Medicine she thought to be Opium

Date of this Attack, May 1892

Duration, 4 mths.

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 50

Time of Leaving, Oct 30 '92

Time in Hospital, 1 mo, 19 ds.

Result, Improved

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

To Phelps Sept 2 - 92

MENTAL ACTIVITY:

Clear or Confused, Some confusion.

Quick or Sluggish, Sluggish -

MEMORY: Fair

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dulled and slow

Correct or Illusive, Head bothers

REASONING POWER:

Ordinary Subjects, Fair "Head bothers her"

Own Mental State, Some what impaired

Special Subjects, Ow property -

GENERAL DESCRIPTIVE REMARKS:

Poor health for 15 years -

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, And despondent -

DELUSIONS:

Systematized or Not, Systematized Delusion of Property signed away -

Special Subjects, — Signing a deed -

Transitory or Not, Not

HALLUCINATIONS: No

ILLUSIONS: No

CONVERSATION:

Coherent or Incoherent, Coherent, but feeble-minded

Voluble or Reticent,

Personal and Medical History of Elizabeth Ash No 3

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 4' - 10" WEIGHT, 130 NUTRITION, Fair

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, Yes marked Coatings, No Promptness Movement, Resistatingly

PUPILS, Equality, Absent Size, Dilated some.

Response Light, Sluggish Accommodation, Sluggish.

SIGHT, ?

HEARING, Fair -

COORDINATION, Arms, Poor of arms - Co.

Legs, Can hardly stand, reps abst - Can not walk without trembling

TREMORS, Hands, Yes - marked Tongue,

Facial Muscles, At times General,

REFLEXES, Patellar, Yes. Extreme exaggeration

Other Reflexes, —

ARTICULATION, Hesitating, - Not much impairment Slurred,

FACIAL EXPRESSION, Dropping Rt. eyelid - Dull - drawn look of face - Most tremor Rt. hand.

SENSIBILITY,

HEART, Good (?)

LUNGS, Good

EXAM. URINE,

GYNAECOLOGICAL EXAM., Endometritis

MENSTRUATION, Ceased

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Clean Careless,

BOWELS, Normal, Constipated, Somewhat Irregular,

APPETITE, Good, — Medium, — Poor, Poor -

SLEEP, Good, Poor, Poor Irregular,

PULSE, 96 RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Gradual —

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Elizabeth Ash

1892 This woman was brought here by her husband. This attack began last May manifested by delusions concerning a paper she had signed. She imagined that she had signed a paper by which their property would be lost. Has since married. Ideas. Has shown no disposition to injure others. No filthy habits. No restraint. Has been under treatment of Dr. S. Andrews of Manitou.

Sept 1 Rather quiet but somewhat restless toward night. Talks but little. Appetite quite good.

" 2 Talks a little more today. Appetite good.

" 3 Went out walking but was necessary to pull her along most of the way.

" 4 Read a little from a book. Was afraid to go to bed for fear of being killed.

" 5 No special change.

" 6 Bowels constipated. Gave her a laxative.

" 7 Eats well but seems restless.

" 13 Patient jumped from 2d window to the ground, day before yesterday. Did not seem to suffer or show any injury but was extremely lame yesterday and complained of her back.

Sept 20 Patient eats and sleeps well. Bowels regular. Talks in coherent. Behavior quiet.

Oct 8 Quiet the past week. Complains but little and that mostly about going home.

Oct 20 Husband came and took her home today. Had been quite quiet but was in a muddy melancholic and somewhat feeble minded condition.

Discharged May 3d '93

Personal and Medical History of Helena Benston.

From pgs 8 and 14.

1897 Sept 10 General health has been fairly good for the most part, altho a tendency to heart weakness has been recognized at various times: Is slightly noisy & somewhat restless at times, & rather childish & deluded.

1898 Feb 26 Weight 197 lbs: June 9'98 Visited by son. Feb 20'99 Intervening notes show no happening of importance: Behavior & general condition just the same. (Cont. by Dr. R.A. Bell) Mar. to Sept. '99 Appetite good: bowels constipated: usually sleeps well: takes outdoor exercise: clean: works some on ward: sometimes violent & destructive also often noisy & quarrelsome: gradually losing flesh & complains of pain in left side & back: Usually refuses medicine: During time from June to Sept. had several sick spells & vomiting. Frequent emesis: complains of pain in cardiac region: Temp. continues about 98: P. 54 to 60: medicine given: June 28 Wt. 145# Had similar attacks July 9 to 18th & Aug 2nd: Complained of pain in abdomen: emesis: diarrhoea with some hemorrhage from bowels: Aug 4 to 30th Apparently quite well: Appetite quite good: Took out door exercise: quite noisy at times.

Sept 1 - Feb 28 1900 (Dr. Heygrdale) Sept 1-99 Taken suddenly sick on lawn with pain in left side: Put to bed & physician called. Medicine given Sept 4 Somewhat better: Oct 3 Again in bed: pain in back. Oct. 25 Hair pulled by S. Flynn. Struck several times no serious injury. Oct 26. Severe pain in side. In bed until Nov 2nd Nov 7. Quite noisy: Nov 24 Again suffering - better on 25th Dec. 10 Quite sick during night: Pain in back & right side. Medicine given Jan 17 Wt 150. Feb 20. Eats & sleeps well: Habits clean: at times very noisy. Bowels constipated: Cathartics given: Still complained of pain in back & side.

March 1 - Apr. 20 March 30. Appetite poor: Noisy at times: Habits clean: Works on ward occasionally complains of pain in right side & abdomen: Takes out door exercise: Apr 4. Sick in bed: Vomited. given medicine Apr. 5 Temp. 100. Refused nourishment Apr 6. 8 am Temp. 101. Pulse 125. Resp. 40. Still complains of pain Apr 7 Trans. to Infirmary: 20 Failing gradually. Complains of a great deal of pain: Takes nourishment with great difficulty: Seems unable to swallow: Right side of face swollen Apr. 20. Died at 7 P.M.

Died

Personal and Medical History of Lucinda Judd



Whole No. 317
Residence, Wells River Vt
Date Admission, Sept 2-1892
Admitted by, Dr Fellsmere Hour, 12 no
How Sent, C. of Trust R.R. Ma
Sex, Female
Age, 57
Civil Condition, Married
Children, 7
Age Youngest Child,
Occupation,
Degree Education,
Profession Religion, Episcopal
Habits, Good
Nativity, N.Y.
Physicians Committing, D.M. Caal & F.W. Sink
Correspondents, None given

No. for Year, 29
Insane Relatives, Son
Cause Exciting,
Cause Predisposing, Heredity
Form, Melancholia with Chorea
Accompanying Bodily Disorder, Not so far as known
Suicidal or Not, Suic.
Date of this Attack, Two yrs ago
Duration, 2 yrs
No. of Attack,
No. of Admissions,
Age First Attack, 55
Time of Leaving, Apr. 28th 94
Time in Hospital, 1y 7m 16d.
Result, Rec.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Dr Phelps Sept 2-92

MENTAL ACTIVITY:
~~Clear or~~ Confused, and deluded
Quick or Sluggish,

MEMORY: Probably good - wont talk
Past Events,
Recent Events,
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Dull and illusive
Correct or Illusive,

REASONING POWER: Perverted and delusive
Ordinary Subjects, —
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Seems to understand intelligently, but will not talk -

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, and deluded

DELUSIONS:
Systematized or Not,
Special Subjects, Is an "awful woman" Does
Transitory or Not, delusive anything -

HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Wont talk except as above
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Lucinda Judd

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 3 in WEIGHT, 132 lbs NUTRITION, Good -
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Promptness Movement, Good -
PUPILS, Equality, Equal - Size, Normal
Response Light, Accommodation,
SIGHT, Good -
HEARING, Good -
COORDINATION, Arms, ? Cant test well - (Previous examination)
Legs,
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Normal (?)
Other Reflexes,
ARTICULATION, Hesitating, Will not talk Slurred,
FACIAL EXPRESSION, Depressed.
SENSIBILITY,
HEART, Normal
LUNGS, Normal
EXAM. URINE,

GYNAECOLOGICAL EXAM., Endometritis with profuse discharge
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean - Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Medium Poor,
SLEEP, Good, Good ? Poor, Irregular,
PULSE, Normal RESP., Normal TEMP., Normal
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, 2 years. ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Son an inmate here -
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Lunda Judd

1892 This woman was brought here by her son and daughter. About two years ago was sent to this Hosp. Sept 15 - 1892. Has hallucinations and suicidal tendencies. Tried to burn herself by putting kerosine on her clothes. Clean in habits but destroys her clothing. Skin anemic. About her same when in a patient at Rochester.

Sept 6 - Antinal treatment given today. Sept 7-9-12-14-19-21 - treatment. Sept 24 Curettage. Packed with gauze and put to bed. Sept 26 - Resting quietly. Sept 26 Sucked and doing well.

Oct 17 On about a week after last note was up and on ward. Today was moved to Annex -

Nov 29 1892 Very quiet - Has many delusions. Thinks she is being tricked. Does no work. General health fair.

1893 Feb 3 - 1893. Quite melancholic & disturbed of late. Has many delusions. Thinks she is to be killed by being scalded. Does no work. General health has been good.

April 22 Works on the sleeping flat. Very quiet and inclined to be depressed. Has many delusions. Thinks she has been being tricked and unkind to her family. General health good. Appetite good.

May 9 Works in dormitory still. Pleasant in her manner. Often acts as if afraid. Has delusion that she is going to be killed.

June 7 - Always very quiet when on the sleeping flat. Talks when addressed. Still depressed in spirits. Causes no trouble.

July 21. 93. Works on sleeping flat helps with the mending. Is quiet & clean. Cries a good deal. Appetite good. Gen health good. Aug 28. 93 & 29 93 Visited by husband. He gave her 25¢ a piece.

Nov 30/93. Still at Annex, mental state unchanged, mildly despondent, rarely talks, though if asked questions can answer them intelligently. Feby 10-94 Appetite fair. Works on sleeping flats. Neat & clean in habits. Is quiet. Cries a good deal. Talks often of going home, imagines she is very wicked. Goes riding and walking. Gen health good. April 12 94 Appetite good. Works a little on sleeping flat. Is very quiet. Worries a good deal about going home. Has delusions. Goes riding and walking. Gen health good.

April 20 94 Home.

Personal and Medical History of Fredericka Batton.

From Page 5x.

Dec 2 Fought Nurses. Quite excited, threw dishes in dining room. Dec. 27 Struck nurse. Coming very violent. Destroys clothing. Jan. 26 Quite violent. Appetite fair. Bowels regular. Goes riding & walking. Jan 28 Taken to C.I. Feb 26 Is usually quiet but contrary & resistent at times. Speaks considerable about home. Has delusions: struggles some & is quite melancholy. Apr. 1st Menst. May 1 Right foot swollen. May 15 Has been noisy & violent the last few days. Talking & scolding a great deal.

1896 May 20 Menst. May 30 Violent & contrary at times - scolding a great deal. Memory poor. Has many delusions & talks about home a great deal. Destroys clothing: neat & clean in dress & habits. Goes riding & walking. Appetite poor. Sleeps well. Bowels constipated. General health apparently not very good. Summary Nurse's Notes by Dr. E.E. Phelps:- Aug. 96 noisy at times: has many delusions: appetite good: bowels regular: sleeps well: goes riding & walking.

Nov. 1897 No change. Jan 97 usually quiet but has many delusions: Physical health good.

May 1899 No change Aug 97 Untidy & careless in personal appearance: no mental change. Cont'd by Dr. R.M. Phelps Nov. 28 97 Usually fairly quiet: rather dull: sits quietly away in an obscure corner: untidy & careless: seems to be becoming demented: Feb. 27 98 Weight 103 lbs.: Feb. 27 99 Weight 97 lbs.: Seems to be running down of late: altho' there has been no happening, no special illness, & no marked change of any kind. (Cont'd by Dr. T.A. Beck) Nov. 1899 Gen health fair: appetite only fair. Has specials: bowels & menstr. regular: Very careless in personal appearance: takes out door exercise: Occasionally very noisy & irritable. June 9. Became very angry & fought Mrs Thelander & nurses: Aug 1 99 Became very weak: put to bed: pulse weak: temp. normal: medicine & laxatives given: Aug 7 Improved & up.

Sept 1 - Feb. 28. 1900. Sept 18. Eats & sleeps well: Bowels regular: Behavior quiet: Goes riding & walking: Very untidy in appearance: Menstruates regularly.

Oct 1st Visited by friends: Dec 1st No change: Dec 30 Complained of feeling sick - put to bed: Jan 1 Dressed & up on ward. Jan. 1st 110# Feb 28 No change.

March - Nov. 30. 1900 Behavior quiet: Appetite only fair, on special diet. Sleeps well. Untidy in appearance. July 23 Vaccinated - Nov. 16 Wt. 112½#.

Dec 1 - Feb 28. 1901 General Health fair: Has specials: Bowels regular: takes outdoor exercise: sings & is noisy at times: Very easily excited: Takes no interest in things. Feb 28. Wt. 108#

March 1 - June 1 - 1901 Mar. 24 patient sick in bed with cold was menstruating. Disturbed for two days. No change. May 28 Wt. 110#.

June to Sept. No change in her mental or physical condition. Aug. 31 Wt. 106½#.

Sept to Dec Shows no change in general condition. Nov. 30 Wt. 113#.

Up to Feb 1st 1903 Gen'l health fair, good: appetite good: takes exercise: does no work: does not converse or answer questions: usually quiet: not tidy in habits or appearance: Dec 1st Wt 107# Jan 18 had attack of bronchitis: max. temperature during attack, 102.2. Throat swabed daily with Bonnells solution: cathartics given. Jan. 23rd. patient up on ward.

Personal and Medical History of Julia Holmes (Fett)



Whole No. 3120

Residence, Lian Goodhue Co

Date Admission, Sept 6 - 1892

Admitted by, Dr Phelps Hour, 7 P M

How Sent, Jail Prob. O. S. Andr

Sex, Female

Age, 52

Civil Condition, Single

Children,

Age Youngest Child,

Occupation, Housework

Degree Education,

Profession Religion, Yes

Habits, Good

Nativity, Sweden

Physicians Committing, P Jacking & H. L. McKinstry

Correspondents, Mr Anna Holmes
Wastedo Minn

32

ves, None

ng, Sunstroke

posing,

Mania Chronic

ng Bodily Disorder, Hunchback

Not, Not

Attack, 1879

13 yrs

k, No

ssions, 1

ttack,

Time of Leaving, July 30 - 1901.

Time in Hospital, 8 Yrs 10 Mos 24 Ds

Result, Died: Chronic nephritis

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

~~Clear or~~ Confused, Mk rambling

Quick or Sluggish,

MEMORY:

Past Events, Niece says has no

Recent Events, memory of things happening

Special Subjects, in-then spells.

PERCEPTIVITY:

~~Alert or~~ Dull, Mk inapprecia

Correct or Illusive, Probably incorrect

REASONING POWER:

Ordinary Subjects, Very poor

Own Mental State, Nil

Special Subjects, No

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Mk rambling - incoherent

Depressed,

DELUSIONS: Can't make out any - Talks

Systematized or Not, only Swedish -

Special Subjects,

Transitory or Not,

HALLUCINATIONS: ?

ILLUSIONS: (

CONVERSATION:

Coherent or Incoherent, incoherent

Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS:

Rambles along, not noticing things about nor her own condition - Is mildly exalted.

Personal and Medical History of Julia Holmes (Fett)

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 104 lbs NUTRITION, Poor -

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, None Coatings, None Promptness Movement, Good

PUPILS, Equality, Yes - Size, Normal

Response Light, Yes Accommodation, Yes -

SIGHT, Seems good - Will not read - Rt eye looks at. Strabismus

HEARING, Seems good - Will pay little attention

COORDINATION, Arms, - Can't test - thoroughly, but probably good

Legs, "

TREMORS, Hands, None Tongue, None

Facial Muscles, None General,

REFLEXES, Patellar, J. quite extreme exaggeration - Ankle clonus not obtained

Other Reflexes,

ARTICULATION, Hesitating, Good Slurred,

FACIAL EXPRESSION, Good

SENSIBILITY,

HEART, Normal

LUNGS, Normal

EXAM. URINE, Sp. G - 1018 - No albumen - Urea 5% - Acid -

GYNAECOLOGICAL EXAM., Normal condition

MENSTRUATION, Supposably has ceased -

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Clean Careless,

BOWELS, Normal, ? Constipated, Irregular,

APPETITE, Good, Fair Medium, Poor,

SLEEP, Good, Has been disturbed Poor, Irregular,

PULSE, RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Sudden - a good many years ago - A sunstroke is guessed at as cause -

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations, Denied by Niece

Brothers or Sisters,

Personal and Medical History of Julia Holmes

1892 This woman was brought here by Mr Patton and her
wife. First symptoms were manifested thirteen years ago
after sunstroke. Has been periodically insane ever since
The longest period lasted about six weeks. Became
violent immediately after the sunstroke. Has shown
no disposition to injure others. Has tendency to destroy her
clothing and filthy habits. Has spells every two weeks to
one or two fer month. Has been confined to her room
about a week. Has been under treatment in Chicago.
Sept 7 Admitted last night. Health seems good. According to nurses
account is in her spell now. Talks in a rambling way
Not seeming to notice anyone. Remains fairly quiet
" 8 Complained of headache last night. Wife visited today
Has talked to herself most of the time
" 9 Quieter down. Seems depressed today
" 30 Patient eats well. Sleeps poorly. Bowels regular. Talks most
of the time to herself in a low tone of voice.
Oct 2 More irritable and talkative. Quite excitable
Nov 25 Patient moved to B-1- from A-2- Has become quite excited
and incoherent
Dec 18 Moved to C-1- Excited and noisy in behavior
Jan 12- Has become quiet and neat in behavior. Moved to A-1- today
Feb 6- Remained on C-1- until today. Now going in her noisy
spell. Moved to B-1- Her appetite seems to be regular
March 21 Sent to C-4. March 31st still on C-4. Appetite good. Habits
are clean. Has been 78 lbs. in reclusion during the month
Very violent and noisy. Scolds and tosses curtains and things
about ward. Complains of feeling sick. April 3 Moved to A-2-
April 30 Appetite good. Restless at times. Restless at night
May 2- Removed to C-1-
May 22 Has not been in her spell for over two weeks. Remains
in her room a good deal of the time. Appetite good
" 31- Has been in seclusion 1/2 her since she was on C-1- Appetite
good. Bad no mark. Bowels regular. Untidy in habits
June 7 Has been quiet and well behaved for some days. Does
readily same and is more pleasant in manner
(3) Appetite good. Tidy in habits. Sleeps well when not in spell. Does not work when in spell. Still quite natural
June 18 93 In spell now, acting strange the past 2 or 3 days. In seclusion 2 hours. July 12 93 Has grown very
quiet of late since out of spell. July 26 Is acting strange. 27th Very restless + noisy all day, bought tonight, had to
be forcibly undressed. 29th Now in her spell again, violent + noisy, remains in her room most of the time

Personal and Medical History of Julia Holmes (Fell)

July 31 93 Very noisy all afternoon. Aug 1 93 Very noisy this morning. Remains in her room. Incoherent
at times. Aug 4 93 Fought on being bathed this morning. Noisy + incoherent. Aug 6 93 Very
noisy + irritable all day. Aug 12 Is herself again, very neat, talks natural + her general health seems good
Aug 24 93 Very noisy this morning. 28th Very quiet, stays in room most of time. Sept 1 93 Appetite
good. Tidy in habits, when out of spell bowels regular, does her room work, sleeps well, talks
very naturally. Behavior quiet, stays in room most of the time. Menstruation absent.
Sept 10 93 Has been acting strange the past day or two. Oct 8 93 In spell, very noisy, in seclusion
4 hrs. Oct 12 93 Very noisy had to be bathed by force. Oct 20 93 Still stays in room, very noisy
bathed by force. Oct 27 93 Very noisy and disturbed all day. Oct 30 93 Just coming out
of her spell. When in her spell is very noisy violent + refused to keep any clothing on, unless
closely watched. Nov 1 93 Very nice again, stays in room most of the time. Nov 6 93 Very
natural in behavior. Nov 14 93 Still very nice + quiet. General health good.
Nov 17 93 Visited by niece + nephew. Went in spell in afternoon. Nov 20 93 Very noisy + violent
in seclusion 1 hour. Nov 21 93 Extremely noisy + violent all day. Refused all meals today.
Nov 27 93 Been extremely noisy + violent all day. Nov 29 93 In seclusion 2 hrs during month.
" 3 " Acting different this time in spell by way of eating + crying, her appetite has not been
good at all. Dec 1st 93 Appetite good, tidy when out of spell, sleeps well, does no
work. Menstruation absent. Dec 11 93 is extremely noisy this morning, Dec 31st
has been very quiet the past week, talks naturally, Jan 10 94 in spell
again, has been very noisy all the morning, in seclusion two hours to
day. Jan 14 94 Has very noisy all day, in seclusion two hours.
Jan 31st 94 Out of spell, is very nice in behavior + talk, Feb 13 94 sick in
bed, very sore throat. Feb 4 94 still in bed, has some fever, temp.
100. Feb 7 is very much better, on twice 27th has been very quiet- stays in
room most of time. General health good, Mch 1st 94 Appetite good, in
spell, noisy, violent + dirty, has to be dressed + bathed by force, sleeps
poor, menstruation absent. Mch 19th Been acting strange all day,
is very irritable. Apr 1st 94 is quiet, stays in room most of the time,
Apr 18th scolds + is irritable. Apr 21st in spell, is very violent- 28th seems
timely noisy + violent. May 9th 94 is quiet + tidy, talk is sensible at
times, complains of pain in side. June 4 94 Appetite good Tidy in habits when not in spell. Talks sensibly.
Cares for her room. Bowels reg. Menstr. absent. Complains of pain in side. June 10 94 Easily excited. Appears to be going into spell. July 16 94 Regular
July 16 94 Noisy about 1 hr. July 24 94 Has been in her spell past few days. Fought + bit nurse. July 28 94 Very noisy + dirty, when in spell. July 31 94 Had to be
bathed by force. Very easily excited. Aug 9 94 About the yard again. Talks sensibly. Cares for her room when not in spell. Aug 10 94 Been quiet of late
Aug 31 94 Became excited today. Talking in a very loud manner. Has been quiet the last 2 weeks. Sept 1 94 Appetite poor when in spell. Sleeps well usually.
Bowels regular. Does no work as she is in her spell now. Dirty, noisy and violent. Sept 21 94 Quiet again. She cares for her room. Her talk is
sensibly at times. Oct 20 94 Quiet + well behaved this week. Nov 1 94 On her spell again. Extremely noisy and violent. Nov 9 94 Noticed
a bruise on nose this a.m. Nov 10 94 Still very noisy and violent. Nov 13 94 Fought this a.m. Nov 23 94 Became quiet + well behaved again
Nov 30 94 Talks sensibly and is quiet again. Stays in room a great deal of the time. Dec 3 94 Appetite good. Cares for her room. Her talk is sensible
at times. Out of spell. Behavior quiet. Sleeps well. Bowels reg. Jany 4 95 Has a sore throat. Feb 2 95 Is in her spell. Extremely noisy + violent

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Personal and Medical History of Rasina Lustig

Whole No. 3124
Residence, St Paul
Date Admission, Sept 10-1892
Admitted by, Dr Phelps Hour, 7 P.
How Sent, Ind Prob B Clinic
Sex, Female
Age, 45
Civil Condition, Married
Children, None
Age Youngest Child,
Occupation, Housework
Degree Education,
Profession Religion, R.C.
Habits, Intemperate
Nativity, Germany
Physicians Committing, Gustav A Rutz George J. Hanley
Correspondents, ✓



No. for Year, 36
Insane Relatives, Unknown
Cause Exciting, Unknown
Cause Predisposing, Previous attack
Form, Chronic Mania
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, ✓
Duration, Unknown
No. of Attack, ✓
No. of Admissions, ✓
Age First Attack, ✓
Time of Leaving, July 30-95
Time in Hospital, 2 year 10 mos 4/ 20 days
Result, Transft Fergus Falls

OK/Pm

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Dr Phelps - Sept 13-1892

MENTAL ACTIVITY: ✓
Clear or Confused,
Quick or Sluggish, Quick and not seemingly confused.

MEMORY: Seems good
Past Events, Good?
Recent Events, good?
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Alert and clear on some things
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, Seems nearly clear thought
Own Mental State, silly Thinks all right - Poor -
Special Subjects, Cant find the subjects -

GENERAL DESCRIPTIVE REMARKS:

Patient comes in with very little history - Sits in a room by herself. Looks out window a good deal of the time, Laughs easily in a silly way - Eats only Bread & water - Is exceedingly peculiar, but Attdts say have not heard her say anything crazy - Was quite violent the first morning.

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Slightly exalted - Usually quiet -
Depressed,

DELUSIONS: Can not get her to mention them
Systematized or Not,
Special Subjects,
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent as far as conversation went today
Voluble or Reticent, ✓

Personal and Medical History of Rasina Lustig

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1½ in WEIGHT, 149 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None —
TONGUE, Tremors, No Coatings, Promptness Movement, No
PUPILS, Equality, Equal Size,
Response Light, Seems sluggish Accommodation,
SIGHT, Seems good
HEARING, Good
COORDINATION, Arms, Seems good as far as can test -
Legs,
TREMORS, Hands, No Tongue,
Facial Muscles, General,
REFLEXES, Patellar, 5 — Normal
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Good -
SENSIBILITY,
HEART, Good
LUNGS, Good
EXAM. URINE, Sp. 1004 — No Albumen — Color Transparent — No sugar -

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean - Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, Good RESP., Norm TEMP., None
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Gradual -

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1892 This patient was brought by Mr Kinney Was born in 1890 See Vol 14 Was kept entirely cured by fear was sent away. Has delusions of persecution Thinks people shoot in the house at night Has attempted to shoot neighbors She is very religious

Sept 13 Examined today Difficult to find any delusive ideas but is silly and peculiar talks incoherently

Oct 1 In bed Went to bed yesterday P.M. Complains of pain in abdomen & headache Eats very little Sleeps well Bowels regular Violent and noisy at times Has been secluded

Oct 3 Same Patient still in bed Complains vaguely of pain in arms and joints - At times of back -

" 8 Up on the ward as usual

" 26 Has been better for past week but again restless this morning

" 30 Has been in bed four days Eats very little Bowels regular

Nov 30 Very violent at times In bed three days with severe pain in back Menstruated Nov 28 - Shows periodicity in behavior

Jan 10 1893 Remains just the same Goes to bed about once per month Complains of pain in her back at each times -

" 30 Refuses to eat at times Quite noisy Remains in her room a great deal Bowels regular Does no work -

Feb 24 Very changable in behavior one day noisy and the next quiet No work Very untidy Put in seclusion at times laughs in a very silly way -

March 4 Manifests no interest in anything General healthy pain

" 24 Appetite good generally Has a slight cough in bed Two days When she goes to bed complains of pain in her back Remains in her room a good deal of the time Talks in a rambling wandering way Usually sleeps well At times she is quite naked and the maid Habits clean Has taken some medicine At times refuses to eat Menstruated from 11th to 14th of month

April 25 Eats and sleeps well Has been noisy in her talk of late Complains of her back a good deal Bowels regular

May 23 Patient extremely noisy during the day Talks same about going home Eats and sleeps well Bowels regular

May 31 Moved to C- several days ago Has been very quiet and has asked to go home of late

June 8 Has not been in bed of late Health seems better Quiet and well behaved Wants to go home

June 30 93 Appetite good. Does no work Sleeps well. Tidy in habits. Talks quite natural Very irritable Behavior good Menstruated about 24th, more irritable during period July 11 93 In bed all day Complains of back. July 27 93 Has been very noisy all day. July 30 93 In bed this morning. Menstruated Blanks having taken cold. Aug 1 93 Still in bed. Complains of severe pain Took medicine yesterday for the first for a long time. Aug 3 93 Up + dressed this morning. Aug 13 93 Quite noisy this forenoon. Gen. health good. 20th Very irritable the past week 22nd Had to be restrained by force, quite violent. 28th Complains of back again this morning. Sept 1 93 Appetite good Sleeps well Helps on hall Talks quite natural Bowels regular Tidy in habits Behavior noisy & irritable at times Complains of backache about once per month. Sept 14 93 Has been working & cleaning all day. Very irritable. Oct 2 93 Very violent all afternoon at supper breaking & throwing dishes; in seclusion 1 hr. very noisy at times. Oct 9 93 Went to bed this morning seems to be quite sick. Menstruating Oct 16 93 Up + dressed this morning

Oct 30 93 Very quiet, but very easily excited at times. Has been violent.

Nov 3 Has been very irritable & sullen of late. Nov 14 93 Very stubborn & irritable. Talks silly & incoherent very noisy at times. Storm some violence. Nov 20 93 Very violent fought. Very irritable toward other ladies. 28th & Nov 30 93 Menstruating Very quiet during period. Complaining of being sick Feby 14 94. Patient has been frequently sick (usually about once a month) with very vague symptoms. Usually complains of backache & dizziness. This time she was more than usual - though symptoms were not prominent. Rec'd tablets gr ss & Calomel gr ss and some stimulants. Had some headache & dizziness Pulse was somewhat low. 60 & 64 - No diagnosis except that of a nervous condition partly mental in character. For

Dec 1st 93 Appetite good, sleeps well, does no work, tidy, talks very
Further particulars see nurses record Dec 9, 14th had a very strange spell this morning, put to bed, remained there all day, given a hypnotic, much better this evening 30th complains of being sick, Jan 10" 94 fought another patient - this morning 15th bathing & applying to front of thigh the day 31st very excitable when spoken to. Feb 1st 94 complains of pain in back, has had trouble 5th sick in bed this morning, complains of Diarrhoea, taking medicine, appetite poor, 6th seems to be worse, T. 99, p. weak & irregular, appetite very poor, 7th looks bad T. 98, p. 68 8th again, p. 74, T. 99, moved to sick ward 12 m, ate some pudding drank tea & milk, medicine every 2 hrs, p. 75 T. 99,
Feb 8th medicine 9 " 12 milad 3 " 2 am, mod. 7 " mod at 5 AM, quiet & slept 3 hrs during the night unmolested, T. 98 4/5 P. 74 Feb 9th 8 AM, ate toast drank cup of coffee, T. 98, p. 74 Feb 13th 94 transferred 2 C-1,

Mch 15th 94 Appetite good. Tidy in habits, takes care of her room, bowels regular, behavior quiet most of the time, talk incoherent. Mch 17th extremely violent - fought another pt, has delusions
Apl 18th 94 noisy & irritable throws dishes in D.R. May 18th has manipulated some in street in ward work. June 4 94 Appetite good. Helps on the hall Cares for her room. Talks silly & incoherently Behavior noisy at times Stays in her room mostly, Has silly delusions. Bowels reg. Sleeps well. Tidy in habits. June 14 94 - Menstruating Very noisy Talks out of the window June 20 94 Transferred to 3 ward 3 to 2.

July 1 Menstruating Is bad 2 days previous & being violent & noisy. July 17 94 Has become more quiet. Aug 29 94 Has been quiet & cares for her room Appetite & bowels good. Aug 31 94 Talks in a loud & incoherent manner at times all day Sept 1 94 Patient did not seem well this am Put to bed & Dr to see her at 7 o'clock PM 101. Sept 7 94. Is up and about the ward again. Oct 8 94 Extremely noisy about 2 hrs this morning. Oct 11 94 Appetite good She cares for her room. Very neat and clean in habits. Sleeps well Has many very silly delusions. Nov 10 94 Menstruating Quiet during period. Nov 21 94 Sick in bed Complains of headache Nov 18 94 Up and about the ward. Nov 24 94 Went to bed about 5 30 this PM. Complaining of being sick. Nov 25 94 Still in bed. Refused all meals today. Dose brandy 3ij & Tinct strychnia was quite weak, respirations during day Nov 30 94 Up + about the ward Looks very bad in face. Refused to bathe to day. Dec 3 94 Appetite fairly good Cares for her room usually, Bowels constipated Behavior quiet but with the other patients spoiled

January 4 95 Extremely noisy all day. Feb 4 95 Very much disturbed the past week. Scolding & talking in a very loud manner Feb 22 95 Menstruating. Feb 27 95 Talks more rationally of late. Behavior has been quiet although she scolds & strikes patients at times. Mch 13 95 Appetite good Behavior noisy the days in morning good deal. Sleeps well. Bowels reg. Her talk is silly and incoherent. She cares for her room. Neat and clean in habits April 12 95 Menstruating. Behavior noisy & quarrelsome during period. May 2 95 Sick in bed. She complains of pain in her side. Temp. normal. May 4 95 Up and about the ward. May 31 95 Extremely noisy and quarrelsome with the other patients She scolds and talks in a very bad manner. June 5 95 Appetite good. She cares for her room Neat and clean in habits Bowels reg. Her talk is very silly & incoherent June 10 95 Has been very noisy all day. July 10 95 Menstruating. Extremely noisy during period July 30 95 Transf. to Jerger Hall

Personal and Medical History of Minnie Bear

Whole No. 3126
Residence, St Paul Ramsey
Date Admission, Sept 12 - 1892
Admitted by, Dr Phelps Hour, 4 P.M.
How Sent, Jo Prob J B Almers
Sex, Female
Age, 33
Civil Condition, Maried
Children, None
Age Youngest Child,
Occupation, Housekeeper
Degree Education,
Profession Religion, R C
Habits, Good
Nativity, Germany
Physicians Committing, C J Woodway & Stamm
Correspondents,

No. for Year, 38
Insane Relatives, Unknown
Cause Exciting, Uterine trouble
Cause Predisposing,
Form, Chronic Melancholia
Accompanying Bodily Disorder, Uterine trouble
Suicidal or Not, Not
Date of this Attack, 1890
Duration, 2 yrs
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 31
Time of Leaving, July 15. 1894.
Time in Hospital, 1 year 10 months & 3 days.
Result, Died.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Dr Phelps Sept. 13 - 1892

MENTAL ACTIVITY:
Clear or Confused, Confused and sluggish
Quick or Sluggish,

MEMORY: — Cant ascertain. Evidently clouded
Past Events, by delusive ideas.
Recent Events,
Special Subjects,

PERCEPTIVITY: —
Alert or Dull, Dull and illusive
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, Poor on all subjects
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, and agitated -

DELUSIONS: - Seemed afraid - but
Systematized or Not, would not speak of
Special Subjects, defined delusions
Transitory or Not,

HALLUCINATIONS: ?
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Would hardly speak - Agitated and distressed crying

Upon examination today Attdt says has retention of urine but it is probably hysterical as is the pain, and the shaking as if in a chill of which she complains today.

Personal and Medical History of Minnie Bear

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Fair not extra good
WOUNDS OR ABNORMALITIES, Bruises on arm on admission -
TONGUE, Tremors, No Coatings, — Promptness Movement, Fair -
PUPILS, Equality, Equal Size, Normal
Response Light, Yes Accommodation, Conduct test.
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Could not well test - Probably good -
Legs,
TREMORS, Hands, No, except that on examination, she assumes a general shaking. Tongue,
Facial Muscles, General,
REFLEXES, Patellar, 0. Extreme exaggeration - Cant test for Ankle Clonus.
Other Reflexes, —
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Distressed, but no motor trouble -
SENSIBILITY, —
HEART, Normal, ?
LUNGS, Normal -
EXAM. URINE,

GYNAECOLOGICAL EXAM., Ovaries Same endometritis Mucus discharge Uterus displaced toward left side Cervix movable -
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean - Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular, Irregular
PULSE, Normal RESP., TEMP., Normal -
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Gradual.

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1892 This woman was brought by Deps Sheff & Mc Miller Had Canvisk on when she came in Said to be very trouble some on the way. Symptoms were first manifested two years ago by an attack of hysteria. Loss of memory Depressed in spirits wanders away from home No disposition to injure others. No filthy habits. She is afraid of her friends Has been under treatment for bladder and uterine disease by Dr Stamm of St Paul. Came in in a very dirty condition. Head and clothes full of vermin.

Sept 12 Has fits of trembling and crying. Seems very much frightened. Talks very little and in a disconnected way. Ate poorly. Has head lice. Has some bruises on the arms. Complains of pain about bladder

Sept 13 Complaines of retention. Catheter showed otherwise. Has bedsores. Her trembling spells & all are nervous and hysterical in character. Slept poorly.

" 14. In bed all day. Ate nothing. Trembling and crying. Slept poorly.

" 15 Ate heartily. Up all day. Appeared well and in good spirits.

" 16 Restless in night. Ate nothing. Bowels moved normally.

17 Ate very little. Drinks frequently.

18 Has eaten nothing today. Has been quite noisy. Cries continuously Seems frightened. Afraid of something. Has no complaints.

" 30 Appetite very variable eating heartily one day then refusing food entirely. Sleep is irregular. Sick in bed two days during the month. Fully one night. Bowels generally regular. At times has fits of crying & acts as if she was frightened. Talk is incoherent.

Oct 5 Eats very little. Blew out the gas and had to be looked in. Report for an hour.

" 17 Did not eat today. Has necessary to feed her with a spoon.

" 13 Very noisy, violent, and untidy. Had to be secluded.

" 26 Dropping spoon quit of late.

Nov 30 Appetite good & sleeps very little some nights. Very untidy. Behavior noisy most of the time. Secluded 29th Quiet the middle

Jan 2. 1893 Appetite good. Usually dirty in habits. Does no work. Very noisy most of the time. Violent at times.

" 27 Untidy in habits. Appetite good. Does no work. Noisy most of the time. Sleeps well. Menstruated about the middle of the month. More noisy at that time.

1893 Feb 21 Appetite good. Dirty in habits. Behavior very violent and noisy. Has been in seclusion four or five hrs. Does no work. Quite noisy at night. Sleeps poorly.

Feb 28 Appetite good. Dirty in habits. Behavior noisy most of the time cries and goes on in a loud voice. Does no work. Sleeps some better the last few nights.

March 31 Appetite good. Habits not very tidy. Has been in seclusion 13½ hrs during the month. Behavior noisy, dull and stupid. Vania at times. Sleeps well most of the time. Talks in a very silly and incoherent way. Does no work. Menstruated about March 6. Behavior during the time most irritable and depressed. Pamela Regular.

May 22 Very much more quiet of late. Very incoherent in her talk. Does no work. General health good. Nutrition very good. Eats and sleeps well. June 30. 93 Is growing quiet & more stupid. Appetite good, tidy in habits. Talks very silly. Sleeps well, bowels reg: Does no work. July 1893 About the same. July 19. 93 No change. Oct 4. 93 Appetite good. Habits clean. Is very noisy at present. Talks a good deal. Gen health good. Oct. 23. 93 Seems to have little use of her limbs. Fell down & bruised her face. Oct 25. 93 Fell down stairs twice to day. Oct 26 93. Transf to C. W. Nov 29 93 Seems to have little use of her limbs. Fell out of her bed and cut her face quite bad this morning. Dec 29 93 Appetite poor. Usually dirty in habits. Is failing fast. Can't walk at all some day. Also very noisy at times. Sick in bed 6 days.

Jany 20. 94 Has been very noisy all day and strikes the patients. Feb 28 94 No change. Med 2 94.

March 30 94 Appetite good. Very dirty in habits. Behavior quite. Very noisy at times. Menst Mch 9. Transferred to Ward

May 28 94 Appetite good. Has to be fed. Dirty in habits. Talks none. Sick in bed May 30 94. Has diarrhoea. Med as dir.

June 26. 94 Appetite poor. Sick in bed. No use of limbs. Talk incoherent. Applied med as dir.

June 26 Transf to C. W. Nurses Record of Case (For particulars see case) Lived mostly on milk - then and then took an egg nog - sponge & medicated baths were given - The nights were past quietly most of the time - with a few exceptions. Bowels moved regularly. Sores were washed & poulticed - whenever it became necessary. Found to be very weak & not able to walk on July 14 4 P.M. & remained so all day & unable to take any nourishment & died July 15. 1894 at 6 P.M.

Dr

Personal and Medical History of Mary Johnson

Whole No. 3128
Residence, Arendahl Tillamoor
Date Admission, Sept 15 - 1892
Admitted by, Dr Pluthoy Hour, P.M.
How Sent, Sup Prob E. V. Farrington
Sex, Female
Age, 47
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Housekeeper
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Norway
Physicians Committing, E. M. Long & H. Jones
Correspondents, Aunty Johnson Arendahl Minn

No. for Year, 40
Insane Relatives, None
Cause Exciting, Drowning of a child
Cause Predisposing, Religious Attack?
Form, Acute Mania
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, 3 mos ago
Duration, 3 mos
No. of Attack, 2 Said to be
No. of Admissions, 1
Age First Attack, Unknown
Time of Leaving, Dec. 3" 92
Time in Hospital, 2 mos. 12 ds.
Result, Recovered

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Dr Phelps. Sept 16 - 92

MENTAL ACTIVITY: Dull & confused -
Clear or Confused,
Quick or Sluggish,
MEMORY:- ? Can't tell. Won't talk much
Past Events, "My that is in Norwegian
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull -
Correct or Illusive,
REASONING POWER: Very Poor -
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Considerably so -
DELUSIONS:-
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Mary Johnson

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Good -
WOUNDS OR ABNORMALITIES, None -
TONGUE, Tremors, No Coatings, None Promptness Movement, Fairly so -
PUPILS, Equality, Equal Size, Normal
Response Light, Yes Accommodation,
SIGHT, Seems good Can't test well -
HEARING, Good
COORDINATION, Arms, Normal
Legs, Normal
TREMORS, Hands, - Some tremor noticed - Tongue,
Facial Muscles, No General,
REFLEXES, Patellar, 8 - Somewhat exaggerated -
Other Reflexes, ?
ARTICULATION, Hesitating, ? Seems fair - Talks little Slurred, No -
FACIAL EXPRESSION, Distressed,
SENSIBILITY,
HEART, Normal
LUNGS, Normal
EXAM. URINE, (Sept 19) color yellow - acid - Sp. G. 1030 - No Albumen

GYNAECOLOGICAL EXAM., Some laceration of the left side of cervix
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good - Medium, Poor,
SLEEP, Good, - Poor, Irregular, Irregular
PULSE, Normal - RESP., Normal TEMP., Normal
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long time ONSET GRADUAL OR SUDDEN, ?

HEREDITY (Specify?—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Mary Johnson

1892 This woman was brought here by C. P. Swenson and
lady attendant. Has attack hug an about three months ago
and is said to have been in an asylum in the Old
Country. Insanity manifested upon Religious subjects
and has a fear that something is going to happen her.
No disposition to injure others. Wasteful habits.

Sept 16 Eats well. Talks all the time. Walks around the hall most
of the time. Bowels irregular. Sunny but constipated.
" 17 Walked around all day. Gave her a dose of salts.
" 18 No change.
" 19 Swept some. Walks around all the time. Eats well.
" 20 Seems better today. Walks some on the ward. Eats well.
Bowels not regular. Gave her a dose of salts.
" 21 Eats well. No change in any way.
" 22 Restless, walks up and down the hall. Eats well.
" 26 Patient was caught in the night tying a sheet about
her neck and trying to strangle herself. Moved to B3
from B3 on this account.
" 30 Eats well. Sleeps little. Bowels are constipated. Talks all
the time. Menstruated from 18th to 22nd of the month. Quiet in
behavior.

Oct 6 Had a boil on left arm which was lanced today.
" 8 Sleeps most of the night. Eats well. Looks more neat and tidy. Wants to go home.
" 25 Works in dining room. Behavior has improved much.
Was depressed in spirits about 6th of the month. Tried to
strangle herself with a bandage.
" 30 Very much better. Eats and sleeps well. Bowels regular.
Helps mend and works in the dining room.

Nov Helps with the work on the hall and with mending. Eats and sleeps well. General health good.

Dec 3 Austin Johnson called today and took her home.

Personal and Medical History of Hannah Lahey

from p. 76

that it is necessary to take her to the bay. On May 27 in doing so, she resisted & her arm was hurt in the struggle. No injury was noticeable. July 8-19 Made several attempts to escape from house. July 11 Aug. 30 Visited by son & daughter & taken out riding. Nov. 3rd Visited by daughter. Nov. 24-25 Complained of pain in side. Remained in bed. When very noisy, it is sometimes necessary to seclude her.

Sept 1-Feb 99. Dec 1. Rather careless. Appetite good. Bowels regular. Takes out door exercise. Noisy & cross. Has many delusions. Persists in removing clothing. Says it is not her own. Dec 6 Very noisy & disturbed. Taken from dining room & fed on tray. Jan 13 Wt. 125½ Jan 22 Has Stomach trouble (temporary) Jan 31. Visited by relatives. March 1. Noisy at times. In fairly good physical condition. Eats & sleeps well. Takes out door exercise. March 22 Visited by daughter. April 22 Dr. Became quite excited afterward & on 26 attacked nurses. Secluded. July 22 Attempted to escape. June 14 Visited by sister. June 30 By son. July 21 Vaccinated. Aug 15 Very disagreeable & noisy. Tried to escape while out walking. Nov 21 Trans. to Infirmary. had pain in chest. coughed. Nov 26. Much improved but still in bed. Trans to G3. Nov 30 At times hysterical. Appetite poor frequently refuses to eat meals. Bowels regular. Takes out door exercise.

Mar. to June. 1901 Apr. 1st visited by daughter, patient in rather poor condition, bowels regular, sleeps well, expresses many delusions freely, does not occupy herself in any manner. May 29 Wt 114½#.

June to Sept. June 3 visited by daughter, July 21 taken home by husband, Aug. 26. returned to hospital by children, Aug 29 visited by daughter, Aug 30 Wt. 113#.

Sept to Dec. Oct. 26 visited by son, Nov. 15 visited by daughter. patient very much disturbed afterwards, Nov. 25 Wt. 118# patient much improved physically.

July 23rd 1902 Visited by daughter. Aug 16th by son. Aug 23 Wt 112½#
Oct. 4 visited by daughter and on Nov. 22nd Wt 116 H Dec 21 by daughter. Gen'l health fairly good. Patient complains a good deal: becomes very excited at times: is quite delusional.

Personal and Medical History of Margaret Olsen or Heft



Whole No. 3129

Residence, St Paul Ramsey

Date Admission, Sept 16-1892

Admitted by, Dr Baker Hour, 12.30 mid

How Sent, J of Prob J B Olmsted

Sex, Female

Age, 41

Civil Condition, Single

Children,

Age Youngest Child,

Occupation, None

Degree Education,

Profession Religion, R C.

Habits, Good for an Insane

Nativity, Germany

Physicians Committing, Guide Martel & S Pool

Correspondents, Home for Friendless St Paul Minn

41

ives, Unknown

ng, "Probably Chronic"

sposing, Unknown

Chronic Melancholia

ing Bodily Disorder, None

Not, Not that known

Attack, Unknown

Unknown

ck, Unk

issions,

Attack,

Time of Leaving, July 30-95.

Time in Hospital, 2 years 10 mos & 14 days

Result, Trans'd to Fergus Falls

EXAMINATION ON ADMISSION.

Dr Phelps. Sept 16-92-

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, - Some confusion on part exam

Quick or Sluggish, Quite quick

MEMORY: Seems good - but to account shows some confusion -

Past Events, - Fair

Recent Events, Fair

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull & inactive,

Correct or Illusive, Fairly correct -

REASONING POWER: Consid. impairment

Ordinary Subjects, - Fair

Own Mental State, Poor

Special Subjects, Poor -

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Rather indifferent

Exalted,

Depressed,

DELUSIONS: "People were going to kill her," given as the cause of her fighting

Systematized or Not, - Systematized

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Sluggish, but fairly co-herent

Voluble or Reticent, - Reticent

Personal and Medical History of Margaret Olsen

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION,

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Steady Coatings, Slight Promptness Movement, Good

PUPILS, Equality, Equal Size, Normal

Response Light, Good Accommodation,

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Good as far as can test.

Legs, Good.

TREMORS, Hands, None Tongue,

Facial Muscles, General,

REFLEXES, Patellar, 8-9. Quite extreme -

Other Reflexes,

ARTICULATION, Hesitating, Fair - Slurred,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Normal

LUNGS, Normal

EXAM. URINE, Acid - Sp. G. 1030 - No albumen

GYNAECOLOGICAL EXAM.,

MENSTRUATION,-

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Clean Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, 84 RESP., Normal TEMP., Normal

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Slow ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Margaret Olson

1892 This woman was brought here 12th midnight by Dep Supt. D. C. Cantlan & Mr. C. Miller. Has had attacks of about four weeks interval for the last eight months. Attacks have been violent and maniacal. Has shown a disposition to injure others when in sudden paroxysm throws bedclothes off of the invalid. Has been at home of the friendless for several months. Nothing more known of the case.

Sept 24 Was received on Br. Has been very quiet and well behaved. Neat and clean. Says her name is Hepte. Talks German. Does not seem to be able to talk English. Sent to Annex today.

Oct 12 Works in the dormitory. At times will talk quite well. Very neat and clean. Health good but pale.

Nov 28 General health seems good but is pale. Very irritable. Refuses to do any work. Neat and clean in appearance. Will not talk to amount to anything.

1893 Jan 4 Generally quiet but at times became excited and noisy. Works in the laundry part of the time. Incoherent in talk.

Feb 16 Does not work at present. Sits quietly on the ward generally but is very easily excited when she gets very angry and scolds. Pale but has not been sick. Never talks nor unless addressed and then says very little. Never smiles but looks cross and sullen.

March 31 Has been neat and clean in habits. Very quiet. Does not talk. Does no work. Sits quietly on the ward.

April 21 Has been going to the laundry to help carry clothes today had a faint spell while there. Seemed very sick.

" 24 Has not appeared well the last few days. Has lost flesh. Looks pale. Pulse 110. Temp 99. Does not eat well. Sits very quietly on a bench. Complained of pain in her side a few days ago. Says she is alright now. Dosed have the pain.

" 26 Sent to sick ward and put upon tonic treatment.

" 30 Very quiet. Stands up most of the time. Complains of pain in the head and left side.

May 20 Quite thin and pale. Looks bad but has no fever. Never talks nor manifests any interest in anything.
P 74. Temp 98.2. R-22. Up on the ward.

June Takes Nutrition three times day. Appetite poor. Sits down most of late. Very quiet and stupid in manner.

Personal and Medical History of Margaret Olson

June 13 93. Has been quite dull, but for the past week has seemed to grow brighter. Takes medicine. June 20-93. Appetite good. Habits dirty, so much that she had to eat after the other patients. Talks very little. Seems very stupid. July 13 93. Much the same. Still very dirty in habits. Very stupid. July 31 93. Appetite good. Is quite stupid. Does not talk. Aug 12 93. Appetite very good. Does not talk. Is very stupid. Is willing to assist with work. Is of little use. Has out walking every day.

Sept 4 93. Goes out walking & riding, has good appetite, does not talk any, stands up most of the time.

Sept 14 93. Expectorates, otherwise is about the same. Sept 27 93. Has been talking much more than usual, she & Mrs. Mulligan today without any cause whatever. Oct 11 93. Transf to A. 1. Ward.

Oct 30 93. Eats well & is very quiet. Talks but very little. No complaints. Assists with work a little on ward.

Nov 3 " Menstruating. Nov 28-93. Appetite good. Sleeps well. Does no work. Holds a great deal to herself.

Feby 16 94. Appetite poor. Is thin in flesh. Seems to be quite weak. Very quiet. Neat in habits.

April 19 " Appetite fair. Clean in habits. Thin in flesh. Seems quite weak. Is very quiet. Never complains.

Gen. health poor. July 18 94. Appetite fair. Clean & tidy in habits. Is quiet. Rather thin in flesh. Goes riding & walking. Gen health fair.

Aug 27. Gen health better. Is growing more fleshy. Oct 1894. Appetite good. Clean & tidy in habits. Is quiet. Is growing quite fleshy. Is very obstinate. Talks but little and then incoherently. Will not go riding or walking. Gen health good.

Dec 28 94. Transf to C.4. Jany 30-95. Appetite quite good. Sleeps well. Habits clean. Complains of pain in left side. Never voluntarily. Quite constipated.

Febr 26 95. About the same. Transf to B.1. March 29 95. Appetite good. Bowels reg. Very noisy at times. Talks incoherent. Does no work. Goes riding & walking. Transfd to C.3. April 15 95. Quiet in behavior, but scolds noisily at times. Appetite good. May 17 95. Works some on ward. Talks & scolds noisily at times. Appetite good. Bowels reg. Goes riding & walking. May 28 95. Seems very unsteady. Transfd with Mrs. Lloyd to hot room, received a black eye and a cut above the eye. June 17 95. Patient usually quiet, but scolds noisily at times. Appetite good. Bowels reg. Gen health appears to be good.

July 30 95. Transf. to Rogues Gallery

Christina Odmon

During 1902, patients physical condition impaired. Loss in weight, and continuous temperature from slightly above normal to 102 and 103. Nov 5 is sent to the infirmary put to bed in tubercular dormitory, diagnosis of tuberculosis. To Feb 1, 1903. Patient has been physically failing for sometime: appetite fair: bowels regular: sleeps well: confined to bed: habits neat: does not converse. Aug. 26-03 Patient in poor physical health: very stubborn: more or less untidy in habits: associates some with the scrubbing: converses very little: is rather demented.

Personal and Medical History of Julia L Phenis

Whole No. 3132
Residence, Faribault Minn
Date Admission, Sept 20 – 1892
Admitted by, Dr Kyllbourn Hour, 245
How Sent, In Charge R A. Mott
Sex, Female
Age, 26
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Bookkeeper
Degree Education, Good
Profession Religion, Yes
Habits, Good
Nativity, Canada
Physicians Committing, Dr L Rowland Hood
Correspondents, W. S. Glenzie Bro's
Faribault Minn

No. for Year, 44
Insane Relatives, Mother had symptoms-
Cause Exciting, Said to be over study
Cause Predisposing, Heredity probably"
Form, Primary { Mental Deterioration / Dementia
Accompanying Bodily Disorder, None
Suicidal or Not, Not-
Date of this Attack,
Duration, 8 mos
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 26
Time of Leaving, Jany. 28 95.
Time in Hospital, 2y 4m 8d.
Result, Imp.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
~~Clear or~~ Confused, Quite sluggish
~~Quick or Sluggish~~,
MEMORY: Very poor- This is said to be one of first symptoms noticed
Past Events,
Recent Events, Appears fairly bright on slight conversation
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull & sluggish
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Rather poor
Own Mental State, Fairly accurate
Special Subjects,
GENERAL DESCRIPTIVE REMARKS: forgets her troubles

EMOTIONAL STATE:
Normal, Calm,
Indifferent, usually - Has emotional spells.
Exalted,
Depressed,
DELUSIONS: None noted-
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Knows why here, but is quite
Coherent or Incoherent, dulled in appreciation
Voluble or Reticent, of all such things- Easily

Personal and Medical History of Julia L Phenis

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2 in WEIGHT, 96 lbs NUTRITION,
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Normal Coatings, Normal Promptness Movement, Normal
PUPILS, Equality, Normal Size, Normal Dilated some.
Response Light, Very prompt Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, None General,
REFLEXES, Patellar, 0 Extremely exaggerated
Other Reflexes, –
ARTICULATION, Hesitating, Sluggish & drawling – Slurred,
FACIAL EXPRESSION, Dulled somewhat – inclined toward silly laugh-
SENSIBILITY,
HEART, Normal
LUNGS, Normal
EXAM. URINE, Sept 23 – Yellow – Acid – 1028 – No alb-

GYNAECOLOGICAL EXAM., Tenderness in ovarian region Uterus slightly back
MENSTRUATION, "Regular" No pain
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, Normal RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother had one attack from which she improved
Father or Pat. Relations, Grand father died Apoplexy – Grand Mother died Dropsy
Brothers or Sisters,

Personal and Medical History of Julia C Plume

1892 This woman was brought here by her brother and sister. This attack began about eight months ago first manifested by forgetfulness Lack of self control. Was in office at work when taken sick. Came on gradually and has steadily increased. Manifest sudden passion toward her mother. Appetite fair. Sleeps a good deal in the daytime. Has prominent delusions. A general dullness and lack of mental power noticed on admission.

Oct 14 1892 Internal examination by made today. Tender ness in ovarian region. Very nervous and hysterical in her actions. Laughs and cries in succession.

" 15 Gave internal treatment

" 28 Gave general Galvanic electricity today. Takes treatment willingly.

" 31 Painted ovarian region with Tr Iodine

Nov 2 Has been on tonic medicine for some time. Takes it very regularly. Gave an electrical treatment today. Very childish in her manner. Mind seems to wander from one subject to another is a thoughtless way. Silly at times. Often has spells of great excitement when she talks at the attendants in a loud angry way. Spends her time on the ward in doing fancy work. Picked a fancy mark. Often sends down to help different articles to mark with. Not very tidy about her room. At times very slow about bathing and getting dressed in the morning.

Dec 10 Gave general electrical treatment today

" 14 Electrical treatment to back chest and arms

" 16 Electrical treatment Given

" 31 Appetite very good. Clean in habits. Does no work. At times very irritable. Sleeps well usually.

1893 Jan 22 Patient has become quite silly in talk and actions

Jan 31 Appetite good. Clean in habits. No work. Very irritable at times

Feb 27 Appetite continues good. Habits clean. Does no work excepting some little fancy work. Very insulting in her talk much of the time. Sleeps very well.

March 30 Appetite very good. Clean in habits. Behavior silly and often impudent. Likes petted when she talks and often seems at a loss to know how to express herself. Menstruated about 25.

April 29 Appetite good. Habits clean. Behavior more quiet of late. Does not talk as much. Laughs in a silly manner. However

May 3 a good deal. Habits are. Careless. Behavior silly, excitable at

Personal and Medical History of Julia C. Plume

1893 times. Laughs to herself much of the time. Talk is incoherent

June generally. Menstruated about 28th. Appetite continues good

8 Dress a little fancy mark. but aside from that sits idly upon the ward. Does not realize her condition. Very silly in her behavior. Careless in her personal appearance. Hair almost always unusual up.

July 31 93. Appetite good. Sleep good. Behavior flighty. Talk incoherent. Does not complain. Menstruated. Menstruated about 16th. Aug 5th 93 Removed to B1. Aug 18 93 Gen health good. Is quite noisy, laughing talking, cares for her own room. Helps some on the hall with the work. Menstr. Aug 24. 93.

Sept 28. 93. Appetite good. Sleep good. Clean in habits. Talks & laughs a great deal of the time. Is very sarcastic. Menstr. about the 17th.

Oct 14. 93. Went home. Brother came to get her. Has a trial. She can hardly be said to have improved during the past year. Returned November 6 1893.

Nov. 1893. Appetite good. Sleeps well. Is very sarcastic. Removed to A 1 East.

" 28. Eats & sleeps well. Talks quite sensibly. But laughs very silly. Dec 26 93. Appetite good. Clean in habits. Talks quite sensibly. At times laughs & is very silly. No complaints.

Aug 28 94 Appetite good. Clean in habits. Careless about dressing. Talks very silly at times. Goes to Dept & Entertainments. Menstruated about 21st. Feby 16 94 Is now menstruating. Feby 27 94 Weighs

Mch 9 94 Has a boil on her right cheek. Mch 29 94 Appetite good. Clean in habits. Laughs & is very silly and at times becomes very excited. Quite frequently strikes other patients. Apr 13 94 Menstruating.

April 30 94 Appetite good. Sleeps well. Gen. appearance about the same. May 8 94 Menstruating.

May 16. Transf to B1. May 22 94 Appetite good. Sleeps well. Behavior is very silly. Laughs a great deal.

June 27. Appetite good. Sleeps well. Laughs a great deal. Is very silly. Quite careless in her personal appearance. July 28 94 Gen health good. Frequently calls the other patients names. Aug 29 94 Fancy work impudent at times very careless about her personal appearance at times while at others is very neat. Appetite good. Sleeps well. Sept 24 94 Quiet, but occasionally inclined to quarrel. Appetite good. Sleeps well. Bowels regular. Seldom goes riding and walking. Health good. Is not troublesome. Oct 30 94 Has been very quiet and stays in her room most of the time. Took cough medicine. Went walking. Appetite good. Sleeps well. Bowels regular. No complaints. Is menstruating. Nov 28 94 Behavior quiet & agreeable. Appetite good. Bowels regular. Goes riding and walking. No complaints. Very particular about her person. Talks sensibly, but laughs a great deal. Dec 27 94. Is very hysterical. Stays in her room most of the day. When spoken to answers very sensibly. Takes care of her own room. Is very neat & tidy in person. Appetite good. Bowels regular. Dec 31 94 Menstruating. Jany 25 Menstruating. Jany 28 95 Is very hysterical. Quit neat at dress & habits. Appetite good. Bowels regular. Has many delusions.

1895
Jany 28. Went home to day unimproved (?)

Personal and Medical History of Augusta Reichard

Whole No. 3134
Residence, St Paul Ramsey
Date Admission, Sept 30- 1892
Admitted by, Dr Pfaller Hour, 7 P.M.
How Sent, Jos Probst & B Olmsted
Sex, Female
Age, 19
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Housework
Degree Education,
Profession Religion, Lutheran
Habits, Good
Nativity, Germany
Physicians Committing, John A. Vengeer & P. Marchand
Correspondents, August Reichard Father
573 Topping St St Paul Minn

No. for Year, 46
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, Unknown
Form, Pubescent Insanity
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, Sept 1- 1892
Duration, 20 days
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 19
Time of Leaving, Oct 1st '92.
Time in Hospital, 6m 1d ds.
Result, Rec'd,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused,
Quick or Sluggish, Sluggish & confused
MEMORY: ~~Fair~~ Can't say- Talks very
Past Events, dull & sluggishly
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull - Silly
Correct or Illusive,
REASONING POWER:-
Ordinary Subjects, Poor
Own Mental State, Poor
Special Subjects,

EMOTIONAL STATE:
Normal, Calm,
Indifferent, & silly -
Exalted,
Depressed,
DELUSIONS: Did not talk enough on
Systematized or Not, examination to find out
Special Subjects, the delusions
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

GENERAL DESCRIPTIVE REMARKS: Manner was dull, slightly depressed & at times quite silly - Evidently full of silly childish ideas.

Personal and Medical History of Augusta Reichard

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION,
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Normal Coatings, Normal Promptness Movement, Normal
PUPILS, Equality, Normal Size, Normal
Response Light, Normal Accommodation,
SIGHT, Normal
HEARING, Normal
COORDINATION, Arms,- Normal as far as can test
Legs, "
TREMORS, Hands, None noted Tongue,
Facial Muscles, General,
REFLEXES, Patellar, 2- Quite sluggish
Other Reflexes,
ARTICULATION, Hesitating, Low toned & indistinct Slurred,
FACIAL EXPRESSION, -Dull- Silly
SENSIBILITY,
HEART, Normal
LUNGS, Normal
EXAM. URINE, - Sept. 28 — Acid — dark yellow - 1024 - No alb-

GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION, -Regular
OPHTHALMOSCOPIC EXAM.,-
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, N. (72) RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, - ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Augusta Reichard

1892 Sis maman was brought here by Dr Jay Shef
Symptoms were first manifested about Sept 1. 1892 Came
Change at that time acting accompanied by coughing
spells Has religious indications with hysterical fits
anxious to get hold of books No disposition to injure
others No filthy habits Runs away from home Examined
Sept 2 but Physician could find no particular cause
Sept 21 Very good mental behavior Eats well Bodily condition good
No Insomnia Bowels irregular Taken home Called today
Complains of a pain in her side
" 22 Helped about cleaning house Did not eat well Com-
plained of pain in her side
" 23 Went to chapel Eats hearty
" 24 Vomited some this a M. Has been sitting down with her
eyes shut Very untidy Takes off her clothes
" 25 Caught today on being dressed Said the clothes were not
" 26 Sick Same as yesterday Eats very little Keeps taking off
her clothes Refused to go to the dining room Very untidy
in her habits
" 27 Seems more stupid Will not eat any today
" 28 Very stupid Hard to keep her dressed
Oct 1 Has not eaten for three days Very untidy Stupor
very little dust of bed except of the night
Fed with tube today
Oct 2 Does not eat Stuporous Eyes shut Face swollen
Resists and is stubborn at times Tears clothes off if not
Oct 6 watched Very dull and dirty in habits Eats very little
" 8 Ate same yesterday but spoon today
" 26 Taken home today much against our opinion Was in
a stuporous condition
Dec 12 Has brought back today Her father could not do
anything with her She is in about the same un-
tidy and stuporous condition as when she was taken
away Very troublesome to take care of as she is so
1893 untidy
Jan 3. 1893 Appetite poor Does no work Behavior usually quiet
but occasionally violent and irritable Inclined to set
around on the floor if not watched
Feb 10 Sullen and stupid Has to be dressed and undressed
by force

Personal and Medical History of Augusta Reichard

1893 Feb 20 Maud to B4 today
March 4 Has been more tidy and appeared brighter last
few days Talked some today
April 1 Left for home today Has been very neat clean and
careful in her appearance Has mail as quite rational
and pleasant in manner for two weeks or more
Had helped in the ward with the mending Her
general health seemed very good Strength slightly had
not menstruated for several time Was quite anxious
to go home.

Anna Fiske - from folio. 56.

Mch 1- Aug 31, 1900 Untidy & at times violent Does not converse but mutters to herself
Eats & sleeps well: bowels regular: Goes riding & walking. July 4 Vaccinated -
Sept 1- Nov 30 Eats & sleeps well: Bowels regular: No change in patient Nov 17 Wt 125
Dec 1- Feb 28. General health good: Violent at times: Mch 1- Wt. 124#.
Mar 1- June 1- 1901 No change May 29 Wt. 126# also Sept. 126#. Sept. to Dec
Shows no change in mental or physical condition Nov. 23 Wt. 127#
So Feb. 1, 1903 General health good: Eats and sleeps well: does no work:
takes exercise: habits and appearance untidy: usually quiet: does
not converse intelligently as a rule: does not answer questions but
seems to understand when she is addressed. Dec 1 at Wt 129#.

Personal and Medical History of Anna Zeise

Whole No. 3136
Residence, Deerfield (Steele)
Date Admission, Left 22 - 1892
Admitted by, Dr Phelps Hour, 2. P.M.
How Sent, In charge of Prof. L. Hazen
Sex, Female
Age, 49
Civil Condition, Married
Children, 5 all living.
Age Youngest Child, 13.
Occupation, Housework
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Germany
Physicians Committing, Dr. L. Hatch & Dr. H. Adair
Correspondents,

No. for Year, 48
Insane Relatives, None known
Cause Exciting,
Cause Predisposing, Previous attack
Form, Acute Melancholia
Accompanying Bodily Disorder, None
Suicidal or Not, Suic
Date of this Attack, Relapse from previous
Duration,
No. of Attack, 2
No. of Admissions, 2
Age First Attack, 44
Time of Leaving, Dec. 6th 92.
Time in Hospital, 2 mos. 14 da.
Result, Recovered

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Dr Phelps. Sept. 29-92

MENTAL ACTIVITY:
~~Clear or~~ Confused, and quick -
Quick or Sluggish,
MEMORY: Seems good. She thinks it
Past Events, is all right
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Rather dull and illusive
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Poor -
Own Mental State, Very poor -
Special Subjects,
GENERAL DESCRIPTIVE REMARKS: Tells a story of being seduced when 9 yrs old, of tying a strap round herself to prevent the growth of child and of this as a cause of both bodily & mental trouble since

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Much depressed by delusive ideas
DELUSIONS: Delusion that her Bro. and
Systematized or Not, - Yes } Bro's wife, aunt their
Special Subjects, eyes on her and that she has
Transitory or Not, not been right since.
HALLUCINATIONS: None noted
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, - Somewhat wandering
Voluble or Reticent, Fairly willing -

Personal and Medical History of Anna Zeise

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Normal Coatings, Normal Promptness Movement, Normal
PUPILS, Equality, Equal Size, Some dilation
Response Light, Normal Accommodation, Normal
SIGHT, Good
HEARING, Normal
COORDINATION, Arms, - Apparently good
Legs, "
TREMORS, Hands, None noticeable Tongue, None
Facial Muscles, None General,
REFLEXES, Patellar, 9. Very quick - No Ankle Clonus found.
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Depressed & sad - Cries at times -
SENSIBILITY,
HEART, Normal
LUNGS, Normal
EXAM. URINE, Sp. G. 28 - Acid - Yellow - 1026 - No alb -

GYNAECOLOGICAL EXAM., Normal condition.
MENSTRUATION, - Has not menstruated since April '92
OPHTHALMOSCOPIC EXAM., -
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, Normal RESP., Normal TEMP., Normal
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Denies -
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Anna Jeen

1892 This woman was brought here by her husband. She was here five years ago. This is a relapse of her previous condition. Thinks she has done wrong and condemns herself. Has made two attempts at suicide by drowning. No disposition to filthy habits. Said to have same delusions.

Sept 22 Cried most of the day. Helped some with the work. Eats well. Sleeps regular. Noisy most of the time. Eats well. Bowels regular. No illness. Complains of pain in her back and limbs.
Sept 23 Helps with the work. Eats well. More quiet.
" 24 Went to chapel today. No other change.
" 25 No change.
" 26 Eats well. Cried some today.
" 27 Complains of not sleeping. Eats well. Rattles at times. Cries sometimes. Works on the hall.
" 28 Has become quiet. No especial change in any other way.
" 29 Made internal examination today and find her in good condition. Has not menstruated since April.
Oct 1 Now works on the ward every day. In very good health. Neat and clean in appearance. Quiet and well behaved.
" 29 Sick today.
" 30 Up on the ward again. At times asks to go home.
Nov. Works every day on the ward. Quiet most of the time, except to often she cries to go home. Talks quite well.
Dec 6 Husband came today and took her home.

from Page 70

Personal and Medical History of Julia Holmes. (Felt)

1895.
Mch 14 Appetite good. She cares for her rooms when not in spell. Behavior quit usually. Sleeps well when not in spell. Bowels regular. Her talk is quite sensible at times. Neat & clean in habits. Mch 15 95. In spell the past 2 weeks. Mch 29 95. Quiet & well behaved again. Her general health very good. May 1 95. In her spell. Extremely noisy and dirty & violent during period. May 2 95. Was struck in the face and quite badly bruised by A. Golden. May 7 95. Extremely noisy and violent all day. May 22 95. Quiet & about the ward again. She is becoming somewhat demented. Her talk is rather incoherent.
June 5 Quiet & well behaved. Gen. Health good. Neat & clean in habits when not in spell. June 7 Again in spell. June 10 Extremely noisy, filthy & violent. June 12 Pale & haggard. Appetite poor. Sleeps but little when in spell. July 1 Quiet & well behaved again. July 22 Very easily excited. Talks fully & incoherent.
Aug 7 Quiet & well behaved. Aug 15 Has been asking to go home. Quite a marked improvement in conversation.
Aug 29 Still quiet though excited this morning. Aug 31 In spell. Extremely noisy. Fought nurses.
Sept 2 In spell; extremely noisy & violent. Fought nurses - in seclusion at meal time. Sept 4 Very noisy & violent. Fought nurses. Sept 25 Very quiet last few days. Nov 24 In spell. Very excited & talks continuously. Appetite good. Bowels regular. Sleeps well most of time. Nov 30 Still in spell - no change. Feb. 96 Very quiet & agreeable when out of spell. Does her own work part of time. Is neat in dress & habits. Goes riding & walking; never struggles. Appetite good. Bowels regular. Sleeps well. Has been in spell last few weeks & is very restless & noisy; dines on hall. Mar. 6 Is coming out of spell & is very quiet. May 30 Quiet & agreeable at times. While at others is very annoying & interfering. Does her room work usually - is neat & clean in dress & habits. Never struggles; Memory good. Goes riding & walking; Appetite good; Bowels regular; Sleeps well; General health good.
1896 Aug. Summary Nurse's Notes by Dr. E.S. Phelps:- Very noisy during month; Gen'l health good. Nov '96 Quiet when not in spell & usually talks sensibly; Jan '97 Pleasant & quiet at present; appetite good; bowels regular; talks very well. May '97 No change; Mentally much better; Has a fair appetite; Sleeps quite well. (Month by Dr. B.M. Phelps)
1897 Aug - Nov. 97. Has very marked "spells"; Usually for part of month will be extremely violent & mildly maniacal & the rest of the month quite composed, tho' without mental strength. There seems to be of late a tendency toward these spells being more frequent & continuous. Feb. '99 Has been in & out of her spells. The only change seems to be that they are more persistent & some months almost continuous.
Apr. to Sept '99 (Month by Dr. R.A. Bibb) When not mentally disturbed sits quietly in room most of time, occasionally talking to self. Very nervous & sometimes quite disturbed at night; assists with work at these times appreciates attention, answers questions & talks quite sensibly; has disturbed periods when she is very noisy; talks & scolds incessantly & walks about the hall; careless in appearance destructive & very irritable - In "spell" from Apr 9 to 22nd; Also Aug 15 in seclusion. Struck Cath. Thornton cutting lip slightly.

Do Jan 1 98

Personal and Medical History of Gertrude Johnson

Whole No. 3137

Residence, Arundale (Silmore)

Date Admission, Sept 22 - 1892

Admitted by, Dr Phelps Hour, 7 P.M.

How Sent, Jas Prob & C Farmington

Sex, Female

Age, 42

Civil Condition, Single

Children,

Age Youngest Child,

Occupation, Housekeeper

Degree Education,

Profession Religion, Yes

Habits, Good

Nativity, Norway

Physicians Committing, J. C. Shadle & M. John Duncan

Correspondents, John C. Duncan

No. for Year, 49

Insane Relatives, None

Cause Exciting, Unknown

Cause Predisposing, Unknown

Form, Acute Melancholia

Accompanying Bodily Disorder, Has some fever

Suicidal or Not, Not

Date of this Attack, Aug 21

Duration, 1 mo

No. of Attack, 1

No. of Admissions, 1

Age First Attack,

Time of Leaving, May 21 " 93

Time in Hospital, 7 mos. 28 ds.

Result, Rec'd.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Somewhat confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Fair

Recent Events, "

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Somewhat dull

Correct or Illusive, Quite correct

REASONING POWER:

Ordinary Subjects, Not very good

Own Mental State, " " "

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm, Calm and quiet

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, None determined

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Talks when addressed

Voluble or Reticent, Not otherwise -

Tues ally coherent

MICAL NOTS IN THE CASE OF Gertrude Johnson

MO:	DAY:		PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Oct 27							
	P. M.	12 30	101	104.4	21	Bowels moved Dry	Loose
			117	98			
28th "	A. M.	5	114	98	22	Bowels moved 3 times	
"	"	6 30				Cup of Milk	
"	"	7 30	111	100.8	22	Cup of Milk	
"	"	9 30				Bowels moved	
"	"	10				Very stupid Bowels	Very loose + offensive
						Appetite very poor	
	M.	12				Ate Dinner	
	P. M.	12 30				Bowels moved	
"	"	4 30	96	98.4	22	Egg nog appetite	Improving
29th "	A. M.	5	94	98	22		
"	"	6 30				Ate Breakfast	Bowels moved
"	"	8 30	100	98.4	22		
"	"	10 30				Egg nog	
"	"	11 40				Bowels moved	
"	M.	12				Ate Dinner	
	P. M.	5	96	98.4	20	Some Diarrhoea	Low - tending Downward this
						Condition since 27th	Morning is quiet + dull
						in manner	
"	"	6				Ate supper	
30th "	A. M.	5	94	98	20	Bowels moved - did not sleep 2 Hour	
"	"	9 30				Restless during the night + Easily this morning	
						Appetite poor	
	P. M.	1				Cups of Milk	
"	"	3	100	98.4	20	Bowels moved	
31st "	A. M.	4 40	98	98	20	Bowels moved	urinated
"	"	6 30				Cups Milk + Grits	Oat meal
"	"	8 30				Some Diarrhoea	again to day Lies quiet
						urinated no	Cough noted
	P. M.	1				Cups of Milk	
"	"	5 30	89	98	23	Bowels moved	
"	"	6				Ate supper	
"	"	7				Bowels Moved	
Nov. 1st "	A. M.	4 40	90	98	22	Bowels moved	
"	"	6 30				Grits Oat meal	Cups Milk
"	"	7				urinated	
"	"	8 30	90	99	22		
	P. M.	3 30	89	99.2	21	appetite poor	
2nd "	A. M.	4	89	98	20	Drank Glass of Milk Slept 4 hrs	
	A. M.	6 30				Bowels moved Freely - urinated	
"	"	8 30	90	99.6	20	Cups of Milk Slice of Milk Toast	
	P. M.	12 30					
3rd "	A. M.	9	89	99.2	19	urinated Bowels moved	
	P. M.	5	82	99	20	Cups of Milk + some Oat meal urinated	
		6				Cast Diarrhoea	
						Cups of Milk + slice of Bread	
						Bowels moved 5 times Between 6 this	
4th "	A. M.	6 30				morning + 7 to night	
	A. M.	8 30	76	98.6	19	Cups of Milk + Grits of Oat meal	
						Bowels are still loose	
						Skin dry + pinched Expression distressed	
						is generally in bed Will say nothing	
	M.	12				Cup of Milk slice of Bread Grits of pudding	
	P. M.	4 30	80	98.4	22		
"	"	6				Refused to Eat Every thing	
	A. M.	4				Slept most of the night urinated	
5th "	"	6 30				Bowels moved freely	
						Cups of Milk + Grits of Oat meal	

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

CLINICAL NOTS IN THE CASE OF Gertrude Johnson

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Nov 5th							
	a	M	8 30	80	98.2	20	
		M	12			Ate Dinner	
	P	M	5	78	98.8	22	
	"	"	6			Ate a light supper slept 6 hrs	
6th	a	M	5			Glass of Milk urinated + Bowels moved	
"	"	"	7			Ate Breakfast	
	"	"	8	70	98	20	
	P	M	1			Cup of Milk refused other food	
	"	"	2	79	98	24	
	"	"	4 15	76	98.8	22	
	"	"	5 30			Drank Cup of Milk has been heard To Keep	
						in Bed To Stay	
						Restless slept 3 hrs. Bowels moved	
7th	a	M	6 40			urinated Drank 2 Glasses of Milk	
"	"	"	9	82	99	24	Drank Cup of Milk + ate dish of Oat-meal
	"	"	10 10			Bowels moved very freely	
	P	M	12 30			Ate a light dinner	
	"	"	4 10	82	99.6	22	Ate
	"	"	6 30			Ate supper	
						Slept 6 hrs. urinated Bowels moved freely	
Nov 8th	a	M	6 30			Ate Breakfast	
	"	"	7 30			Bowels moved freely — Diarrhoea	
	"	"	8 30	82	98.8	20	
	"	"	9 30			Med. Treatment full	
	"	"	11 30			Med. Treatment full	
	P	M	12 30			Ate Dinner	
	"	"	1			urinated	
	"	"	5 30	84	99.6	22	
			6 30	84		Ate some supper	
9th	a	M	4 20	82	98	20	
"	"	"	7			Ate Breakfast	
	"	"		90	100.2	22	Ate Dinner
		M	12				
	P	M	5	92	99	20	
	"	"	6 30	4		Refused to Eat supper	
10th				90	99	22	1 Glass of Milk — urinated
	a	M	6 30			ate Breakfast	
	"	"	9 20	74		21	
	P	M	12 30			Ate Dinner	
	"	"	4 40	72	99	21	ate a light supper
	"	"	6 15				
				74	98	21	
11th	a	M	6 15			Ate Toast + drank a Cup of Milk	
"	"	"	8 20			Bowels moved very free + urinated	
	"	"	9 30	84	98.8	20	
	"	"	11 30				
	P	M	5	92	99.4	19	ate a light dinner
	"	"	6 15			Ate Supper	
12th	a	M	4	84		20	Bowels moved 2 times slept 5 hrs.
"	"	"	6 15			ate a light Breakfast	
	"	"	9	90	98	22	
	"	"	10			urinated + Bowels moved	
		M	12			Ate dinner	
	P	M	4 45	76	98	20	urinated
	"	"					

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

CLINICAL NOTS IN THE CASE OF Gertrude Johnson

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE.	NOTES BY PHYSICIAN.
Nov-13	D.	M. 4 30	75		20	Bowels moved	3 times
	"	" 7				Ate Breakfast	
	"	" 8 30	87	98	20		
	P.	M. 1				Ate very little for dinner	urinated
	"	" 6				Ate a light supper	
14th	a.	M. 5 30	75		20	Bowels moved	
"	"	6 15				Ate Breakfast	
	"	8 45	74		21	urinated	
	P.	M. 12 15				ate dinner	
	"	" 4 30	72	98.6	21		
	"	" 6				ate supper	
15th	a.	M. 4 30	72	98	20	urinated	
"	"	6 30				Ate Breakfast	Less Gouset during night
	"	" 9				talk Expressions	Rather dull than depressed
	P.	M. 12				ate a light dinner	
	"	" 5 20	86	99.8	24	awake all night always sitting up	
						in Bed propped	Gives Cook
						Drank Glass of Milk	
16th	a.	M. 6 30				ate a light Breakfast	
"	"	8	92	98.2	20		
	P.	M. 12				Refused tea dinner	
	"	" 5 10	78	99	20	Ate some crackers	+ drank a glass of milk
	"	" 6				has sat up in bed	most of the P.M.
						Slept most of the	night urinated drank 2
						Cups of milk	
Nov. 17th	a.	M. 8 30	72	99	19	Drank a cup of Coffee	ate nothing urinated
"	"	" 9				Got up and Dressed	
		M. 12				Ate some chicken	+ crackers drank a cup of tea
	P.	M. 3 30				Drank a glass of milk	
	"	" 6				Ate a slice of toast	drank a cup of tea Bowels
						did not move to day	
	P.	M. 7	72	99	20	Slept 4 hrs.	urinated Bowels moved freely
						Drank 2 cups of milk	
18th	a.	M. 8	69	99	19	Ate some Oat meal	drank cup of Coffee + 1 Glass milk
"	"	" 9				urinated	
		M. 12				ate a light dinner	drank glass of milk
		4 30	71	99	19	Drank 1 glass of Milk	
						Rested good slept	during most of the night
						Drank 2 cups of	milk urinated Bowels moved
19th	a.	M. 6				Ate a slice of toast	Drank part of a cup of Coffee
"	"	" 9				urinated seems	about the same
	"	" 8	70	98	19		
	"	" 9 30				Drank Glass of Milk	
		M. 12				Ate some chicken	drank 1 cup of Milk
						sat up side Bed 2	hrs. urinated
	P.	M. 2 35				Drank Glass Lemonade	
		6				Ate a piece of Cake	Pears drank cup of Tea
						has been out of Bed	several times to day
						spent time on the	floor
						Slept but very little	got up out of bed most
						of the night Urinated	drank 2 cups of milk
20th	a.	M. 7 30	80	99	22	Ate a light Breakfast	urinated
	P.	M. 1				Ate piece of Pie drank	Glass of milk + a little Tea
"	"	6				Ate very little supper	
						Slept most of the night	drank 2 cups of Milk
21	a.	M. 8	73	98	19	Ate a piece of Toast	drank part of a cup of coffee +
						a glass of Milk	
		M. 12				Ate for dinner cake	pudding a slice of Bread
						drank a glass of milk + part of a cup of tea	

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

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MEDICAL NOTES IN THE CASE OF Gerlinde Johnsen

	MO	DA	HR.	PULS	TEMP	RESP	NOTES BY NURSE	NOTES BY PHYSICIAN.
Nov. 21st	D	M	4 30	62	98	24	Glass of milk	
"	"	"	6				" " Ate small Crackers, baked apple & Cake	
22nd	A	M	6 30				Slept most of the night drank 2 cups of milk	
"	"	"					assisted Bowels moved	
"	"	"	8	86	98	24	Ate Dish of Oat-meal & Cup of Coffee — urinated	
23rd	D	M	6 30				Slept most of the night drank 2 cups of milk	
"	"	"	8	68	98	19	Ate Dry little Breakfast	
"	M		12				drank glass of Milk & ate part of a Cracker	
"	D	M	4	68	99	22	" " " "	
"	"	"	6				Ate a good supper Bowels moved — urinated	
24th	A	M	6 30				Slept most of the night drank 2 cups of milk	
"							Ate a slice of toast & a little steamboiled Eggs	
"	"	"	8	86	98	21	part of a cup of coffee	
"	M		12				Ate a hearty dinner Turkey & dressing a small	
"	D	M	5 30	86	99	21	piece of Cake & cup of Tea & a Raspberry Sauce	
"			6				Ate dish of prunes, piece of Cake & cup of tea	
							urinated & Bowels moved	
25th	A	M	8	78	98	19	Rested Quite good urinated drank 2 cups milk	
"							Ate a dish of Oat meal & part of a cup of coffee	
"	M		12				1 Cracker — urinated Bowels moved	
"							Ate 1 Orabba & part of a cup of tea Slept most of the A.M. urinated drank 2 glasses	
"			8				of milk	
"	D	M	2				Drank a glass of Milk	
"	"	"	4	78	97	20	Ate Dry little supper	
"							Slept & Quite Good drank 2 cups of Milk	
26th	A	M	6				Refused Breakfast	
"	"	"	8	75	98	21	Drank a glass of milk	
"	"	"	9 30				Refused Dinner drank cup of Milk	
"	M		12				has slept all day did not move around	
"	D	M	4 10	82	98.1	24	much	
"			6				Ate part of a slice of bread & drank a little tea	
							Restless most of the night slept	
							a few Days little	
27th	A	M	6 30				Ate dish Oatmeal & slice of bread & drank a cup of coffee	
"			7 40	73	98	20		
"	D	M	9				urinated Bowels moved freely	
"			1				Ate a dish of pudding & half slice of bread &	
"	"	"	2				drank a cup of tea urinated	
"	"	"	4	92	99	21	Sat up in bed for an hour	
"	"	"	5 30				Ate a good supper — urinated	
							Rested good drank 3 cups milk urinated	
28th	A	M	8 5	76	98	20	Ate a few toasts, Bread & drank a cup of	
"							Coffee for Breakfast	
"	M		12				Refused dinner drank a glass of milk	
"							as more stupid last & four days besides	
"	D	M	4 10	72	98	19	ours Boss from all day	
"	"	"	6				Ate a slice of bread & Cherries drank a cup	
"							of Coffee	
"	"	"	8				Bowels moved urinated	
29th	A	M	8	92	97	20		
"	M		12				Ate Dry little dinner some Chicken Broth	
"	D	M	7 20	80	99	20	& Crackers & part of cup of tea	
							Ate a hearty supper	
							Rested good drank a cup milk — urinated	

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

CLINICAL NOTS IN THE CASE OF Gertrude Johnson

	MO	DA	HR	PULS	TEMP	RESP	NOTES BY NURSE	NOTES BY PHYSICIAN.
Nov. 30th	A	M	6 30				Ate 2 Crackers slice of Bread + Butter + cup of Coffee	
"	"	"	7 30	71	97	20	Unrested	
		M	8				Drank 1 glass of milk	
		M	12				Wish Chocolate pudding slice of bread some meat	
	P	M	4 20	64	97.3	20	Drank a cup of tea	
	"	"	6 30				Ate a good supper	
							Rested quite good. Drank cup of milk unstrated	
Dec. 1st	A	M	6				Refused Breakfast Drank a cup of milk	
	"	"	9	88	99	20		
		M	12				Drank ½ cup of tea	
	P	M	4 30	100	99	22	sat up part of the afternoon in bed	
							Refused to drink any milk	
	"	"	6				Ate part of an apple drank a little tea	
							urinated Bowels moved	
	"	"	8				Drank glass of milk	
							Rested good drank cup of milk urinated - Bowels moved	
2nd	A	M	6				ate a little Oatmeal & cup of Coffee	
"	"	"	8 30	69	97	19		
		M	12				Ate a good dinner of everything	
	P	M	4	86	99	21	Drank a glass of milk	
	"	"	6				Ate a good supper	
							Rested quite well urinated Bowels moved drank	
							a cup of milk	
3rd	A	M	6				Ate a dish of Oatmeal & drank some warm milk	
			7 30	83	97	19	urinated	
			9				urinated Bowels moved	
		M	12				Ate very little dinner	
	P	M	2				Drank a glass of milk	
	"	"	4	82	98	20	Unrested	
	"	"	6				Ate a good supper - sat up in Chair ½ hour	
							after supper urinated Bowels moved	
							Rested good urinated drank glass of milk	
							Bowels moved	
4th	A	M	6 30				Ate a slice of Milk toast Drank cup of Coffee & a little	
							milk	
			7 30	66	97	18		
	P	M	1				Ate a good Dinner some Chicken & dish of	
							pudding a piece of pie & cup of tea	
	"	"	6				Ate a light supper	
							Rested good drank cup of milk - urinated	
5th	A	M	6 30				Ate cup of Coffee Cracker & slice of milk toast	
	"	"	7				Bowels moved urinated	
			7 30	74	99.3	19		
			10				Drank cup of milk	
		M	12				Drank some Chicken broth cup of milk ate	
			2				dish of pudding ½ slice of Bread	
	P	M	4				Drank some milk	
	"	"	6 30	72	98	20	Bowels moved - urinated	
							ate Some Chicken & drank 1 cup of tea	
	"	"	8				Resting quietly drank glass of Milk	
							Rested quite well 1 Cup of Milk - urinated	
6th	A	M	6 30				Ate for Breakfast ½ dish of Rolled oats Part of	
	"	"					a slice of bread & cup of Coffee	
	"	"	7				urinated Bowels moved	
	"	"	7 40	73	97	19	Glass of milk	
		M	12				Drank ½ a cup of tea + ate a piece of Bread	
	P	M	8	70	98	18	Taste pie Bread & Tea for supper	
							Rested good drank 1 cup of milk urinated	

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

MEDICAL NOTES IN THE CASE OF Gertrude Johnson

			DATE	PULSE	TEMP.	RESP.	NOTES BY NURSE	NOTES BY PHYSICIAN.
Dec. 7th	a	M	6 30				Ate a piece of toast	& drank a cup of coffee
"			8 30	61	97	19		
		M	9				Ate toast & slice of bread	
	P	M	2				drank glass of Milk	
	"	"	4	70	98	21	" " "	
	"	"	6 30				Ate a dish of cream	toast small cake & cup of tea
							granulated Bowels moved	
							Rested good deal	2 cups of Milk
							passed. Bowels moved	
8th	a	M	6 40				Ate for breakfast dish of oatmeal	½ slice of bread
							& cup of coffee	
	"	"	7				drank a glass of milk	
	"	"	8	71	97.8	20	urinated	
		M	12				Ate dish of pudding	piece of chicken
							slice of bread & cup of tea	
	P	M	3 30				Glass of milk	
	"	"	4	70	99	20		
	"	"	6 30				Ate a very good supper	sat up 1½ hrs since supper
							Rested good Bowels moved	urinated.
							drank 2 cups of milk	
9th	a	M	6 30				Ate a dish of Oatmeal	1 cup of coffee — urinated
"	"	"	7 10	74	100	20		
	P	M	12 30				Ate very little dinner	drank some tea &
							ate a little pudding	
	"	"	4 25	71	98	21	urinated	
10th	a	M	7				Ate for Breakfast	1 slice of Milk toast
"	"	"	9 15	72	98	20	some meat & a cup	of tea
		M	12				Ate for dinner	slice of bread dish of pudding
							& drank some tea	
	P	M	6 30				Slice of toast & dish	of peaches cup of tea in
							Urinated Room sat	Dash from 2 30 to Bed until 6 30
			8				urinated	
12th	a	M	9 10				For Breakfast ate a	dish Scrambled eggs a
							slice of Bread & a glass of Milk	
			7 40	58	98.4	22	Bowels moved urinated	
		M	12				Ate a very good dinner	refused to get up urinated
	P	M	5	72	98.6	20	urinated	
	"	"	6				Ate a little supper	drank 2 glasses of milk &
							cup of tea	
							urinated slept	5 hrs
13th	a	M	7 10				Ate slice of bread	& 2 Crackers drank glass of milk
	"	"	8	78	99	19	~~Milk~~ urinated Bowels moved	
	"	"	10 10				Glass of milk	
		M	12				Ate a very good dinner	
	P	M	3				urinated	
	"	"	4 45	72	98.3	20		
	"	"	6 30				Ate a hearty supper	
	"	"	8				Bowels moved urinated	
			9				urinated slept	6 hrs drank 2 glasses of milk
14th	a	M	7				Ate a good Breakfast	is sitting up — dressed
		M	12				Ate a good dinner	
	P	M	2				Glass of Milk	
	"	"	4				urinated — to bed	has been up all day
							Ate supper in dining Room	
							Urinated slept 8 ½ hrs, sunshine	
15th		M	12				Rested for dinner	has been up all day but
"							very weary	

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Gertrude Johnson

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 4 ft 10 1/4 in WEIGHT, 89 lbs 8 oz — NUTRITION, Poor

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, Slight Coatings, Pale Promptness Movement,

PUPILS, Equality, Equal Size, Normal

Response Light, Good Accommodation, Good

SIGHT, Good

HEARING, Right ear impaired.

COORDINATION, Arms, Good

Legs, Good

TREMORS, Hands, None Tongue, Very slight

Facial Muscles, General, Nature

REFLEXES, Patellar,

Other Reflexes,

ARTICULATION, Hesitating, Slow Slurred,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Respiration impaired & equally in right lung

EXAM. URINE, Yellow — Acid — No alb — 1024 Sp. Gr.

GYNAECOLOGICAL EXAM., Normal condition

MENSTRUATION, Suppressed

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Clean Careless,

BOWELS, Normal, Constipated, Irregular, Very loose

APPETITE, Good, Good Medium, Poor,

SLEEP, Good, Good Poor, Irregular,

PULSE, 76 — RESP., Shallow TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Gertrude Johnson

1892 This woman was brought here by John L Duncan her step father and sister. Her attack began suddenly on Aug 21 1892 when she complained that some calamity was about to happen to her, that people were going to injure her. She was again that she is talking to God on religious subjects and answers herself. No disposition to injure others. Tears her clothing and undresses herself. Has been well in every way until the past year. Worked at home for three years. Has been under some restraint since first attack. Was under treatment several years ago for Neuralgia

Sept 22 Very restless and hard to keep her clothes on her. Room in good condition. Delusions at times

" 23 Refuses to eat at times

" 24 Ate better today

" 27 Put strong drops on her and she did not take it off

" 28 Suicidal. Is weak and sick. Appetite poor. Has caused trouble in undressing herself. More quiet today

Oct 3 Not eating much. Put upon tonic

" 7 Put upon special diet and milk

" 10 Is held complains of headache. Pulse 60-

" 27 Patient in bed. Hyperpyrexia - Diarrhoea -

Dec 6 Patient up on ward today. Has been in bed constantly since last note. See daily record of case

Jan 17 1893 Patient has been steadily gaining. Up on the ward. Very quiet but talks when addressed quite coherently

Jan 30 Appetite very good. Works in dining room. Sleeps well. Has diarrhoea most of the time

Feb 28 Works in the ward and in the dining room. Quiet and pleasant most of the time. Appetite very good. Sleeps well. Diarrhoea same. Better

March 31 Appetite good. Cares for self and works on ward

April 30 Has worked every day. Very quiet and pleasant

May 20 Friends called today and took her home. She did not care much about going as she was contended here. She was in very good condition both bodily and mentally when she left. Was very quiet. Talked pleasantly and worked faithfully every day

Personal and Medical History of Mary McCormick #3

1899

Mar 6 Dept. Appetite fair: menstr. regular: sleeps well: takes outdoor exercise occasionally very hard to manage: resists when dressed + is quite violent:

Mar 19 Struck on head by Ida Nelson with tin cup causing five wounds: put in restraint while stitches taken: wound healed nicely

Sept. Feb 28. (Dr Heysdale) Nov. 10 Violent: very resistive when undressed: Talks incoherently: Appetite good: Menstruation regular: Goes riding + walking: Habits untidy. Dec 28 Struck by L. Johnson: on head with tin cup: cutting quite a gash. Witness Miss Emmy

Mch 1 - Aug 31 1900 (Dr Linton) Violent at times, noisy, destructive + resistive. Habits dirty Appetite good: Sleeps well. Menstruates regularly. Does not take outdoor exercise: July 16. Vaccinated. Sept 1. Nov 30 Appetite good: bowels regular: menstruation regular Frequently disturbed at night. Habits dirty: appearance careless: usually undisturbed At times violent + noisy. Does not take outdoor exercise Wt. 105 lbs Nov. 17 lbs

Dec 1 Feb 28 1901. General health good: appetite good: Bowels regular: Sleeps poorly: uneasy during night: Does take exercise often. Fed on tray in bay. Noisy, violent + resistive: Talks irrationally most of time to herself. Mch 1 Wt. 93 lbs

Mar 1 - June 1 - 1901 No change. May 29 Wt. 85 lbs, June to Sept No change in mental or physical condition. Sept. 2 Wt. 82 lbs

Sept to Dec. Mental condition remains unchanged, has improved physically Wt. Nov. 30 115 lbs.

June to Aug 26 Wt. 76 lbs Visited by husband July 21st; visited by cousin Aug 7th. Patient has failed of late: is on Infirmary W. in bed: coughs more or less

Personal and Medical History of Hannah Rausch



Whole No. 3138
Residence, Burnside (Ga
Date Admission, Sept 23 - 189
Admitted by, Dr Phelps Hour, 7-
How Sent, In Prof. C. D. C.
Sex, Female
Age, 31
Civil Condition, Married
Children, 7
Age Youngest Child, 5 mos
Occupation, Farmers Wife
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Germany
Physicians Committing, B Jaehning & A J Brown
Correspondents,

No. for Year, 50
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, Unknown
Form, Chronic Mania
Accompanying Bodily Disorder, No
Suicidal or Not, Threatened
Date of this Attack, 1888
Duration, 4 yrs
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 27
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Good
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Rather Illusive
REASONING POWER:
Ordinary Subjects, Not good
Own Mental State, Not good
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent,
Exalted,
Depressed,
DELUSIONS: Seems to have many
Systematized or Not, Not
Special Subjects,
Transitory or Not,
HALLUCINATIONS: None
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Talks but not well Says she came here to be straightened up. Says her relatives Father Mother Brothers and sisters all dead that they all "got straightened up."

Personal and Medical History of Hannah Rausch

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 170 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None noted
TONGUE, Tremors, None Coatings, Some Promptness Movement, Good
PUPILS, Equality, Equal Size, Normal
Response Light, yes Accommodation, yes
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Normal
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Normal
SENSIBILITY,
HEART, Sounds are good
LUNGS, Seem in good condition
EXAM. URINE, Sept 28 — Acid — Light yellow — Acid — Sp. G. 1028 — No Alb —

GYNAECOLOGICAL EXAM., Endometritis Erosion and Hypertrophy
MENSTRUATION, Regular
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Constipated Irregular,
APPETITE, Good, Medium, Poor, Eats very little became nauseated to go away
SLEEP, Good, Poor, Irregular,
PULSE, 110 RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, 4 yrs ONSET GRADUAL OR SUDDEN, Slow

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Unknown
Father or Pat. Relations, "
Brothers or Sisters, "

1892 This woman was brought here by Sheff. Oglesby and her husband. The first symptoms were manifested four years ago. Has had four spells at times since. Has a delusion that she ought to be made another. No disposition to injure others. No filthy habits. No restraint has been employed.

Sept 22 Brought down to office and examined. Has quiet but talks incoherent. Says she "came here to be straightened up." Seems to have many delusions.

" 30 Patient eats very little. Sleeps well. Bowels regular. Quiet and rather dull at times. Menstruated from 28 to 1st. Complains of being sick and in pain at times.

Oct 8 Patient dull and confused. Partially demented but has delusive idea. General health has been fair.

Oct 26 Has been restless and inclined to fight of late.

" 30 Says she "wants to be killed." Is tired of living." Eats poorly. Sleeps well. Bowels regular.

Nov 30 Sick in bed for two days. Very restless after she got up. Wants the keys to get out. Fought the attendants.

Jan 2 1893 Appetite good. Neat and clean in appearance. Does no work. Quiet in behavior. Sleeps well.

" 27 Menstruated about 25th. No change in behavior at that time. Appetite good. Tidy in habits. Does no work. Quiet in behavior.

Feb 21 Appetite good. Behavior quiet. Stupid and dull. Does no work. Tidy in habits.

" 28 Behavior noisy, restless and silly. Appetite good. Does no work. Sleeps well. Neat in habits.

March 4 Generally sits quietly and does not talk unless addressed. General health has been good. Manifests no interest in anything. Does no work.

March 20 Menstruated. Behavior during time dull and stupid.

April 1st Appetite good. Tidy in habits. Behavior quiet most of the time.

May 19 General health very good. Very quiet. Talks very little and what she does say is incoherent. Tried to run away recently while out walking.

" 23 Moved to A. May 27 Ran out of the door when open and tried to run away. Moved to C. May 31 Walks up and down the hall asking to be let out. Talk is very incoherent.

June 8 General health continues good. Active and strong. Does not improve mentally. Dull, confused, stupid.

June 20 1893 Appetite good. Has refused to go in dining room for sometime. Talks very silly. Does no work. Keeps asking to go home. Sleeps well. Tidy in habits. Menstr. 16th, very violent during period.

June 11th Very noisy has shown violence the last 2 or 3 days. July 10 93 Has been very quiet. Walks up & down the hall asking to be let out. July 19th Ran away this afternoon. Caught 6 miles away. July 27th 93 Has been very quiet of late. Aug 2 93 Quite noisy this afternoon. Gen. health good. Aug 13 93 Asks to be let out, talks very silly, helps on hall & in dining room. Sleeps poorly. Been very noisy. Menstruated 10th, very disturbed during period. 28th Very irritable of late. Sept. 1 93 Appetite good. Tidy in habits. Does no work, will at times help a little in dining room. Behavior noisy, talks silly at times irritable. Sept. 5 93 Complains of being sick. Sept 6 93 Menstruating, asks to be let out.

Sept. 15 93 Has been complaining of being sick the past day or 2. Oct 30 93 Very quiet. Helps in dining room at times. Gen health good. Nov. 8 93 Menstruating. Complains of being sick.

Nov. 5 93 Has been complaining of being sick the last 2 weeks. Has delusions. Eats well.

" 14 No mental change. Her general health seems good. Nov. 21 93 Has delusions. Talks very silly. Quiet most of the time. Dec 1 93 Appetite good, does some work, talks silly, in tidy, bowels regular. Dec 21 93 complains of being sick, but eats well, 29th Has menstruating, keeps asking to be let out during period. Jan 5th 94 very sullen & noisy two days. 26th menstruating, 31st no change in mental condition, well physically. Feb 16th complaining of feeling sick, Feb 25th menstruating is very restless, asks to be let out, talks silly & incoherently. Feb 28 visited by friends. March 1 94 Appetite good, works in dining-room, tidy, sleeps well, bowels regular, talks silly & incoherently. March 6 94 fought with D.R. 24th menstruating, asks to be let out, complains of being sick, has very silly delusions. May 12 94 visited by relatives & friends. would neither talk nor notice them. May 25th 94 menstruating, asks to be let out, has been complaining of feeling sick, appetite good. June 4 94 Appetite good. Sleeps well. Helps in dining room. Complains of being sick. Has very silly delusions. Bowels regular. Tidy in habits. Behavior quiet but restless. Talks silly & incoherently. June 22 94 Menstr. Quiet during period.

July 4 94 Has been in bed the past 3 days. Complains of being weak. July 14 94 Menstruating. July 17 94 Appeal in ward. Appetite fair, good. Bowels regular. Aug 9 94 Fought with Mrs Pache. Aug 18 94 Menstr. Aug 23 94 Menstruating. Has very silly delusions during period. Aug 31 94 Keeps asking to go home. Sept 7 Appetite good. Sleeps well. Bowels regular. Talks silly. Has delusions. Sept 14 94 Menstruating. Seems very anxious to run away during period. Oct 12 Menstruating. Neat and tidy in habits. Nov 7 94 Menstruating. Complains of being sick during period. Nov 30 94 Has silly delusions. Her talk is very incoherent. Works in ward & in dining room. Dec 9 94 Appetite good. Works in dining room and in ward. Talk silly and wanderingly. Sleeps well. Behavior quiet usually. June 4 95 Patient fought to day. June 10 95 Menstruating. Feb 10 95 Is menstruating. Expresses very silly delusions during period. Complains of being sick. Has had a sore breast. So has been dressed with water. Wants to go home. March 9 95 Appetite good. Bowels regular. Works in dining room. Has very silly delusions. Sleeps well. Behavior quiet usually. Talk incoherent. April 12 95 Menstr. Very noisy. Has very silly delusions during period. May 29 95 He keeps asking to go home of late. May 7 95 Menstruating. May 22 95 Seeming very demented. Talks very incoherently. Complains of being sick, what is a delusion as her general health is being very good. May 30 95 No change in her mental condition.

June 5 Appetite good. Works in dining room & on hall. Bowels regular. Sleeps well. Gen. health good. Menstr. Complains of being sick during period. Very silly delusions. Neat & clean in habits.

Sept 30 1896 Very quiet. Assists some in dining room. Appetite good. Bowels regular. Sleeps well. Goes riding & walking. Clean in habits. Feb 5 Menstr. Feb. 26 Very quiet & agreeable; neat & tidy in dress & habits; assists with ward & dr. work. Appetite good. Bowels regular. Sleeps well. Goes riding & walking. Complains some of pain in abdomen. Does not struggle. General health good. Mar 6 - May 1 Menstr. May 14 Struck Nurse. May 29 Quiet in behavior usually. Does not struggle. Talks a great deal of wanting to go home. Is neat & clean in dress & habits. Assists with dining room & dorm. work. Goes riding & walking. Appetite good. Bowels regular. Sleeps well. General health good.

1897 Aug. Summary Nurse's Notes by Dr. S. S. Phelps. Very noisy at times: works in dining-room: Appetite good: Habits clean: goes walking & riding. Nov '97 No change.

Jan. Works in dining-room & some on ward: Complains some of her head: Answers questions but otherwise does not talk: May '97: no change: Aug 97 Has delusions: At times very noisy & indifferent: demented in mind (Dictated by Dr. F. M. Phelps) In quite good health, altho' rather quiet: works: Is rather dull. talks very little: Feb 26 '98 Weight 203 lbs.: June 4 '98 Visited by friends: June 13 '98 Visited by relatives: Feb 27 '99 Remains on the same ward & in about the same general condition in every way. (Dict'd by Dr. R. A. Bibb) Mar & Sept. '99 General health good: appetite good: bowels & menses regular: usually sleeps well: goes walking & riding: works in dining room noisy at times.

See folio 194

Personal and Medical History of Minnie Woodbury

Whole No. 3142
Residence, St Paul Ramsey
Date Admission, Oct 4 1892
Admitted by Dr R Phelps Hour, 7 P M.
How Sent, Prof J B Clarke
Sex, Female
Age, 37
Civil Condition, Married
Children, One
Age Youngest Child, —
Occupation, Housewife
Degree Education,
Profession Religion, Said to be Presbyterian
Habits, Unknown
Nativity, New York
Physicians Committing, Talbot Lamb & P. Marchand
Correspondents, Miss Laura Tibbetts St Paul
125 E University ave

No. for Year, 54
Insane Relatives, Unknown
Cause Exciting, Unknown
Cause Predisposing,
Form, General Paresis
Accompanying Bodily Disorder, Said to have had Epilepsy
Suicidal or Not, Not
Date of this Attack, Several yrs ago
Duration, Several yrs
No. of Attack, Unk
No. of Admissions, 1
Age First Attack, Unk
Time of Leaving, June 20 93
Time in Hospital, 8 mo. 16 days.
Result, Died

EXAMINATION ON ADMISSION.

Drs. R. M. & S. F. Phelps Oct 6-92 MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Very sluggish
MEMORY: Very poor
Past Events, Poor
Recent Events, Poor
Special Subjects, Poor
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Poor
Own Mental State, Poor
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Has sluggish retarded mental power Mind acts very slowly

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Very slightly but rather in opposite
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects, Said to have delusions about money & insects
Transitory or Not,
HALLUCINATIONS: Manifests none
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,
Very dull & childish comprehending Demented to extreme degree of weakness

Personal and Medical History of Minnie Woodbury

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1 3/4 in WEIGHT, 138 lbs NUTRITION, Fair
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Not marked Coatings, slight Promptness Movement, Jerky - Hesitating
PUPILS, Equality, Unequal Size, Right very large Left slightly larger than normal
Response Light, Slowly Accommodation, Very well
SIGHT, Impaired
HEARING, Very much impaired
COORDINATION, Arms, Very poor
Legs, Very poor
TREMORS, Hands, Not marked Tongue,
Facial Muscles, Jerky tremor General, Hesitating - jerky movements of body
REFLEXES, Patellar, Both 0
Other Reflexes,
ARTICULATION, Hesitating, Very Hesitating Slurred, Very much
FACIAL EXPRESSION, Rather blank and Demented expression
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION, Regular
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Constipated Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, 80 RESP., About normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, 3 to 4 yrs ONSET GRADUAL OR SUDDEN, Gradual
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") Unknown as to heredity
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Minnie Woodbury

1892 This woman was brought here by Mr Kinney Dep Sheriff and her sister and sister in law. Her attack dates to have been of several years duration "Had Epilepsy at one time" Insanity manifested by delusions and many inattentions and absent minded. Has shown a disposition to injure others. No suicidal habits. Has been under treatment of Dr J. Hage St Paul

Oct 6 Sits very quietly most of the day Talks very little and very slowly No bruises on her body Mobility no complaint

Oct 6 Talked some Complained of Rheumatic pains in arms

" 7 Eats well. Bowels regular

" 8 Quiet - Did some work today Talked quite a little Complained of arms aching Eats well -

" 9 Did some work Talks considerable Eats well

" 10 Eats well - Quiet - Did no work -

" 11 Quiet Eats well

" 31 Appetite good - Complains some of not sleeping well Menstruated about the 7th and again about 28th of the month - Has not been sick in bed, secluded or dirty in habits Bowels regular most of the time Behavior quiet generally At times is cross and scolds - Will talk when addressed

Nov 26 Patient was diagnosed upon admission as Dual Insanity Has done well and in spite of staggering legs done some work Has delusions and is depressed in spirits

1893 Jan 22 Patient has been failing mentally and is more untidy and troublesome Health is fair aside from the Insanity

Feb 9 Appetite good Does no work Occasionally is dirty - Sleeps well

March 3 Has failed very fast Seems to have no mind at all Has very little use of her limbs Appetite good Sleeps well - Dirty in habits and quite troublesome

April 7 Appetite good Habits dirty Requires dressing - Quite destructive Talks very little Very dull

May 12 Very untidy Destroys her clothing Moved to B 3 on account of dirty and destructive habits -

June 8 Incoordination quite marked Has great difficulty of speech Very demented and stupid Dirty in habits

DIED June 20. 93. (For particulars see nurse record & case)

Personal and Medical History of Minnie Woodbury

Emma E. Stebbins

From p. 148

1899 Mar 1 to Sept (Cont. by Dr. K.A. Bibb) Gen'l health good. Appetite good. Sleeps well. Takes out door exercise: neat in habits & appearance: usually quiet but very irritable at times: is incoherent. Has many delusions Aug. 1899 Weight 91 3/4 lbs

Sept 1 - 28 1900. Neat in habits & appearance: works: Expresses delusions: Noisy & violent at times: Eats & sleeps well. Takes out door exercise: Jan 1st Wt. 106#

Feb 28 No change. Very pale & somewhat emaciated: Is taking tonic Mch 1 - Nov 30 1900

May. Taken sick in night: Complained of chest & back. Temp 101 - P. 126 R 30:

Trans. to Infirmary. May 18. Up on ward. Usually quiet & agreeable. At times talks quite sensibly. Appetite fair: Sleeps well. Trans. to A3. Aug. Appetite fair; Neat: Sleeps well. Very fellow takes out door exercise At times very cross & irritable. Belongs. Struck another patient with knife: no injury. Trans. to C2. July 25 - C1. Sept 1 Has ulcer over leg. medicine applied: limb bandaged. Sep 27. Complained of cold. coughs: Is failing tubercular. Oct. 10 Struck patient in dining room: Very stubborn: Trans. to Infirmary

Nov 1st. Swellings on both sides of neck. larger on Right. due to enlarged tubercular glands. Complained of being tired & weak. Appetite good. Nov 30 Swellings on neck better Dec. 1 to Feb. 28 - 1901: Dec. 30 Up on ward. Hands in neck badly swollen. coughs & expectorates, failing in health. Wt. 78# Has tuberculosis of lungs & neck. Mar to June 1901. May 30 patient coughs considerably, appetite poor, takes out door exercise, takes medicine regularly. May 30 Wt. 80#. June to Sept. patient soliloquizes a great deal, at times is quite irritable and violent. Sept to Dec. Sept. 29 patient in bed, appetite very poor, very feeble coughs and expectorates a great deal, frequently has chill and rise of Tem., very intelligent but expresses some delusions, has hallucinations of sight, occasionally up on ward. Nov. 21 patient died of Pulmonary Tuberculosis at 7:40 after a gradual failure for months

Died

Personal and Medical History of Maggie Wall



Whole No. 3145
Residence, Wiley Rice Co.
Date Admission, Oct 5 - 1892
Admitted by, Dr Phelps Hour, 130
How Sent, Jo Cook R.A.M.
Sex, Female
Age, 25 abt.
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Housework
Degree Education,
Profession Religion, R. C.
Habits, Good
Nativity, New York
Physicians Committing, T. W. Wood and C. H. Wagner
Correspondents, Dan'l Wall Father
Wiley Rice Co

. for Year, 57
ane Relatives, Mother
use Exciting, Bodily sickness indigestion
use Predisposing, Heredity
rm, Primary Defluentia
ecompanying Bodily Disorder, Dyspepsia
icidal or Not, Not
ate of this Attack, 1892
uration, 2 months
o. of Attack, 1
o. of Admissions, 1
ge First Attack, About 25
Time of Leaving, Dec 21st 94
Time in Hospital, 2y. 2m. 16d.
Result, Imp.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Quite clear on most
Quick or Sluggish, subjects

MEMORY:
Past Events, Very good
Recent Events, Good
Special Subjects, Fairly good

PERCEPTIVITY:
Alert or Dull, Quite alert
Correct or Illusive, Generally correct

REASONING POWER:
Ordinary Subjects, Good
Own Mental State, Not good
Special Subjects, Fair

GENERAL DESCRIPTIVE REMARKS:
Says was sick during the summer - That she was brought him because could not get along at home Does not realize that is anything

EMOTIONAL STATE:
Normal, Calm, Calm most but has
Indifferent, home restless and is
Exalted, easily excited yet
Depressed,

DELUSIONS: Manifested no
Systematized or Not, Physical ones
Special Subjects, upon examination
Transitory or Not,

HALLUCINATIONS: None
ILLUSIONS: Can determine none

CONVERSATION:
Coherent or Incoherent, Generally coherent
Voluble or Reticent, Talks pleasingly
the matter with her Says her
Father wanted her to herd cattle
and she did not want to
That is why she left and
came here

Personal and Medical History of Maggie Wall

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 3/4 in WEIGHT, 123 1/2 NUTRITION, Poor Has lost of late
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, None Promptness Movement, Quite prompt
PUPILS, Equality, Left very slightly larger Size, Nearly normal
Response Light, Imperfectly Accommodation, Promptly
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Equal 4 on scale of 10
Other Reflexes,
ARTICULATION, ~~Hesitating~~, Quite prompt Slurred,
FACIAL EXPRESSION, Ates A rather tired, languid and worn look
SENSIBILITY,
HEART, Sounds as normal
LUNGS, Seem in good condition
EXAM. URINE, Nov 13 - Yellowish-Brown — Acid - Sp. 1026 - No Alb -

GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION, Menstruation Regular
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless, Rather
BOWELS, Normal, Regular Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, 72 RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Short ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Says healthy
Father or Pat. Relations, " "
Brothers or Sisters, " "

Personal and Medical History of Maggie Hall

1892 This woman was brought here by Father This attack began about two months ago By manifest Spells of Excitment Thought to be brought on by sickness and mal gestion Supposed to be a hereditary tendency Had delusions of imagining love affairs Has shown a disposition to injure others in Religious paroxysm Tears her clothing Has spells of religious Excitement When she is quiet pray all Has to be under restraint

Oct 5 Very quiet & speaks only when addressed- Eats well Bodily condition good No Sputum or mark of injury Bowels Regular No complaints-

" 6 Inclined to be violent Acting very flighty Talks very little

" 7 Wants to sleep a good deal Seems somewhat stupid

" 8 Quiet and rather stupid

" 9 Has taken Nitrate morning with diaphoresis and sick at her stomach- Sickness passed off later in the day

" 10 Most active and quite noisy and violent Sings restless Talking and singing- Diaphoresis ceased-

Oct 31 Appetite very good Sleep is irregular Has not menstruated this month Quiet most of the time Has not been sick or in seclusion Usually very tidy and orderly in habits Thinks the attendants and different ones of her relatives Bowels are regular

Nov 30 Appetite good sleeps better than usual Menstruated from 6th to 12th Very tidy and untidy in habits-

1893 Jan 22 Has been dirty at times Has been mischievous so that it has been difficult to keep her on Ward- Dirty at times Goes to laundry at present

Feb 9 Appetite good Usually dirty Works in laundry Sleeps well

March 3 Appetite good Works in laundry Violent at times Dirty in habits Sleeps well

April 7 Appetite good Works in laundry Quite noisy When on the ward Untidy in her room at times in the night

May 12 Has been more quiet since last note

" 22 Goes to laundry Very careless in habits Dirty at night

" 23 Transferred to Annex-

June 8 General health good- Very careless and dirty in her habits and appearance- Rubs butter in her hair &c- Works in laundry Rather silly in actions Talks willingly

Personal and Medical History of Maggie Hall

July 12 93. Works in laundry most of the time, quite noisy, habits dirty, gen health good, appetite good, has meddled with the light several nights. July 17. 93 Transf to B1. July 28th 93. Has become more quiet, than when first came on ward. Aug 15th 93 Appetite has been very poor the past few days, complains of headache, is on tonic at present. Aug 28 Appetite better. Sleeps good Behavior quiet Menstr. about 20th

Sept 28. 93. Appetite good Sleeps well Is clean in habits. Talk incoherent. Will put things in the gas if not watched. Menstr. about 28th. Oct 26. 93. Appetite good Sleeps well Has been very noisy part of this month. Menstr. about 26th. Nov 27. 93. Appetite good Sleeps well Has been very quiet the past month Has delusions. Menstr. about the 26th

Dec 2. 93. Appetite good Sleeps fairly well Is noisy at night Helps with hall work Talk incoherent. Menstr. about the 7th Jany 29 94 Appetite good Sleeps fairly well. Gen. health good Menst about 4th

Febry 28 94 Appetite good Sleeps well Complains of a tired feeling the past few days Menst about the 4th

Mch 12. Fought Attdts. Is in her spell Is very noisy most of the time Apr 6. 94 Is noisy part of the time. Clean in habits. Untidy in appearance Talks incoherently Does not sleep well Apr 10 94 Menstruating Very noisy and quarrelsome during period. Talks incoherently. Untidy in appearance.

Apr 26 94 Appetite good, sleeps well Is quiet to day. May 28. 94 Appetite good Sleeps well Clean in habits Quiet in behavior Gen. health good Talks quite sensibly. Menstr. 20th June 27 94. Appetite good Sleeps well Helps with the ward work Has delusions. July 27 94 Appetite quite poor of late Sleeps well Is quiet Clean in habits, troubled at times with constipation Is taking tonic Aug 28 94 Appetite much better since last note Has been more quiet of late talks more sensibly Clean in habits Helps with the hall work Is menstruating Sept 5. 94. Quiet and very agreeable Assists with ward work and dining room Goes riding and walking. Appetite not very good Does not sleep well Bowels regular Took medicine for it lately Was sick in bed a few days the first part of the month Is menstruating Sept 20. 94. No change Oct 30 94 Appetite good Sleeps well Bowels quite regular Helps in dining room, also assists with hall work Is very quiet and agreeable Talks some Goes riding and walking Menstruated last part of month Nov 27 94 Quiet in behavior and agreeable Appetite good Bowels regular Most of the time works in dining room Talks some Coughs some Dec 21 94 Quiet in behavior Talks sensibly Coughs some Complains of coughing more at night than during the day Takes cough medicine Appetite good Takes tonic Bowels constipated most of the time Assists with dining room work Goes walking and riding Neat and tidy in habits Very agreeable

Dec 22. 94 Went home this Evening.

Personal and Medical History of Caroline Melchair



Whole No. 3149
Residence, St Mary Wash
Date Admission, Oct 8 1892
Admitted by, Dr Phelps Hour, 2
How Sent, E B Collister Jr
Sex, Female
Age, 49
Civil Condition, Married
Children, Living 3 dead
Age Youngest Child,
Occupation, Housewife
Degree Education,
Profession Religion, Methodist
Habits, Good
Nativity, Russia
Physicians Committing, S. A. Swartzwood Jr & S. Cummings
Correspondents, Christian Melchair
Vasca Minn.

No. for Year, 61
Insane Relatives, One Aunt
Cause Exciting, Unknown
Cause Predisposing, Heredity
Form, Dementia Secondary
Accompanying Bodily Disorder, Blind
Suicidal or Not, Not
Date of this Attack,
Duration, 15 yrs
No. of Attack, Continuous
No. of Admissions, 1
Age First Attack,
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish,

MEMORY:
Past Events, Could not determine
Recent Events,
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive

REASONING POWER: Same entirely
Ordinary Subjects,
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Resisted and cried so much could not examine her perfectly

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Very much frightened
Exalted, and resisted every
Depressed, touch of her person

DELUSIONS:
Systematized or Not,
Special Subjects, Seems to have
Transitory or Not, many -

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent,

Personal and Medical History of Caroline Melchair

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 109 NUTRITION, Poor
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Could not Coatings, Examine Promptness Movement,
PUPILS, Equality, Size,
Response Light, Blind Accommodation,
SIGHT, Blind
HEARING, Seems good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None noticed Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Could not examine as she resisted so much
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Seems to be normal
LUNGS, Seem in good condition though on account of
EXAM. URINE, resistance unperfectly examined

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good,	Poor,	Irregular,
PULSE,	RESP.,	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") Insanity
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Caroline Melchior

1892 This woman was brought here by her husband and Mr Cathrop. First symptoms were manifested about 15 years ago by accessions rejin a mental derangement and has continued ever since. Is melancholic with occasional attacks of excitement. Not talkative. No disposition to injure before. Destroys clothing

Oct 8 Quiet. Ate well. Habits clean. Speaks when addressed. Bowels constipated.

" 9 Quiet. Appetite good. Habits clean. Did not talk today.

" 10 About as yesterday.

" 11 Sits quietly on the ward. Appetite good. Clean in habits. Talked same today.

" 12 Eats and sleeps well. Bowels constipated.

" 13 Was very noisy today. Talked in a flighty manner. Quiet a good deal.

" 14 Quiet, ate well. Bowels constipated. Did not talk.

Nov 1 Up on the ward every day during the month. Quiet if not disturbed. But if interfered with inclined to fight the other patients. As she is blind they can easily keep out of her way. She is neat and clean in her personal appearance. Does not talk unless addressed. Her speech is hard to understand. Her general health has been good. Menstruated about 24th.

Dec 1. Would be quite violent if she could see as she still strikes the patients. Probably they come within reach. Appetite good. Sleeps well. Bowels regular.

1893 Jan 3 Appetite good. Does no work. Behavior irritable and violent. Sleeps well.

Feb 10 Sits always in about the same place. If could see she would be quite violent. Always strikes at the other patients when they come near her. General health seems fair.

March 31 Appetite good. Behavior occasionally noisy and violent. Does not speak English.

April 29 Sits in about the same place from day to day. Very demented and dull.

May 15 Seems to be failing some in health. Has weak feverish spells at times. Appetite poor.

June 8 Often stands up and shrieks and throws her hands. If she could see would be violent as she strikes at the other patients when they come near her.

June 30 93. Good Appetite. Clean in habits. Scolds a good deal. Menstr: about 20th. July 28 93 No change.

Aug 29. Visited by sister & friends. Aug 30 93. Appetite good. Habits clean. Scolds a good deal at times. Menstr: about 20th. Sept. 30. 93 Appetite good. Behavior is noisy. Talks & cries a good deal. Can not see at all. Menstr: about the 15th. Oct. 30. 93. Appetite good. Noisy most of the time. Walks & stands up all the time. Very seldom sits down. Nov 1 93 Her daughter and step husband came to see her. Nov 29 93. Remains the same. Dec 30 93 Appetite good. Behavior quiet. Talks & scolds a good deal. Wrings her hands. Jany. 1894 Bowels constipated.

Feby 28 94 No change. Mch 30 94 Appetite pretty good. Behavior quiet at times very noisy. Still violent.

May 27 94 Appetite good. Neat in personal appearance. Behavior quite noisy at times. Talks incoherently. Goes riding.

June 30 94 No change. July 29 94 No change. Care for herself. Aug 30 94 Appetite fair. Very noisy, in dining room. Sleeps quite well. Bowels regular. Goes riding. Habits good.

Sept 27 94 General health good. Is very noisy during the day. Talks incoherently. Appetite good. Oct 28 94 Appetite good, at times untidy in habits. Talks incoherently and very noisy, much excited during day. Sleeps well. Is very fond out of doors. Nov 26 94 Appetite good. Habits clean. Is very noisy and much excited during the day. Talks incoherently. General health good. January 28 95. General health good. Extremely noisy during the day. Bowels regular.

Febr 23 Transf to B4. Appetite good. Clean in habits. Is very noisy during the day. Mch 30 95 Dirty & untidy in habits. Eats & sleeps well. Goes riding. April 1 95 Very dirty in habits. Sleeps well. Goes riding. Appetite good. Bowels reg. Nov 13. No change.

April 29 95. Very noisy and especially in the dining room. May 12 95 Appetite good. Bowels regular. May 29 95

May 29: Extremely noisy at times. May 31 95 Same as usual.

June 15 Appetite good. Bowels regular. Goes riding & walking. July 15 Noisy at times. Cleans in habits. Aug 29 Wanders around ward part of time. Aug 31 Visited by daughter.

Sept 1 Eats & sleeps well. Bowels regular. Noisy at times. Goes out of doors. Nov 27 Extremely noisy part of day.

Dec 28 1896 Appetite good. Very untidy & dirty in habits. Bowels regular. Extremely noisy most of time.

March 1897 Extremely Noisy at times. Appetite good. Dirty at times in habits. Bowels regular.

May No Change in Patient. Goes out of doors daily.

June Summary Nurses Notes by Dr. E.E. Phelps:- Extremely noisy, especially in dining-room. Gen physical condition fair. Sept '97 No change. Jan. '98 Very noisy, scolds & talks to herself. Appetite good. Stands about most of time. Mar. '98 No change. June '98 Eats & sleeps well. Bowels regular. Extremely noisy. (Month by Dr R.M. Phelps) Oct 3 '98. General health about the same as for years past. Quite blind. At times somewhat noisily. Quite demented. Jan. 3 '98 Weight 106 lbs.

1898 Mar. Visited by friends. April 2 '98 Visited by daughter. June 30 '98 Sick in bed with diarrhoea today. July 1 '98 Up & about again. Feb. 27 '99 Intervening notes show no change in patients condition, mentally or physically. General health fairly good.

1899 May to Sept. (Month by Dr. R.A. Bibb) General health fair. Appetite good. Sleeps well. Bowels usually regular. Habits clean. Extremely noisy at times. Is blind. Sometimes wanders about ward, but usually remains in one position for hours at a time. Sometimes scalding & striking her hands. Sept 1. Feb 28 1900 ~~Sept 1~~ Noisy at times. Eats & sleeps well. Bowels regular. Jan 18 - 108° Jan 30. Sick at stomach. Put to bed. Had diarrhoea Jan 31 up & dressed.

Feb 28 No change. Is well. March 1 - Aug 31 Noisy at times. No change. July 25. Vaccinated. Aug 30 Visited by daughter.

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Personal and Medical History of Caroline Melchior.

Personal and Medical History of Katie Casey

Whole No. 3150
Residence, St Paul
Date Admission, Oct 12 - 1892
Admitted by, Dr Bluffs Hour, 4 P M.
How Sent, J of Cook & J. B. Olmer
Sex, Female
Age, 30
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Servant
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Ireland
Physicians Committing, A. Macdonald & Wm Martell
Correspondents, Mrs Casey Bro Mrs Casey Sister

No. for Year, 62
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, Unknown
Form, Dementia
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, About July 1892
Duration, 4 mos
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 30
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear as most subjects
Quick or Sluggish, Quick

MEMORY:
Past Events, Good
Recent Events, Good
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct in most things

REASONING POWER:
Ordinary Subjects, Good
Own Mental State, Only fair
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Seems quiet and natural

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent,
Exalted,
Depressed,

DELUSIONS:
Systematized or Not,
Special Subjects, Thought she saw people coming in her room at night
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS: ?

CONVERSATION:
Coherent or Incoherent, Talks very well
Voluble or Reticent, and coherently
Half realizes her delusions were not true -

Personal and Medical History of Katie Casey

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft - 8 1/4 in WEIGHT, 127 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Slight Coatings, None Promptness Movement, Normal
PUPILS, Equality, Natural and equal Size,
Response Light, Respond Accommodation, yes
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Same difficulty in walking Says on account of corns
TREMORS, Hands, None Tongue, Slight
Facial Muscles, General,
REFLEXES, Patellar, Both 9
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Natural
SENSIBILITY,
HEART, Sounds are good
LUNGS, Same in Good condition
EXAM. URINE, Nov. 12 - Yellow - acid - Sp G 1028 - Alb. none

GYNAECOLOGICAL EXAM., Extreme tenderness around left side of uterus and left ovaria region
MENSTRUATION, Regular - Rather profuse Began at 18
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean Clean, Careless,
BOWELS, Normal, Constipated, Yes Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Rather poorly Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother had water brash
Father or Pat. Relations, Father never well Had paralysis before he died
Brothers or Sisters, Well

1892 This woman was brought here by her sister and Dr Shf. Certain Symptoms first manifested four months ago. Imagines she sees faces coming in her room at night. No disposition to injure others. No filthy or destructive habits. Has been under treatment two months in St Josephs Hospital. No effect.

Oct 12 Quiet. Talks well. Eats well. Bodily condition good. No bruises. Bowels irregular. Complains of pain in her hips and shoulder. Quiet. Eats well. Walked some in the dining room. Went out walking this P.M.

" 13

" 15 Complains of pain in her hip today. Walks lame. Quiet and talks very well. Neat and clean in habits. Cares for and dresses herself.

" 26 Internal examination made today. Was very anxious to know whether she needed any treatment. Found extreme tenderness especially on the left side of uterus and left ovarian region. Very anxious to take treatment to get better. Gave uterine treatment today. Oct 31 treatment given.

Nov 2 Gave treatment today. Nov 3 Nurse gave hot douche.

" 14 Uterine treatment given. Nov 15 Hot douche.

" 18 Treatment given again today. Nov 19 Hot douche.

" 21 Uterine treatment given. Appears steadily locally. Tenderness is very much less. Nov 22 Hot douche given.

" 24 Very quiet in behavior. Talks quietly and coherently. Has delusions but they do not interfere with a steady natural behavior & talk.

Nov 30 Appetite good. Menstruating now. Bowels constipated while she takes a laxative. Talks sensibly. Quiet and good natured. Does not often mention delusions. Sleeps well.

Dec 31 Appetite very good. Clean and neat in habits. Works in sewing room. Behavior natural. Sleeps well.

1893 Jan 31 Works in the sewing room. Behavior quiet and pleasant. Appetite good.

Feb 27 Appetite fair. Clean in habits and person. Works some in sewing room. Irritable at time of Menstruation.

Mch 30 Has been sick in bed for two days. Complained of headache and pain all over her body. Clean and neat in habits and dress. Usually well behaved but at times quite unreasonable in her talk and requests. Likes to do fancy work for herself. Menstruated about 10th of this mo.

1893 April 29 Appetite fair. Habits clean. Says feels "sick all over". Sometimes is sullen when she will hardly speak to any one for days at a time.

May 31 Appetite fair. Habits clean. Quiet in behavior. Does not talk much. Inclined to be cranky. Has not complained of pain of late. Menstruated about 21st.

June 8 Her sister came down recently from St Paul and wanted to take her home but she did not want to go with her.

July 3 93. Appetite good. Sleeps good. Behavior quiet. Is very cranky at times, finds fault with attendants & roommate. Will hardly speak to any one for days at time. Complains of headache occasionally. Menstr. about the 3d. Sept 28 93. Appetite generally good. Sleeps well. Behavior quiet. Thinks people are making sport of and talking about her. Complains of headache at times. Menstruated about 22d.

Aug 5 93. Moved to B1 Aug 28 93. About the same. Stays in her room most of the time & very lazy. Menstruated about the 21st Nov 30 93. On B1 for the past few months. health good, quite despondent, sits in melancholy way in room nearly all of the time.

Dec 30 93 Appetite good most of the time. Is very violent & impudent. Has delusions. Sleeps well. Menstr. about the 6th Jan 31 94 No change. Menstr. about the 1st Feby 28 94 Appetite good. Sleeps well. Quiet in behavior & very taciturn. Does no work. Sits in her room a good deal of the time. Menstr. about the 6th Mch 1 94. Fought attdts. Was moved to B2 Mch 3 94. Quiet in behavior. Confined to B2 Mch 7 94. Appetite good. Habits clean. Very parsimonious at times. Does not go off the ward neither walking nor riding. Apr 12 94. Menstr. Apr 30 94. Appetite good. Works in sewing room every day. Talks coherently. Habits clean. May 2 94. Menstruating.

May 18 94. Gen. health good otherwise the same. May 31 94. Appetite good. Behavior quiet. Goes out walking. June 7 94. Menstruating. Fought with Mrs Benston. Was very stubborn, would not keep out of the way. Had to take out of bed when she turned on Adell. July 2 94. Menstruating. July 31 94. Quiet in behavior. Appetite good. Goes out walking. Aug 2 94. Fought A! Aug 29 94. Appetite good. Sleeps well. Is quiet & pleasant & appearance. Talks quite rationally. Sept 27 94. Appetite good. Sleeps well. Often talks and laughs to herself. Walks a little lame. Menstruated about 20th Oct 30 94. Is quiet as a mouse. Does no work. Eats and sleeps well. Quite often talks & laughs to herself. Nov 30 94. Sits quietly about on ward. Appetite good. Sleeps well. Quite often talks and laughs to herself. Does no work. General health good. Dec 30 95. Has been quiet & agreeable as a rule (Feb Jany 16th B1) Does not complain. Does no work. Went out walking. Appetite good. Bowels regular.

Feb 11 95. Menstruating. Sick in bed. Feb 28 95. Quiet & agreeable. Neat about her person. Clean in habits. Has hallucinations. Appetite good. Sleeps well. Bowels irregular. Physical health good. Mch 6 95. Menstr. Mch 29 95. Quiet in behavior. Not very neat in habits. Complains a great deal. Appetite quite good. Bowels irregular. Never wishes to go riding or walking. Does no work. Apr 9 95. Menstr.

Apr 29 Talks to herself at times. Has delusions. Complains a great deal. Appetite quite fair. Bowels irregular. Does not go walking. Does no work. May 29 95. Complains of her teeth a great deal. No change.

June 30 Not very strong. Has to be helped up and down stairs when she goes out walking. Appetite fair. Bowels irregular. Very noisy sometimes. Has delusions at times. Talks sensibly. Aug 31 Very noisy at times. Imagines she hears strange voices talking to her. Appetite good. Bowels regular. Complains of her back, side & head at times. Goes walking & riding. Does needle work for herself. Clean in habits.

Transf. to Page 132, - 196.

Personal and Medical History of Ottilia Norquist

Whole No. 3151
Residence, Scandia / Hastings /
Date Admission, Oct 14 1892
Admitted by, Dr Phelps Hour, 7 PM
How Sent, Dr Fisk Rudolph Schmicker
Sex, Female
Age, 23
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Domestic
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Sweden
Physicians Committing, P. J. Merrill Dr. H. H. Pratt
Correspondents, Miss Emily Norquist / Sister /
Stillwater Minn

No. for Year, 63
Insane Relatives, Sister at St Peter
Cause Exciting, Unknown
Cause Predisposing, Heredity
Form, Puerperal Insanity
Accompanying Bodily Disorder, Unknown
Suicidal or Not, Not
Date of this Attack, Sept. 1892
Duration, 6 weeks
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 23
Time of Leaving, Jany 11 94
Time in Hospital, 1 year 2 mos 2
Result, Impr

EXAMINATION ON ADMISSION.

Dr R M. Phelps Nov 15-92 MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Very sluggish
MEMORY:
Past Events, Sluggish
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects, Not good
Own Mental State, Dull sluggish
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Seems confused

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Depressed and confused
DELUSIONS:
Systematized or Not, Seems to struggle to
Special Subjects, try to comprehend
Transitory or Not, things
HALLUCINATIONS: None
ILLUSIONS: None expressed
CONVERSATION:
Coherent or Incoherent, Rather incoherent
Voluble or Reticent, Reticent
Confusion and dizziness always present in the head

Case of Miss Norquist, Dec, 12th '92.
A letter from patient's father states that her trouble has been beginning since November 1891, when she stopped cooking and commenced working in the sewing room, where she behaved rather queerly, was rather aggravating in manner, took up religious ideas quite strongly, and
She was also then subject to severe head-ache, although no loss of memory was noticed. However last June, when taken to Stillwater, unsteadiness of the speech was noticed, and the headaches still continued. Ideas of a delusive character greadually grew more powerful, and she became dizzy at times, would reel, and at times fall. She was in some thing this condition when sent here.

Todsyske is suspicious, but remembers a good many things + confirms some of the above facts - shows ataxy Romberg - incoordination + tremors - Speech is reluctant but not distinctly impaired - Facial expression that of some Brain oppression or Paresis.

Legs, Hardly can stand [illegible]
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Equal about 7 — Dec -12- Reflex 9-
Other Reflexes,
ARTICULATION, Hesitating, Rather hesitating Slurred,
FACIAL EXPRESSION, Normal
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem good
EXAM. URINE, Nov 13 — Pale yellow — Sp G. 1006 — No Alb —

GYNAECOLOGICAL EXAM., Normal Condition
MENSTRUATION, Regular
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Constipated Irregular,
APPETITE, Good, Medium, Medium Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 76 RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother living
Father or Pat. Relations, Has not lived home with him for a long time
Brothers or Sisters, One sister in St Peter Asylum

Personal and Medical History of Ottilia Norquist

Whole No.

Residence,

Date Admission

Admitted by,

How Sent,

Sex, Fem

Age, 23

Civil Condition

Children,

Age Youngest

Occupation,

Degree Educat

Profession Religion, Yes

Habits, Good

Nativity, Sweden

Physicians Committing, P. J. Merrill Co. / W. H. Pratt

Correspondents, Miss Emily Norquist (Sister) Stillwater Minn

Time of Leaving, [illegible]

Time in Hospital, 1 year 2. 28 d

Result, Imp

EXAMINATION ON ADMISSION.

Dr P M Shulps Nov 10-97 MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Very sluggish

MEMORY:

Past Events, Sluggish

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, Illusive

REASONING POWER:

Ordinary Subjects, Not good

Own Mental State, Dull sluggish

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Seems confused

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, Depressed and confused

DELUSIONS:

Systematized or Not, Seems to struggle to

Special Subjects, try to comprehend

Transitory or Not, Strong

HALLUCINATIONS: Not free

ILLUSIONS: None expressed

CONVERSATION:

Coherent or Incoherent, Rather incoherent

Voluble or Reticent, Reticent

Confusion and dizziness always present in the head

Personal and Medical History of Ottilia Norquist

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Only fair

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, Slight Coatings, Promptness Movement, Slow

PUPILS, Equality, Yes Size, Normal

Response Light, Yes Accommodation, Yes

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Only fair

Legs, Not good Can not stand with eyes shut Hardly can stand on one foot

TREMORS, Hands, None Tongue, None

Facial Muscles, None General, None

REFLEXES, Patellar, Equal about 7 — Dec -12- Reflex 9-

Other Reflexes,

ARTICULATION, Hesitating, Rather hesitates Slurred,

FACIAL EXPRESSION, Normal

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Seem good

EXAM. URINE, Nov 13 — Pale yellow — Sp. G. 1006 — No Alb —

GYNAECOLOGICAL EXAM., Normal condition

MENSTRUATION, Regular

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Tolerable Careless,

BOWELS, Normal, Constipated, Constipated Irregular,

APPETITE, Good, Medium, Medium Poor,

SLEEP, Good, Poor, Irregular,

PULSE, 76 RESP., Normal TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations, Neither living

Father or Pat. Relations, Has not heard from him for a long time

Brothers or Sisters, One sister in St Peter Asylum

Personal and Medical History of Attalia Norquist

1892 This woman was brought here by Mr P. Johnson who is only slightly acquainted with her. Her attack began about six weeks ago manifested by Melancholia and depression. Insane (as "all subject") No disposition to fatality or destructive habits. Has been in the City Hospital for several weeks. Treated with Bromides &c. Left with apparent benefit upon stopping the treatment the trouble increased. Her friends are not known. Very quiet on admission. Talked quite well.

Oct 14 Quiet. Sat in one place all day. Talks very little. Eats well. Some pimply on left cheek. No injury. Bowels regular. Asks for a nurse to wait upon her and bring food made to her room.

" 15 Quiet. Went out walking. Talks very little.

" 16 Eats well. No especial change.

" 17 Has eaten very little today. Taught an hour dressed.

" 18 Taught twice today. Eats fairly.

" 19 Has been quiet today. Eats well. Bowels constipated.

" 20 Patient very dull for manner at first but has now brightened up a good deal. Yet somewhat confused.

" 30 Eats fairly. Sleeps well. Very irritable at times. Bowels constipated. Inclined to fight at times.

Nov 1 Moved to C— on account of sudden violence in the dining room. The dullness and confusion seem to be giving way to more active maniacal ideas and behavior. Sullen in manner most of the time but occasionally scolds and is violent.

" 30 Appetite good. Sleeps well. Nutrition good. Bowels regular. Behavior generally quiet but violent at times.

1893 Jan 2 Appetite good. Tidy in habits. Does no work. Behavior quiet. Sleeps well. Irritable at times.

Jan 27 Appetite good. Works at times a little in the dining room. Behavior quiet. Sleeps well. Has not menstruated of late.

Feb 21 Appetite very good. Does no work. Sleeps well. Quiet.

" 28 Appetite good. Sleeps well. Behavior quiet. Does some light work on the hall. Rather dull mentally. Talks very little.

March 4 Visited by her brother today. She wanted to go home with him but she was advised not to take leave yet.

" 31 Menstruated about the 15th. Behavior quiet and at times

Personal and Medical History of Attalia Norquist

disposed. Works in the dining room and laundry.

May 22 General health good. Works in laundry every day. Generally talks sensibly but seems to be absent minded. Mind wanders away from in conversation. Muscles of face twitch a good deal. Very anxious to go home. May 23 Ordered to Ames.

June 1 Visited by her brother. Went at Ames. Works every day in laundry. Very quiet in behavior. July 26 93. Works in laundry most the time. Quiet & clean. Appetite good. General health good. Oct 20 93. Appetite good. Has not worked in laundry for a week. Is violent at times. Destroys clothes. Dirty in her habits.

Julia Holmes Felt Insane Folio 100.

Sept 1- Feb 28 1900 (Dr Heyerdale) Nov 5. Is disturbed spell: Is destructive: Sleeps fairly well: Appetite good: Bowels regular: Physical health good: Takes out door exercise. Feb 3 Wt 103 lbs. Very pleasant and agreeable on ward when not in spell.

March 1- Aug 31. (Dr Linton) Untidy in habits & at times violent little change from month to month - July 16. Vaccinated. When in spell will not keep clothing on & usually sleeps poorly. Appetite fair: Takes out door exercise. Aug. 16: Left foot swollen: complained of pain: Liniment & massage applied.

Sept 1- Nov 30. When not in spell assists with work, answers questions sensibly & is pleasant but when in spell is noisy violent & profane, requiring seclusion. Dec 1- Feb 28. General health good: Spells occur periodically & last from a few days to three weeks, during them patient kept in seclusion & fed on tray. Requires occasional cathartics: Is well physically.

March 1- June 1- 1901 No change. May 29 Wt 120 lbs.

June to Sept. July 23 was taken sick during one of her paroxysms of mania, she was noisy, violent and destructive as usual in these attacks, and also refuses to keep on her clothing, very profane, somewhat weak but refuses to stay in bed, excretions about normal, July 28 became very much weaker, skin cold and clammy, hot applications applied, and hypo. of strychnia, still growing weaker, constipated stules dark. July 30 had convulsion and died at 9:00 A.M. Tem. during time did not exceed 101 Pulse 134 Resp. 38.

— Dead —

Personal and Medical History of Frances E. Slocum

Whole No. 3158
Residence, Stillwater Washington
Date Admission, October 19 1892
Admitted by, Dr Phillips Hour, 4 P.M.
How Sent, In charge of Prof. Rudolph Lehmicke
Sex, Female
Age, 44
Civil Condition, Married
Children, 3
Age Youngest Child,
Occupation, Housewife
Degree Education,
Profession Religion, Yes (Methodist)
Habits, Good
Nativity, Ill
Physicians Committing, C.B. Marshall & A.S. Watkins
Correspondents, Mrs S.B. Slocum
422 W. Hickory St Stillwater

No. for Year, 70
Insane Relatives, None
Cause Exciting, "Sickness and trying disease change of life"
Cause Predisposing,
Form, Acute Mania
Accompanying Bodily Disorder, No
Suicidal or Not, Not
Date of this Attack, Oct 7 1892
Duration, Ca 3 weeks
No. of Attack, 2
No. of Admissions, 1
Age First Attack, 34
Time of Leaving, Nov. 13th 92.
Time in Hospital, 24 da.
Result, Recovered

EXAMINATION ON ADMISSION.

Dr P.M. Phillips Nov 10-92 MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused on admission
Quick or Sluggish, Quick but wandering

MEMORY:
Past Events, Fair
Recent Events, Fair
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Fair most Dull
Correct or Illusive, on admission

REASONING POWER:
Ordinary Subjects, Intelligent now
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Normal now
Indifferent,
Exalted, Exalted on admission
Depressed,

DELUSIONS:
Systematized or Not, Rambling ideas
Special Subjects, on admission
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Incoherent on
Voluble or Reticent, admission but talks well now

Personal and Medical History of Frances E. Slocum

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Fair
WOUNDS OR ABNORMALITIES, None - Has always been
TONGUE, Tremors, None Coatings, Promptness Movement, Prompt
PUPILS, Equality, Equal Size, Normal
Response Light, yes Accommodation, Yes
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Fair
Legs, Fair
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Normal
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Do not seem strong but no lesion localized
EXAM. URINE, coughs a good deal
Light yellow Sp Gr 1012 - Urea 1.7% No albumen
GYNAECOLOGICAL EXAM., Endometritis with profuse discharge
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean now Careless, Careless on admission
BOWELS, Normal, Yes Constipated, Irregular,
APPETITE, Good, Medium, Poor, Poor
SLEEP, Good, Poor, Poor at time of ad Irregular,
PULSE, See record RESP., TEMP., Considerable rise
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother died of Asthma
Father or Pat. Relations, Says family long lived
Brothers or Sisters,

Personal and Medical History of Frances E Slocum

1892 This woman was brought by C. W. Ketchcart Bro and Mr McClelan. The attack began suddenly about Oct 9-92 when she began fasting and praying. Has of late been very enthusiastic in church work. W.C.T.U. etc. She had a similar attack eight years ago after the birth of her first child Nov 27-88. Puerperal Mania. Which lasted for three weeks. Insanity manifested upon subjects of Temperance and religion. No disposition to injure others.

Has been under restraint the past three days. Has not been under medical treatment for the past year. She has been studying her Bible more for the past three months.

Oct 31 Internal Examination made. Found Endometritis with profuse discharge.

Nov 2 Gave local treatment today. Takes treatment willingly.

" 3 Had douche given today. Said made her feel better.

Oct 25 Put upon tonic Medicine. Relaxing quite mild tepid clothing off and tepid bed pan. Will not keep her hair combed as in any shape. Needs constant watching.

" 26 Looks worried and anxious. Very thin. Refuses to eat but will drink milk P 120.

" 28 Temp normal. Refuses to eat but takes her milk.

" 29 Temp 100. Has delusions that we put poison in her milk. Coughs constantly and looks much as if she had lung trouble. Duty upon careful examinations no lesion can be found.

" 30 Very much improved. Eats fairly well. Sleeps well. Pulse regular.

Nov 10 Has been in bed most of the time since admission. Walks a portion of each day. Prefers sit in her room when up. Is most sane stranger and wants to go home.

Nov 13 Husband came today and took her home. Had same fever most of time since coming.

Personal and Medical History of Katie Casey.

M 3158

CLINICAL NOTES IN THE CASE OF Mrs [illegible]

	DATE	HR.	PULS.	TEMP.	RESP.	NOTES BY NURSE	NOTES BY PHYSICIAN.
Oct 19							
20							
21							
22		M.	105				
23		M.	126				
24		M.	114	103			
25							
26			120				
27							
	P. M.			102		Has had since 3 P.M. — Took about 5 glasses milk — Would eat no supper.	
28	A. M.			normal			
	P. M.			103			
29	A. M.			100			
30							
31							
		P.M.		normal		Ate a better supper — Has been quite fractious about eating — claiming at times to find poison in food —	
Nov. 1		M.		100			Is always cheerful & full of bright ideas
2		M.		99		Slept well night — Eat good breakfast — Wishes to go riding — Has not been out walking for a week — Looking more bright this morning —	
3				99			
4				99			
5		A.M.		99			
		P.M.		98			
6		P.M.		100			
7		M.		100		Has eaten oranges, milk & bit little else	
		M.	70	98			
8		M.	72	97		drank a pint of [illegible] P.M.	
		M.	66	99			
9		M.	76	100		did not eat [illegible] well today drank	
		M.	66	97		five glasses of milk	
10		M.	86	102		eat very little	
		M.	84	100		oranges	
11		M.	84	99			
		M.	82	101			
12		M.	86	100		eat some bread and milk today and one pint of	
		M.	86	101			
13		M.	82	101		Eggnog at 4 P.M.	

Jan 14 Wt, 112 1/2 lbs Jan 16-16. Fed with tube. Mch 17 Wt 99 lbs Very disagreeable at times. Walks with difficulty due to inability to use limbs. Appetite poor. Treat: Cathartics given

Do Folio 196.

Personal and Medical History of [illegible]

Personal and Medical History of Katie Casey.

Sept 25 Quite noisy at times. Talks to herself. Imagines she hears voices. Goes riding & walking. Does no ward work. Crochets for herself. Complains a great deal of tooth-ache. Appetite fair. Sleeps quite well. Bowels irregular. Clean in habits. Neat in appearance. Oct 4 Menstr.
Oct 29 Quite noisy some days. Has delusions & hears voices. Gen. health quite good in past month.
Nov. 4 Menstr. Nov 27 Noisy at times. Appetite fair. Bowels irregular. Takes cathartics. Sleeps quite well. Goes riding & walking. Clean & neat. Nov 29 Menstr. Dec. 26 Menstr. Has delusions during period & is quite noisy. Jan 24 Menstr. Is quite noisy & nervous. On the whole however is more quiet & rational than a year or so ago (Phys. note)
1896 Mar 16 Menstr. Quite nervous also somewhat noisy during period. Has delusions. Appetite fair. Tidy in habits. Neat in appearance. Bowels usually constipated. Menstruates regularly. May 27 Has been quite disturbed lately. Imagining that people are talking about her. otherwise about same as usual. Leaves to A. I. Summary Nurse's Notes by Dr. G.H. Phelps. Aug 18 Has hallucinations: usually talks quite sensibly: sits about on ward & does no work: Appetite fair.
Nov No change: Dec 97 Has been losing flesh of late: Has not seemed quite so well physically.
1897 Quiet & pleasant in manner. Bowels very constipated: put on tonic & cathartics:
May no change: June 27 97 Visited by sister: refused to talk with her. June 24-25-26-27 Fed with tube: June 28 Ate home: July 30 Fed with tube every day: Aug 1 97 Ate meals:
Aug 13-19 Refused to eat: Aug 31 Clean in habits: takes tonic: Appetite good at present.
(cont'd by Dr. R.M. Phelps) Sept. 4 97 For several years patient has refused to eat at times: & not eating now: rather weak & helpless because of this: Has to be fed with tube: Dec. 28 97 Transf. to B3: Feb. 14 98 Transf. to B2. Feb. 21 98 Has been refusing to eat for some time, but ate today: Feb. 23 99 Several times since last note has refused to eat & been fed with tube for a while, which she accepts very graciously & in fact seems to wish it: Altho' she answers ordinary questions rationally, by close questioning she is found to have delusions:
1899 Mar. 8 Dec. (Cont'd by Dr. R.A. Bell) General health somewhat impaired: Very uncertain on her feet: walks with great effort: usually fairly neat occasionally untidy: Appetite variable: has many delusions: at times she refuses to eat evidently on account of these: sometimes says she prefers to be fed by tube because it is easier than eating, but probably also has some delusion: usually quiet: answers questions quite sensibly: Often talks to self: occasionally irritable & fault finding: at times noisy: unoccupied much of time but sometimes reads & plays cards & other games: bowels & menstr. regular: sleeps well. Received Message during March & April. Sept. 1 - Feb. 23 1900 Disagreeable on ward at times: Very unsteady on feet. Does not eat well: Frequently fed by tube. Sleeps well. Neat in habits rather careless in appearance. Cathartics given. Is usually pleasant & agreeable
Jan 14 Wt. 114 1/2 lbs Jan 16-26. Fed with tube. March-Sept 30 1900 Very disagreeable at times. Walks with difficulty due to inability to use limbs. Appetite poor. Neat. Cathartics given

Do Folio 196.

Personal and Medical History of Mary Maloney

Whole No. 3165
Residence, St Paul
Date Admission, Oct 31 1892
Admitted by, Dr Phelps Hour, 7 P.M.
How Sent, Judge Cook J.B. Clarke
Sex, Female
Age, 30
Civil Condition, Single
Children, /
Age Youngest Child, /
Occupation, Nurse
Degree Education, /
Profession Religion, R.C.
Habits, Bad
Nativity, St Paul Minn
Physicians Committing, H. B Cogswell M.D. Arthur Gunning
Correspondents, —

No. for Year, 77
Insane Relatives, Unknown
Cause Exciting, Dissipation
Cause Predisposing, /
Form, Syphilitic Dementia
Accompanying Bodily Disorder, Syphilis
Suicidal or Not, Suic
Date of this Attack, 8 months ago
Duration, 8 mths
No. of Attack, /
No. of Admissions, /
Age First Attack, 30
Time of Leaving, July 30 93
Time in Hospital, 2 years 9 months
Result, Transfd to Fergus Falls

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Says was always
Quick or Sluggish, speaks minded

MEMORY:
Past Events,
Recent Events,
Special Subjects,

PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,

REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Has a hopeless and helpless way

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Dull and indifferent
Exalted,
Depressed,

DELUSIONS:
Systematized or Not, None determined
Special Subjects, but acts foolish
Transitory or Not, and dull.

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Mary Maloney

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Fair till last month
WOUNDS OR ABNORMALITIES, None all over her body from Syphilis
TONGUE, Tremors, None Coatings, Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING, Good.
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Dull and listless
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless, and untidy
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, Normal RESP., Normal TEMP., Normal
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Mary Maloney

1892 This woman was brought here by Frank Peden. His attack was first manifested eight weeks ago by symptoms of Melancholy, with morbid antibunts and attempt at suicide. Has a delusion that she has no bowels. Also of impending death and of being poisoned. No disposition to injure others but took pleasure twice and attempted to stand herself out of the window. Has been in City Hospital. Under restraint of wrist cuffs for past three days on account of restlessness and attempt to get at poison. Has been under specific treatment with fair results.

Oct 31 Quiet. Talks only when addressed. Bowels constipated.
Nov 1 About the same today
" 2 More restless. Eats well
" 6 Very stubborn. Dare not do as the attendants want her
" 7 Had a fight with Mr Madden and the latter bit her finger quite severely
" 14 Had her finger bitten quite severely by one of the other patients. Had necessary to cauterize and dress it antiseptically
" 15 & 16 & 17 Finger swollen and painful. Stay in her room most of the time.
" 30 After a few days her finger improved and soon healed without further trouble. Appetite good. Sleeps restless. In seclusion 17 hrs during the month. Bowels constipated. Behavior mischievous. Continually passes in a loaf demeanor among the other patients. It is necessary to keep her apart from them on this account. At times has had quite a risk of temper but it subsides promptly.

Dec 31 Appetite good. Not dirty in habits. Works some on ward. Mischievous and irritable. Sleeps poorly.
Jan 31 Bothers the other patients at times. Very dull mentally.
Feb 28 Very troublesome and mischievous. Irritates and battles the attendants. Has been necessary to exclude her.
March 31 Has in seclusion 66 hrs during the month. Very troublesome in battering the other ladies.
April Has been working with the other patients. Dirty at times.
May 1st Appetite fair. Is continually teasing and tormenting other ladies. Very disagreeable. Untidy in habits.
" 27 Very troublesome. Talks sensibly but never manifests any interest in anything.

Personal and Medical History of Mary Maloney

1893 June 8 Very low in her habits, actions and talk. Dull in mind but understands everything. Talks sensibly. Thinks she is damn pretty here and does not seem to care to become any better. General health seems good.
" June 30. Appetite very good. Habits dirty. Requires constant watching. Always tormenting some of the patients. S. Nicholson struck her with her shoe over the eye, has a black eye. July 29 93. Some quieter, helps work on ward in morning. Aug 31 93. The same. ~~Nov 30 93 Appetite good Habits dirty Requires constant watching Always tormenting some of the patients Very profane and apparently vicious in talk & behavior. Does not seem to feel much.~~ Sept 30 93 Habits dirty. Requires constant watching, appetite good. Sleeps well. Oct 31 93. Very disgusting in her habits. Has a foul and very profuse discharge. Put upon I Potass. gr x t.i.d. also Bichloride douches with injection of Iodoform. Very difficult to give her medicine. Troublesome about taking off her clothes & putting them on other ladies, so dirty & low in habits that she causes more trouble than any other patient on the hall. Requires constant watching as she is continually tormenting the other ladies. Seems to know better, but does every thing that is disgusting. Oct. 6. 93 In seclusion 1½ hrs. Oct 30 93 In seclusion in the morning from 9 to 3½ four hours. Has made several attempts to light paper on gas, asked why she done it would give no answer. Nov 29 93. Appetite good, destructive and very troublesome. Requires constant watching. Dec 30 93 Appetite good. Sleeps well. Works on ward. Some. Requires constant watching. Always tormenting the other patients by talking or talking to them. Jan 31 94. Appetite good. Sleeps well. Works quite a little on ward at times. Habit dirty. Requires constant watching. Will destroy apron, ties & tease the patients when ever she can get a chance. is very entertaining. Bowels constipated usually. Feby 28 94 No change. Mch 31 94 Appetite good. Sleeps well. Habits dirty. Very annoying & hard to take care of. Requires constant watching, chews cigar stubs when she can get hold of them.
Apr 30 94 Requires constant watching, takes her underwear off & tries to get them on other patients. Picks up cigar stubs & chews.
May 31. Appetite good. Habits dirty. Always tormenting others. Requires constant watching, takes her underwear off while out walking. Generally manages to find some cigar stubs, which she chews. June 30 94 Former report holds good. Bowels quite regular.
July 31 94 Not quite so hard to watch. Helps on ward some. Appetite good. Sleeps quite well. Bowels quite reg. Aug 31 94 No change.
Sept 27 94 Appetite good. Sleeps well. Habits dirty. Works on the ward some. Loves riding and walking. Oct & Nov 30 94. No change.
Dec 31 94 Works on ward some. Eats & sleeps well. Habits dirty. Personal appearance very untidy. Jany 31 95 Is destructive. Bowels regular.
Feb 28 95. Works on ward some, appetite good. Sleeps quite well. Habits dirty, personal appearance untidy. Requires constant watching. Will destroy her clothing as well as other patients if not closely watched. Bowels regular. Mch 30 95. Appetite good. Sleeps well. Is destructive & violent at times. Was in restraint part of a day. Works on ward some. Bowels reg. April 30 95 Works on ward. Appetite good. Sleeps well. Bowels regular. Personal appearance very untidy. May 31 95 About the same.
June 30 95 Appetite good. Sleeps well. Works on the ward. Habits dirty usually. Bowels constipated.
July 30. Appetite good. Sleeps well. Works on the ward some. Habits clean. Bowels reg. Has a fancy belly.

July 30 95 Transf to Fergus Falls

Personal and Medical History of Catherine Denman

Whole No. 3166

Residence, Canton Minn (Fillmore)

Date Admission, Nov 1 - 1892 -

Admitted by, Dr Phillips Hour, 3 - P.M.

How Sent, In charge Prof. E. V. Farrington

Sex, Female

Age, 48

Civil Condition, Single

Children,

Age Youngest Child,

Occupation, Housekeeper

Degree Education,

Profession Religion, No

Habits, Good

Nativity, Ohio

Physicians Committing, J. H. Phillips and E. A. Love

Correspondents, G. F. Denman (Bro) Canton Minn.

No. for Year, 78

Insane Relatives, One half sister

Cause Exciting, Over Exertion

Cause Predisposing, Heredity probably

Form, Chronic Mania

ing Bodily Disorder, Hemorrhoids

Not, Not

Attack, July - 1892

About 3 months

k, 2

issions, 1 (2) Yes

ttack, 41

ving,

spital,



EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Seems good

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Quite quick

Correct or Illusive,

REASONING POWER: Not very good

Ordinary Subjects,

Own Mental State, Not good

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm, Calm and

Indifferent,

Exalted, an admission and

Depressed, rather silly.

DELUSIONS:

Systematized or Not, Seems to be some-

Special Subjects, what mixed but

Transitory or Not, no special delusions

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Talks willingly

Voluble or Reticent, and quite well

Personal and Medical History of Catherine Denman

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Fair

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, None Slight Coatings, Slight Promptness Movement, Quite prompt

PUPILS, Equality, Not equal Size, Not one contracted

Response Light, yes Accommodation, yes

SIGHT, Not good

HEARING, Ears good

COORDINATION, Arms, Not very good

Legs, fair

TREMORS, Hands, Slight Tongue, Slight

Facial Muscles, Slight General, Slight

REFLEXES, Patellar, About 3 Equal

Other Reflexes,

ARTICULATION, Hesitating, Good Slurred,

FACIAL EXPRESSION, Rather pleasant

SENSIBILITY,

HEART, Sounds are good

LUNGS, Seem normal

EXAM. URINE, Nov 12 - Sp G. 1018 - Albumen None - Acid - Light yellow

GYNAECOLOGICAL EXAM., Some hyperaemia, discharge Normal position

MENSTRUATION, Says irregular of late

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless,
BOWELS, Normal,	Constipated, at times	Irregular,
APPETITE, Good, yes	Medium,	Poor,
SLEEP, Good, yes	Poor,	Irregular,
PULSE, 75	RESP., Normal	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Some ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters, One half sister insane

Personal and Medical History of Catherine Denman

1892 This woman was brought here by her brother. The attack began in July 1892 when she became mild and incoherent in her talk. Manifest delusions on various subjects. Was committed here July 1886 and discharged in Dec. 1889. No disposition to injure others. No filthy or destructive habits.

Nov 2 Quite noisy. Slept well. Appetite good. Bowels constipated.
" 3 About as yesterday. Rather neat in her appearance.
Dec 13 Moved to Annex today. Quiet and pleasant.
Jan 11 93 General health has been good. Helps with the mending. Knits lace etc. Cheerful and pleasant in manner. Mentally she is rather childish. Generally very quiet.
Feb. Marked back from Annex to Ward so that she could help in the Centre dining room. Works most every day.
March 6 General health has been good. Works every day. Talk is rather silly and incoherent.
" 29 Appetite good. Behavior quiet. Habits clean. Works in centre dining room. Talks quite sensibly.
April 30 Eats well. Works in the dining room. At times became noisy and irritable and incoherent in her talk.
May 10 Works in centre dining room. Silly and demented.
" 18 Had one of her spells. Does no work. Noisy and incoherent.
" 31 Appetite good. Behaves well and is out most quiet. Has been walking again in dining room.
June 8 Very careless in her personal appearance. Demented and silly. General health continues good.
June 30. 93 Appetite good. Habits untidy. Behavior noisy at times. Full of delusions. Works a little in centre dining room. Menstr. about 3rd. July 29. 93 Appetite good. Habits clean. Behavior quiet. Works in center dining room. Removed to B3 Aug 5. 93 Aug 30. 93 Appetite good. Habits clean. Was off her spells 5 days did not work, was very noisy, sings most of time & very quiet now works in the centre dining room. Menstr. 15th 93. Sept. 29. 93. Appetite good. Works in center dining room when out of spell. Had a spell & was very noisy for 2 weeks. Menstr. about 23.
Oct 13. 93. Struck by J Glenn, causing a black eye. Oct 30. 93. Appetite good. Has been very noisy for 2 weeks. Worked in centre dining room the first part of the month. Jany 24. 94 Received on C2. Slept poorly first night but afterwards enjoyed good night rests. Ate fairly well. Bowels OK. Coughed and had slightly bloody expectorations, was put on tonics since she came on ward. Temperature ran as high as 100 3/5. & was mostly 100. Pulse being once 110. - came down on Feby 8 94 to 84. and Temp. to 98 1/5. Felt quite well, was dressed and up on ward this same day.
For full history of treatment see nurses record Case. Feby 94 Appetite good. Behavior noisy at times. Works in the Centre. Feby 13 94 Appetite good. Is gaining

strength. Transfd to B1. Feby 28 94 Appetite very good. Sleeps well. Is on time. Quiet in behavior. Clean in habits. Menstr. about 20th March 94. Removed May 11 94 Appetite good. Clean & neat in habits. Works in dining room. Is quiet. Talks quite sensibly. Goes riding & walking. Health good.
June 24 94 Appetite fair. Clean & tidy in habits. Works in dining room. Is quiet. Talks quite sensibly. Will go riding, but does not like to go walking. Health good.
" 14. Transfd to C2 July 29 94 Assists with ward work. Appetite very good. Aug 24 94 Transfd to Infirmary Aug 29 94 Goes out walking. Frequents grounds entertainments in the City. Assists with ward work. Aug 30 94 Appetite good. Bowels reg. Assists with work. Is quiet. Natural habits.
Sept 29 94 More disturbed than usual. Talking a good deal. Sept 12 94 Noisy. Transfd to B2 Sept 20 94. More quiet. Works on ward. Transfd to Infirmary Oct 10 94 Behavior very quiet. Wants to go home, assists with the ward work.
Oct 26 94. Works in dining room. Good appetite. Bowels regular. Nov 30 94 Works in dining room. Behavior quiet. Appetite good. Goes out walking. January 2. 95 Uncertain to go riding or walking. Jany 26 95 Has been quiet of late. Talking & singing. Appetite good. General health seems to be good. Feb 10. 95. Complains of constipation takes cathartics. Assists with ward work. Feb 26 95 Good appetite. Neat in habits. Sleeps well. March 20 95 Works on ward. Is very clean. Has delusions. Talks quite noisily at times. Appetite good. Bowels reg. April 20 95. Has health good. Appetite good. Sleeps well. Neat in habits. Works on ward. Goes out walking and riding. May 31 95. Behavior quiet. Has health good. Has delusions at times. Works on ward. Goes walking.
June 11 Noisy at times. Gen. health good. Clean & tidy. Works on ward. Goes riding & walking. Trans to Annex.
June 25 More quiet. No other change. Trans. to B. H. July 11 Appetite fair. Bowels regular. Assists with work.
Aug 20 Eats & sleeps well. No change. Sept 10 Very clean & neat. Has delusions. Is very anxious to go home of late. Eats & sleeps well. Bowels regular. Assists with work.
Nov 9 Very quiet & agreeable. No change. Dec. 15 Very agreeable & always ready to assist with the work. Appetite fairly good. Goes riding & walking. Bowels constipated. Takes cathartics. Jan. 10 General health good.
1896 Feb 25. Has delusions. Eats & sleeps well. Mar. 10 Has diarrhoea & complains of pains in bowels & nausea. In bed all day. Unable to retain anything on stomach. Was sick & restless & did not sleep any all night.
Mar 15 Sick in bed today. Bowels constipated: Gave cathartic. Apr. 10 Extremely noisy the last few days. May 29 Visited today by brother.
June Summary Nurse's Notes by Dr. E.L. Phelps: Very agreeable: assists with work: appetite fair: Aug 31 96 Extremely noisy to-day: In spell: Nov 96 Appetite fair: bowels constipated: takes cathartics: Jan 97 At present quiet & works on ward every day: Physical condition as good as usual: assists with work: June 97 Agreeable: works:
1897 July The same as at last note: (Recorded by Dr. R.M. Phelps) Sept 9 97 Visited by brother:
1898 Always rather silly & incoherent: Full of transitory delusions. Jan. 9 98 Weight 106 lbs.
May 10 Visited by brother: Jan. 7 99 During intervening time has shown no special change in behavior or mental state. (Recorded by Dr. R. A. Bell.) Mar 8
1899 Dept. Gen'l health good: appetite good: inclined to be constipated & requires laxatives: assists with work: spends most of time in her own room reading: noisy at times: has many delusions & is very incoherent. Apr. 1 While yawning caused dislocation of jaw. by manipulation reduced dislocation herself. June 11 99 Visited by brother.

See Folio 200

Personal and Medical History of Ida Nelson

Whole No. 3169

Residence, Skull Rock Tp - Faribault Co

Date Admission, Nov 4 1892

Admitted by, Dr Phelps Hour, 7 P.M.

How Sent, Jos P. Herman Blackburn

Sex, Female

Age, 33

Civil Condition, Married

Children,

Age Youngest Child,

Occupation, Housekeeper

Degree Education,

Profession Religion, Lutheran

Habits, Good

Nativity, Denmark

Physicians Committing, J P Van Berg & A C Hodge

Correspondents, Peter Nelson Blanchville Faribault Co Minn

Certificate asks Commitment
Sent Frank Nelson, Atty at Law
Address - Minn Oct 4/1892
(See letter Book that date)

No. for Year, 81

Insane Relatives, Unknown

Cause Exciting, Unknown

Cause Predisposing, Unknown

Form, Acute Mania

Accompanying Bodily Disorder, None known

Suicidal or Not, Not

Date of this Attack, Oct - 1892

Duration, 9 days

No. of Attack, 1

No. of Admissions, 1

Age First Attack,

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined Dec 2 1892

MENTAL ACTIVITY:

Clear or Confused, Clear and lenght

Quick or Sluggish, an Examination

MEMORY:

Past Events, Very good

Recent Events, Fairly good

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Fair

Own Mental State, Fair

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Seems to recall everything of the past readily

EMOTIONAL STATE:

Normal, Calm, Calm when Examined

Indifferent, Has been very indef

Exalted, Jovial and talkative

Depressed, exhibits most of

DELUSIONS: the time since admission

Systematized or Not, Says has heard voices

Special Subjects, cats dogs etc at night

Transitory or Not, Same since she has

HALLUCINATIONS: been here last

ILLUSIONS: not as much as be-

CONVERSATION: fore she came

Coherent or Incoherent,

Voluble or Reticent,

Talks coherently + very well More than at any time since admission

Has been violent and destructive so that could not be Examined until now

Personal and Medical History of Ida Nelson

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 2 in WEIGHT, 97½ lbs NUTRITION, Poor

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, None Coatings, + indented Promptness Movement, Good during ex

PUPILS, Equality, Equal Size, Normal

Response Light, Good Accommodation Good

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Normal

Legs, Normal

TREMORS, Hands, None Tongue, None

Facial Muscles, None General, None

REFLEXES, Patellar, Equal +

Other Reflexes,

ARTICULATION, Hesitating, Prompt during Slurred, + examination

FACIAL EXPRESSION, Indifferent

SENSIBILITY,

HEART,

LUNGS,

EXAM. URINE, Nov 6 - Sp 9. 1022 — Large sediment — No albumen — Urea 1.7% — No sug.

GYNAECOLOGICAL EXAM., Laceration of cervix and endometritis

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless, Careless Not neat

BOWELS, Normal, Normal. Constipated, Irregular,

APPETITE, Good, Good Medium, Poor,

SLEEP, Good, Good Poor, Irregular,

PULSE, RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations, Mother died when patient was child

Father or Pat. Relations, Father

Brothers or Sisters, 4 Bros 3 sisters One bro has Rheumatism Other healthy

1892 This woman was brought here by T. P. Torgerson Sheriff Shf This attack came on three days before admission Had headaches all summer and thought that she would go insane Insanity manifested in Religious No disposition to injure others No filthy or destructive habits She has been kept in bed a part of the time much against her will Medical treatment in the way of Cathartics and Sedatives has been employed

Nov 5 Quiet and rather weak Entered upon Book B

" 7 Named to Ward B Temp 99.8 P 94 Breasts contain milk Menses returned today Ate very light dinner

" 8 Temp 100 P 104 R 36 Ate light breakfast Has sore mouth Used wash for it several times Ate very little dinner No supper

" 9 Temp 98 P 100 R 30 at 9 A.M. Temp 100 Washed and mouth Ate dinner P.M. Temp 105 P 92 Washed and mouth Took two pills

" 10 Temp 99 P 94 R 30 Took three glasses of milk Sits quietly in bed Inactive and rather unwilling to talk Seems to realize quite well what is going on around her Bowels constipated

" 11 Temp 98 P 98 R 30 Ate light meals

" 12 Temp 99 P 88 R 24 Bowels moved Ate dinner & took cup milk

" 13 Temp 99 P 86 R 20 Slept seven hrs Ate breakfast & light dinner

" 14 Slept nearly all night Ate breakfast Went into the dining room and ate dinner Ate supper P 86

" 16 Temp 98 P 88 R 20 Took medicine Ate breakfast Slept most of the night Took glass of milk during the night

" 16 Temp 99 P 80 R 21 Ate meals in the dining room

" 17 Temp 99 P 78 R 20 Restless during night Slept 4 hrs Ate breakfast ate a good dinner but refused to eat supper

Nov 18 Very restless during the night So excited to-day moved bed down to C Ward Quite violent Requires holding

1893 Jan 2 Appetite good Does no work Behavior noisy and very violent at times Mischievous and irritable Usually quiet

Jan 27 Appetite good Tramps a little in the dining room at times Behavior unmoved Better Quiet most of the time Sleeps well

Feb 2 Appetite good Does no work Very destructive in behavior and violent Sleeps well

Feb 28 Appetite good Sleeps well Behavior very wildly & noisy

March 1st Appetite good Behavior noisy and fretful Very violent Destroys articles on the hall Requires constant watching Has been in seclusion about 48 hrs during the month. At times very dull and silly Menstruated the 2nd and 30th Does no work Bowels regular Sleeps well March 31st Visited by brother in-law

May 22 Very treacherous and unreliable in behavior At times very violent and destructive Does no work Physical health Good

June 8 Has many delusions Will not own her husband

June 93 Appetite good Tidy in habits, talks very silly, does no work, behavior mostly irritable, in bed 2 or 3 days during menstruation. In seclusion 12 hrs during month. June 26 Visited by friends. July 11. Been violent all day & talks very silly. Menstruating, very much different in every way during the period July 29 93 In seclusion 11 hrs. July 12 93 In bed the last 3 days July 19 93 Very violent all day in seclusion 6 hrs. July 23. Very violent all day, had 2 fights. In seclusion 8 hrs. July 24 93. In bed all day. July 27 93. Still in bed. Gets well. Is quiet all day. very noisy first part of eve. July 31. 93 In bed yet, in seclusion 2 5 hrs during month. Aug 3. 93 Up and dressed this morning. Aug 4. 93 Very violent, fighting, tearing her clothing. Put in seclusion this morning.

Aug 8. 93 Menstruating and has been very violent during the period. Aug 13 93 In bed the last week. Appetite very good. Talks very silly. Has delusions. Bowels constipated. Aug 14 93 Complains of pain in stomach. Aug 22 93. Been laughing & irritable all day. Aug 26 93 Up & dressed, appetite good. Aug 27 93. In bed this morning again, very noisy all afternoon. Sept. 1 93 Appetite good. Tidy in habits. Does no work. In bed for past 2 weeks, talks silly, bowels constipated. Sept. 3. 93 Menstruating, very violent noisy all day. In seclusion 7 hrs. Sept. 7 93 Has grown more quiet, very noisy for a part of night, talking singing

Sept 20 93. Has been found by general night watch about 11 o'clock trying to strangle herself with a piece of cloth torn from the sheet & was removed to B 2 to sleep. Sept 23 93 Has been talking more or less all day & about 5 o'clock P.M. jumped out of bed & ran down the hall screaming & took a picture, which stood on an Easel, was held for over 1 hr. Sept. 27. 93 Been very violent about 2 hrs & the rest extremely noisy balance of day. Sept. 28 93 Has been very violent & irritable of late. Yesterday was quiet. Went walking & behaved well. Sept. 30 93 Removed to B 2 Oct 3. 93 Visited by husband & seemed to enjoy his visit. Oct 26 93 Out of bed, restless 3 hrs. had diarrhoea. Oct 31 93 Appetite good Tidy in habits Very violent at times. Nov 2 93 Menstruating. Nov. 8 93 Fighting while out of bed & walking around after supper. Nov. 11 93 Throwing dishes in dining room.

Nov. 17 93 Very excited twice during day, but did not fight. Nov. 19 93 Fighting very much excited. Nov. 29 93 Appetite good Takes tonic 3 times daily, neat in habits, rests at night most of the time, in seclusion 2 hrs during month. Dec 11 93 Fighting Mrs. Hedberg Dec 5 93 Complains of Bowel troubles also of pain in the stomach, gave med as dir. Out of bed quite noisy. Talking & singing until 10 3/4 P.M. Gave med as dir. Dec. 11 93 Restless awake since 3 A.M. Dec 16 93 Visited for about 1 hr. Dec 20 93 Awoke & quite noisy talking till 11 P.M. Dec 21. 93 Fighting at bed. Also menstruating Dec 29 93 Quiet to dinner hour, fell asleep while bathing Dec 31 93 Appetite good Habits clean Very difficult to watch her on account of small articles of clothing - she will try to mail home any piece she may get hold of. Talks about home most of the time.

Jan 2 94 Complained of Constipation Gave med as dir. Jan 4 94 Awoke & restless from 11 P.M. out of bed 1/2 hr at 12 M. Jan 12 94 Fighting 3 times during the day. In seclusion the Eve for about 2 hrs. Awoke at 3 restless slept 4 hrs. of the rest of night. Jan 13 94 Very much excited & also destructive in hall

May 1894 fighting Jan 20 94 Out of bed at 10 P.M. Quite noisy one hr. Tore bed apart & destructive

over to 156.

Personal and Medical History of Emma Stebbins

Whole No. 317
Residence, St Paul
Date Admission, Nov 8 - 1892
Admitted by, Dr Baker Hour, 1 P. M.
How Sent, Clerk of Court. Frank Roberts Jr
Sex, Female
Age, 36
Civil Condition, Married
Children, 2
Age Youngest Child,
Occupation, Housekeeper
Degree Education,
Profession Religion, No
Habits, Intemperate
Nativity, Canada
Physicians Committing, Geo. H. Hanley & H. B. Cogswell
Correspondents,

No. for Year, 93
Insane Relatives, Unknown
Cause Exciting, Intemperance
Cause Predisposing,
Form, Dementia - Alcoholic
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack,
Duration,
No. of Attack, 2
No. of Admissions, 2
Age First Attack,
Time of Leaving, November 21 - 1911.
Time in Hospital, 9 yrs - mo 13 ds
Result, Died: General tuberculosis

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Somewhat confused
Quick or Sluggish,

MEMORY:
Past Events, Confused
Recent Events,
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Incorrect
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, Not good
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent, and wandering
Exalted,
Depressed,

DELUSIONS:
Systematized or Not, Talks to herself in
Special Subjects, an incoherent way
Transitory or Not, but no decided de-
HALLUCINATIONS: lusions
ILLUSIONS:

CONVERSATION: Talks in an indifferent
Coherent or Incoherent, Careless way
Voluble or Reticent,
Talks willingly but in-
coherently.

Personal and Medical History of Emma Stebbins

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Fair
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Some Coatings, None Promptness Movement, Fair
PUPILS, Equality, Equal Size, Normal
Response Light, Yes Accommodation, Yes
SIGHT, Poor myopic Imeak
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, Some Tongue, Some
Facial Muscles, General,
REFLEXES, Patellar, Equal +
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Sleepy, dull and indifferent
SENSIBILITY,
HEART, Good
LUNGS, Good
EXAM. URINE, Passed Nov 21/1901. Rec'd Nov 22 1901. Sp. grav. 1018. Color yellow. reaction acid: Clear: Test for albumen. Heat 2 - Nitric acid 0 - Tanret 0 - Test for sugar. Fehling's 0 - Moore's 0 -
GYNAECOLOGICAL EXAM., Casts. Granular ?. Hyaline epithelium, a few cells. Several uric acid crystals -
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Yes Constipated, Irregular,
APPETITE, Good, Yes but Medium, Says has Dyspepsia Poor,
SLEEP, Good, Poor, of late Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, ?
Father or Pat. Relations, ?
Brothers or Sisters, One Bro died of Consumption

1892 This woman was brought here by Deputy Shff Courteau
Was committed here before in 1891. Never shown any
disposition to injure others. Has been on several sprees
Nov 8 of late - Very tyrannical Walking up and down the hall
singing and laughing - Talks a great deal to herself in
an incoherent manner - Appetite very poor - Nose bleed
Bowels regular -
" 9 Much more quiet Talks very little - Eats scarcely nothing
Bowels move frequently -
" 10 Eats very little Talks to herself most of the time Eats
" 11 To day talks about going home
" 12 Seems better contented - Appetite same better
" 14 Appetite good Talks more rationally than usual
" 24 General health fairly good Wants to go home a weak mental state
Talks to self a good deal Begins to talk about going home
Stands about in a dull listless way -
Nov 28 Very good natured Talks willingly - Anxious to go home
Eats and sleeps well bowels regular
Dec 31 Appetite poor Clean in habits Does no work - Seems
very nervous the last two weeks Sleeps usually well Silly -
1893 Jan 23 Patient does not improve of late Sits apart & tinkers
making motions Seems startled when addressed and walks
as if in a dream but at once settles back into the
same absorbed state and makes motions and talks to self
Jan 31 Appetite poor Clean in habits No work - Demented & silly -
Feb 27 Much improved the last two or three weeks Husband came
on the ward Habits clean - Quarrelsome and irritable - at times
March 28 Anxious to go home Not very well Nervous Appetite is
fair Clean in habits Rather nervous Talks very little
Irritable at times Menstruating about 29th Complains of
kidney trouble - Talks to self often
April 29 Appetite good Habits clean At times gets very angry
and threatens to strike the other patients
May 31 Appetite fair Behavior quiet Talks quite well No better than
she has been for some time Menstruated about the 26th
June 8 General health has been fair Neat, clean and well behaved
June 30. 93. Appetite fair Sleep good Behavior quiet Generally cheerful, irritable at times
Says she is nervous Loses control Photo'd Mo Mentr: about the 15th July 31 93. Appetite fair Sleep
good Behavior quiet, has been quite irritable the last few days Does not talk much Menstruated
about the 12th Aug 31. 93. Appetite fair. Sleep good Behavior nervous, irritable at times, Cleanly habits Mentr: about 17th

Nov 30 93. Has been somewhat in poor health the past month & has been taking tonic. Mental
state about the same Bowels generally regular Dec 30 93 Appetite poor Sleeps well. General
health poor Irritable Talk sensibly generally. Bowels reg: Coughs some Jany 24 94 Removed to B.L.V.
Jany 31 94 Been quiet since she came a ward Complains a great deal of the cold. Febry 28 94 Appetite
good Slept well. Clean in habits. Quiet in behavior Sits and talks to herself a good deal of the time.
Does no work. Mch 29 94 Appetite very good Sleeps well Has been very irritable the past month
Often strikes the other patients Mentr about the 17th Apr 30 94 Appetite good Is behavior quiet
Clean in habits Apr 26 94 Removed to C. May 4 94 Patient has been quiet most of the time
Has delusions Gen health good May 9 94 Removed to N. E. May 16 94 Transfd to A 2nd
May 30 94 Appetite poor Very quiet. Cleanly in habits No complaints Mentr about 26th
June 29 94 Lies down most of the time Never wants to go out doors. Is cross at times. Appetite fair. Bowels reg: Sleeps well July 29 94 Mentr:
July 30 Eats and sleeps well Is quiet in behavior Stays in her room most of the time. Gen health good Aug 30 94 Appetite good Sleeps well Behavior
quiet No complaints Sept. 29 94 At times irritable and scolds a good deal Refuses to go walking or riding Appetite good Sleeps well
Oct 30 94 Appetite good. Sleeps well Is quiet on ward, prefers to lie down a good deal during the day and does not like to go out of doors.
Nov 30 94 Is neat in appearance Lies or lies quietly about the ward. Is at times irritable Appetite fair. Sleeps very well.
Dec 28 94. At times irritable Does no work. Stays in her room most of the time Must always Refuses to go walking or riding Appetite fair Bowels regular
Jany 30. 95. Continues the same Febry 27 95 Same Transfd to A2 Febry 28 95 Fair appetite. Bowels reg. Very irritable Stays in room most of the time.
Mch 29. 95. Has a good appetite Sleeps well Bowels reg Behavior quiet. Is very irritable Liable in mental action. Childish in ways.
Apr 30. Appetite good. Bowels reg. Sleeps well. Behavior quiet Goes walking & riding May 30 95 Has a fair appetite Sleeps
well - Bowels reg: Behavior usually quiet Clean in habits.
June 28 Appetite fair Sleeps well. Talks childishly Neat in habits Goes walking & riding Studies some of the ladies occasionally
Sept 29 Appetite fair. Sleeps quite well. Bowels regular. Behavior usually quiet though quite quarrelsome when
excited. Neat in habits Goes walking occasionally. Oct 29 Appetite not very good. Talks a good deal
& likes to have the other ladies wrestle on ward some. Nov 30 Appetite good Sleeps well. Bowels
regular. Talks to herself a good deal Neat in habits - Tastes toxic. Jan 16 Usually quiet in
behavior; talks incoherently Jan. 10 Has delusions: Appetite quite good: Sleeps well.
1896 Bowels regular; Does no work: seldom goes out of doors. Jan 14 Has quite a bad
cough. Jan 29 Lungs examined found to be in bad condition; takes tonic)
Apr 28 Quiet in behavior; Talks incoherently; Appetite fair; Sleeps Well; Bowels regular
Does no work: Takes out door exercise; Lungs badly affected. Refuses tonic
May 7 Working in sewing room since May 10. No change mentally or physically
June Summary Nurse's Notes by Dr. S. L. Phelps:- Quiet: talks incoherently: Appetite quite good: bowels regular: sleeps well: coughs & expectorates a good deal: Gen'l
health fair: Jan 12 97 Gen'l health impaired; but patient up & around ward: coughs
some: takes tonic: will answer questions at times: talks very little: May 97 Does very
little work: at times resistive. July 97 Quite: incoherent: appetite good: still coughs &
expectorates (Note'd by Dr. P. M. Phelps) Oct. 13 97 Usually quiet: neat in appearance:
At times health has seemed to be failing, but there seems to be no progressive
1898 trouble. Growing duller gradually, loosens: Feb 9 98 Weight 99¾: Transferred to Annex.
Feb 15 Stays quietly at annex: seeming however to grow more demented: At times scolds considerable

(See page 117)

Personal and Medical History of Annie Peterson

Whole No. 3172
Residence, St Paul Ramsey
Date Admission, Nov 8- 1892
Admitted by, Dr Baker Hour, 1 P. M.
How Sent, Clerk Court Frank Robertson
Sex, Female
Age, 30
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Domestic
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, U. S.
Physicians Committing, Drs J. Hamilton & B. Hoyt
Correspondents, Peter Peterson Father
New Valley Polk Co Minn



No. for Year, 84
Insane Relatives, None known
Cause Exciting, Unknown
Cause Predisposing,
Form, - Paranoia
Accompanying Bodily Disorder, None
Suicidal or Not, Suic.
Date of this Attack, 1888
Duration, 4 yrs
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 26
Time of Leaving, Apl 14. Feb. 14, 1899
Time in Hospital, 6 yr. 3 yr. 6d.
Result, Transferred to Fergus Falls.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Seemingly clear but will
Quick or Sluggish, not talk freely

MEMORY:
Past Events, Says memory failing
Recent Events,
Special Subjects,

PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Quite correct

REASONING POWER:
Ordinary Subjects, Fair as questioned
Own Mental State, Says headache is all the
Special Subjects, matter

GENERAL DESCRIPTIVE REMARKS:
Head ache frequently lately. Pain in abdomen. Most of late Mostly on left side

EMOTIONAL STATE:
Normal, Calm, Calm usually
Indifferent,
Exalted,
Depressed, At times depressed

DELUSIONS:
Systematized or Not, Probably has de-
Special Subjects, lusions but refuses
Transitory or Not, to state any

HALLUCINATIONS:

ILLUSIONS: /

CONVERSATION:
Coherent or Incoherent, Coherent and clear
Voluble or Reticent, as far as will talk

Personal and Medical History of Annie Peterson

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 140 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, None Promptness Movement, Fair
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Fair
Legs, Fair
TREMORS, Hands, None Tongue,
Facial Muscles, None General,
REFLEXES, Patellar, Equal
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Natural
SENSIBILITY,
HEART, Normal sounds
LUNGS, Seems in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Some retroversion. Tenderness & pain in left ovarian region
MENSTRUATION, Pain has been almost constant for the past year. Regular and normal
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Poor Irregular,
PULSE, RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, 4 yrs ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Annie Peterson

1892 This woman was brought here by Dep Sheff Courtenay and Mr Miller. First symptoms were manifested about four years ago. Has delusions. Attempted suicide by jumping off a bridge. No filthy or destructive habits. No suicidal trait has been displayed.

Nov 8 Woman very good. Talked some and seems sensible. Bodily condition good. Complains of sore foot hurting her. Walks some lame. Ankle slightly swollen.

" 9 Helped some about the work. Seems strange. Cheerful. Talked more. Spoke of herself and different places she had been.

" 11 Complaining of not feeling well today. Has been in bed part of the forenoon. Says her head aches.

" 23 An internal examination made today. Found tenderness in left ovarian region. Says she has had almost constant pain in that side for about a year. Tender to the touch. Painted externally with Tr. Iodine.

" 28 Painted left ovarian region again today. Patient always very ladylike and quiet in manner. Willing to take any treatment given so that she can get well to go. Very anxious to go to her sisters.

" 30 At times helps with the mending. Also taken care of her own room. Rather restless and cries sometimes for home. Appetite poor. Has not menstruated since admission.

Dec 1 Moved from B2 to A. Has been very quiet in behavior.

" 31 Appetite good. Clean in habits. Works on ward. Behavior is natural. Usually sleeps well.

1893 Jan 22 Has been very desirous to go home. Quiet and reserved. Rather intelligent in appearance. Still holds to her delusions of paranoia etc.

Jan 31 Appetite good. Clean in habits. Works on the ward. Natural in behavior. Sleeps well.

Feb 24 Some part of the month worried about going home. Would cry a good deal. Came up every day and asked if she might go home. During the past week she has been more contented. Works in dining room and on hall. Very neat in appearance.

March 23 Very urgent about going home. Has acted cross and sulky of late because she can not go. Sleeps the greater part of the day but seemingly lonely for the purpose of getting out.

Personal and Medical History of Annie Peterson

1893 March 24 Appetite good. Worked on the ward from the first up to 16th of the month. Since then stays in her room most of the time. Does not talk much and does not want to go to bed at night. Clean and neat in her habits and appearance. Usually sleeps well. Bowels regular.

April 14 Was allowed to go to her sisters to day. Was very anxious to go. She was not considerate as entirely.

Aug 24 93 Appetite fairly good. Sleep poor at times. Behavior very strange. Seldom ever says anything when she does it is to promise us that she is Keythere when she is not present. Sept 2 93 Appetite good. Sleep fairly well. In clean in habits. Behavior is very strange. Seldom ever talks.

Oct 7 93 Picked the lock of the window & iron removed & Dr. Oct 8 93 1:15 A.M. Screamed very angry & would not take off all clothing. Restless & awake until morning. Oct 9 93 Would not get to bed & had to help from C2 & put her to bed. Awake & restless until 1:30 a.m. Slept about 2 hrs this evening sitting up in bed. Oct 10 93 Quiet most of the day, crying at times, sitting up in bed until 10 P.M. said she could not sleep in dormitory & wanted to go to C2 room. Not very angry moved to side room, quiet & rested well the balance of the night. Oct 11 93 Awake part of night. Slept about 5 hours. Oct 13 93 Rested well for part of night. Awake after part & acting very strangely. Oct 18 93 Crying quietly in bed. Sleeps quite well. Oct 24 93 Crying at 9:30 P.M. restless most of night. Slept 4 1/2 hrs. Oct 30 93 Was restless all night, out of bed with bed clothes around her. Oct 29 93 Restless & awake. Slept 4 hrs. Nov 8 93 Very much disturbed, noisy, very profane language & very noisy for about 2 hrs. Nov 4 93 Awake all night, sitting up in bed most of the time, but very quiet. Nov 5 93 Awake all night. Nov 6 93 Slept about 2 hrs. Awake & sitting up in bed the rest of the night. Nov 8 93 Awake all night. Nov 9 93. Slept about 3 hrs, awake & restless the rest of night. Nov 10 93 Awake all night. Extremely noisy & profane language for about 3 hrs. Nov 11 93 Slept 3 hrs. awake the rest of the night. Nov 12 93 Slept about 2 hrs. Nov 15 93 Awake & restless till 3 A.M. Slept 2 hrs. Nov 16 93 Restless sitting in bed 2:30 Slept 1 hr. " 17 93 Awake all night, sitting up in bed. " 20 93 Slept 3 hrs this morning. " 23 93 Restless sitting up in bed till 12 M. Slept 4 hrs this a.m. " 24 93. Awake at 12 P.M. quite noisy 1/2 hr. using profane language. Slept 3 1/2 hrs. " 27 93 Noisy profane language till 11 P.M. Awake sitting up in bed till 3:30, asleep 1 hr. " 28 93 Sitting up in bed most of night. Slept 2 hrs this a.m. Nov 29 93. Appetite good. Quiet in behavior most of the time during the day, occasionally using very profane language & noisy. Neat in general appearance. Tidy in habits. Dec 1 93 Awake & restless. Slightly noisy at 1:30 A.M. Slept 3 hrs. Dec 2 93 Awake most all night. Only slept 1 hr. Extremely noisy & using profane language since 4 A.M. Dec 3 93 Awake & restless most of the night. Slept 2 1/2 hrs. Dec 4 93 Very noisy, using very profane language for about 1 hr. Did not take any dinner. Awake sitting up in bed until 12:30 P.M. Slept 3 hrs. Dec 5 93 Awake until 3 A.M. quite noisy 1/2 hr. Using profane language. Dec 6 93 Slept 3 1/2 hrs. Dec 7 93 Awake & restless. Slept 1 hr. Dec 8 93 Awake. Sitting up in bed most of night. Slept one hour. Dec 9 93 Awake sitting up in bed until 12 P.M. Slept 2 1/2 hrs. Dec 10 93 Slept 2 hrs. Dec 11 93 Rested

over B. 168.

Personal and Medical History of Tina Benson

Whole No. 3174

Residence, Houston / Houston Co/

Date Admission, Nov 10 - 1892

Admitted by, Dr Baker Hour, 7 P M

How Sent, Jno Prob Thomas Ryan

Sex, Female

Age, 17

Civil Condition, Single

Children,

Age Youngest Child,

Occupation, Housekeeper

Degree Education,

Profession Religion, No

Habits, Good

Nativity, Minn

Physicians Committing, D. C. Ames and L. K. Ousgard

Correspondents, Anna M. Benson (Mother)
Houston. Minn.

No. for Year, 86

Insane Relatives, None

Cause Exciting, Cold and Cessation of Menstruation

Cause Predisposing,

Form, Puberal Insanity

Accompanying Bodily Disorder, Cessation of Menstruation

Suicidal or Not, Not

Date of this Attack, Oct 22 - 1892

Duration, Two or three months

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 17

Time of Leaving, May 9 '93

Time in Hospital, 5 mo 29 ds.

Result, Improved

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Cannot determine

Recent Events,

Special Subjects,

PERCEPTIVITY: Refuses to talk

Alert or Dull,

Correct or Illusive,

REASONING POWER: Impaired

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Very dull and stupid

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, Rather depressed & bewildered

DELUSIONS:

Systematized or Not, Will not talk

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Does not talk

Personal and Medical History of Tina Benson

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 1/2 in WEIGHT, 118 lbs NUTRITION, Fair

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, Coatings, None Promptness Movement,

PUPILS, Equality, Equal Size, Normal

Response Light, ~~Good~~ Sluggish Accommodation, Sluggish

SIGHT, Good

HEARING, Good

COORDINATION, Arms,

Legs,

TREMORS, Hands, Tongue,

Facial Muscles, General,

REFLEXES, Patellar, Both ~~o~~

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, Dull & bewildered

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Seem in good condition

EXAM. URINE,

GYNAECOLOGICAL EXAM., Normal Puerium

MENSTRUATION, Can not determine

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Dirty Clean, Careless,

BOWELS, Normal, Constipated, Constipated Irregular,

APPETITE, Good, Medium, Irregular Poor,

SLEEP, Good, Poor, Irregular,

PULSE, 66 RESP., 24 TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Lena Benson

1892 Was brought here by N.H. Forsyth Dep. Sh. and Anna Johnson - Symptoms were first manifested Oct 27-'92 by Chills, severe headache, and delerium - She is afraid of being turned up - No disposition to injure others Not filthy or destructive habits Has had to be watched for the part three weeks by her Mother and brother Was treated for cold and headache Can't talk or walk Has eaten very little for the past three weeks Does not sleep well Not noisy or ugly

Nov 10 Very quiet all day but refused to go to the dining room When taken there ate quite well Refused to go to bed and struggled when undressed

Nov 12 Refuses food Refuses to undress Talks some while being undressed

Nov 14 Taken to the dining room Dressed and undressed with a struggle -

" 30 Appetite not good Sleep restless Dirty in habits nearly every day Bowels constipated Behavior quiet Talk only when struggling Coughs Some Has been in general a case of Chronic stuporales, lethargic Melancholia Tendency toward Progressive Insanity

Dec 31 Appetite poor Dirty day and night Will not work

1893 Jan 31 Appetite good Dirty during day and night No work Sleeps well usually -

Feb Has cotton on both hands during the night quite severely by one of the attendants

March 6 Seemed to be feeble and other patients abused her Moved her up to 3rs Not strong - Hands are getting along very nicely Never speaks Has a dazed expression

Mch 26 Moved to Annex today -

April 2 - Habits dirty Does no work Very quiet - General health good

May 9 - Sister called today and took her home Had improved during the time since she first came so as to be almost well Was bright and cheerful Neat and clean Was very glad to go with her sister

Discharged Nov. 8" 93.

from page 144.

Personal and Medical History of Ida Nelson.

Called attdts took beds out of room. Sore hippodermic. Sept 4 hrs Jany. 31 94 Continues the same

Jany 31 94. Restless fell 1 a.m. out of bed & extremely noisy Turned bedstead over 2 fightens. Called attdts Moved Mrs Forsberg 94 her bed out on hall. Sept 3 1/2 hrs. Febry. 1 94 Fighting. Transf to BC 4. Febry 27 94 Noisy at times. Not violent. Appetite good Bowels constipated. Mch 30 94. Appetite good Sleeps well usually Habits clean Extremely noisy violent at times Bowels reg. April 30 94 Noisy & violent. Appetite poor Habits dirty occasionally, noisy at times May 29 94 Appetite poor Violent & destructive. Noisy at times.

June 7 94 Rec'd black eye by a blow from Mrs Ford. Sore cut on head June 30 94. Refuses food of any kind & destructive day & night Habits dirty occasionally Violent at times. Bowels constipated July 2 94 Fed with tube. July 31 94 Appetite very good. Habits clean Violent quite a. destructive. Bowels reg. Sept. 7 94 Appetite fairly good. Does no work. Clean and tidy in habits Sleeps well usually. Behavior quiet. Bowels regular Talks quite sensibly at times Oct 7 94. Is becoming stupid and dull Nov 3 94 Visited by her friend.

Nov 15 94 Became disturbed and was quite noisy about 1 hr this P.M. Nov 26 94. Became very disturbed, crying and scolding in a very loud manner Nov 30 94 Has been quiet all day. Dec 25 94 Has been very disturbed all day. Jany 30 95 Has become extremely noisy at intervals of 2 or 3 days. Talking in a very loud & incoherent manner. Febr 15 95 Menstruating. Has been noisy & violent of late. Extremely noisy at times. Febr 22 95 Appetite very poor. Bowels constipated. Mch 13 95. Appetite poor. Does no work. Clean in habits. Bowels constipated. Has delusions. Extremely noisy at times. Has mind seems to be wandering - questions have to be repeated before her attention is attracted. Apr 1 95 Menstruating. Extremely noisy & violent during period.

Apr 29 Becoming very demented. May 1 95 Noisy and mischievous during period. May 22 95. Extremely noisy of late. Has appetite very much improved. May 28 95 Very noisy. Was struck in the face by Mr O'Dea 94 bruised. Fought attdts in the morning. June 2 Appetite good. Does no work. Bowels regular Sleeps well when not in spell. Behavior noisy & violent when in spell.

Talk, silly & incoherent. Has delusions. June 10 Noisy & disturbed this A.M. June 20 Menstr. Seems more quiet during period. Aug 7 Noisy about tea time. Became violent & threw knives in dining room Fought nurses. Aug 9 In seclusion during meal time. Aug 12 Fought nurses. Aug 26 Fought Mr. O'Dea received bruise on face. Very excited. Aug 31 Visited by friends. Behaved quite well, although she talked loudly & steadily during visit. Sept 6 Gen. health good. Appetite rather poor. Bowels regular Occasionally violent. Sept. 20 - Oct 24 - Nov. 20 Menstr. Nov 29 Gen health good. Noisy at times & becomes violent very suddenly - Striking & breaking things up on ward. Has many delusions & talks incoherently. Refuses to go riding & walking. Appetite good. Bowels regular. Sleeps well.

Dec 4 Visited by relations Dec. 29 Visited by friend Jan. 9 Fought desperately & had to be secluded Jan 10 Dec. all day. Jan 12 Dec. 9 hrs. Jan 13 Dec. 6 hrs. Jan 14 Dec. 15 hrs. Jan 15 Dec. 3 hrs. Jan 17 Dec. 6 hrs.

Jan 25 Sick in bed. Jan 26 Up again but does not look very well. Appetite has been poor of late.

Feb 7 Usually quiet but has sudden outbursts of violence striking & breaking things up on ward. Mar. 6 & 16 Menstr. Apr 3 & 6 Fought desperately - In seclusion 6 hrs.

Apr 25 Menstr. May 20 Usually quiet in behavior but has sudden outbursts of violence striking & breaking things up on ward. Memory good; Has delusions; is neat & clean in dress & habits. Refuses to go out of doors. Appetite fairly good. Bowels regular. Sleeps well. General health apparently good. Summary Nurse's Notes by Dr. S.S. Phelps:- Sept 96 Quiet; bowels regular; sleeps well; appetite good; Nov. 96 Violent at times; no especial change;

1897 Jan. Very unreliable; apt to fight at any time; demented; Gen. health good

(See p. 181.)

Personal and Medical History of Sophie Nelson



Whole No. 3176
Residence, St Paul
Date Admission, Nov 14 - 1899
Admitted by, Dr Phelps Hour, 7-
How Sent, Jos Supt. J. B. Ol
Sex, Female
Age, 24
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Servant
Degree Education,
Profession Religion, Lutheran
Habits, Good
Nativity, Sweden
Physicians Committing, Dr. Martin & A. Swenney
Correspondents,

No. for Year, 88
Insane Relatives, Unknown
Cause Exciting, Unknown
Cause Predisposing, Unknown
Form, Pubescent Insanity
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, Unknown
Duration, Unknown
No. of Attack, 1
No. of Admissions, 1
Age First Attack,
Time of Leaving, Feb. 14. 1899
Time in Hospital, 6 yr. 3 mo,
Result, Transfered to Fergus Falls.

OK pw

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused and
Quick or Sluggish, sluggish

MEMORY:
Past Events, Uncertain
Recent Events, Partly correct
Special Subjects, Not good

PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive

REASONING POWER:
Ordinary Subjects, Not good
Own Mental State, Not good
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Sits with her eyes closed most of the time. Dull and sluggish in appearance

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Almost depressed

DELUSIONS:
Systematized or Not, Almost Specific ideas
Special Subjects, ing her and not
Transitory or Not, paying her wages

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Partly incoherent
Voluble or Reticent, Will talk but not very willingly

Personal and Medical History of Sophie Nelson

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2 in WEIGHT, 135 lbs NUTRITION, Very good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, Very slight Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Equal 5-
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Sluggy and dull
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE, dug 28/95 Color Red yellow, Character Flaky dep. SG 1025. Reaction Acid. some few few epithelial cells (Bladder).
GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION, Normal
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, Clean	Careless,
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good, Good	Medium,	Poor,
SLEEP, Good, Good	Poor,	Irregular,
PULSE,	RESP.,	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Unknown ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Says Mother always sick a good deal
Father or Pat. Relations, Father well
Brothers or Sisters, One Bro. and Sister Says both well as she knows

Personal and Medical History of Sophia Nelson

1892 This woman was brought here by Deputy Shf Cantian and lady attendant. Has been noticed standing alone talking to herself & gesticulating. Has delusions in regard to her wages. No disposition to injure others. No filthy or destructive habits. She was sent to the City Hospital from the Detail Boat. She is apparently indifferent to her surroundings. Answers questions rationally. Complains of her eyes and soaks them for hours daily. Talks plant people cheating her out of wages.

Nov 24 Complains of her eyes aching and aching through her chest since coming here. Says has past 4 years with for a year. Feels as much. Not strong as she used to be. Says has a cousin in Minneapolis but does not know where.

" Made an internal examination today. Found normal condition. Menstruation regular. Says has had no trouble. Constipated.

" 28 Troubled with constipation. Pain pills today.

" 30 Has been very dull since admission. Sitting around with eyes closed most of the time. Hair untidy. Never takes any interest in work or anything going on. Does not talk unless addressed and then only a little.

1893 Jan. 25 Appetite good. Sleeps well. Bowels regular. Behavior quiet. Sits most of the time in one place. Menstruated from 20 to 24.

Mch 3 Does no work. Appetite good. Very quiet. Seldom says anything. Sleeps well.

April 7 Appetite good. Quiet and orderly. April 9 Moved Annex.

May 20 Very dull and stupid. Never talks unless addressed and then says very little. Careless in her dress and personal appearance. Attends to herself. Does no work. Sits with head hanging down in her arms most of the time.

June 8 Does no work. Never manifests any interest in anything. General health is good. Never complains of not feeling well. Very listless and stupid.

July 26 93. Appetite good. Is quiet. Very untidy. Will do no work. Rides & walks. Oct. 20 93. Appetite good. Habits clean. Is quiet. Gen. health good. Feby. 15. 94. Appetite good. Clean in habits. Untidy in her personal appearance. Is quiet. Does riding & walking. Gen. health good. Apr. 7 1894 Appetite good. Habits clean. Is quiet most of the time. Is ~~growing quite flashy~~. Does riding & walking. Gen. health good. Untidy in her personal appearance. Talks incoherently. Was found in the Eye by Attendant Apr. 4. 94. July 10 94 Appetite fair. Clean in habits. Untidy in personal appearance. Is quiet. Is growing somewhat thin & flashy. Looks quite pale. Does not complain of being sick. Does riding & walking.

Personal and Medical History of Sophia Nelson.

1897 Oct 17. Appetite fair. Clean in habits but untidy in personal appearance. Is quiet. Talks incoherently. Looks pale but seems to feel well. Does riding and walking.

July 2 Menstr. July 5. Appetite good. Clean. Silly & incoherent. Looks pale but gen. health seems good.

Aug. 11 No change. Sept. 22 Menstr. Appetite good. Dirty & untidy in habits. Noisy & silly in behavior. Talks incoherently. Color pale. Gen. health fair. Does riding & walking. Oct. 26 Menstr.

Nov 29. Appetite fair. Very noisy at present. Seems to be gaining in health.

1898 Feb 7 Appetite poor: dirty: Quiet: talks incoherently: General health poor. Takes out-door exercise. Apr. 12 Appetite fair. Clean in habits: Untidy in personal appearance. Talks & acts very silly. Does not work well but makes no complaint. Takes out door exercise. May 12 Menstruates regularly.

Aug. Summary Nurse's Notes 7 Dr. G. L. Phelps:- Quiet. Health fair: appetite fair: Takes out-door exercise: talks & acts very silly: menstr. regular. Oct 9 Appetite fair: untidy: silly. incoherent: Feb 99 Quite demented in manner: rather pallid: Sits in a very dull manner: takes very little exercise: does not talk: May 99 No change: Aug 99 Appetite fair: Gen'l health good: talks incoherently: menstr. regular. (Continued by Dr. P. W. Phelps)

Nov 14 1898 Fairly healthy: silly in manner: rather untidy: Fairly quiet:

Feb 9 Weight 117 lbs.: Feb 14 99 Transferred to Fergus Falls.

Behavior & condition unchanged during the past year.

Personal and Medical History of Mary Ohrdaus



Whole No. 3178
Residence, Winona Wa
Date Admission, Nov 15 1892
Admitted by, D. Baker Hour, 7. C
How Sent, by Prob. H. L. C
Sex, Female
Age, 34
Civil Condition, Married
Children, 5
Age Youngest Child,
Occupation, Housework
Degree Education,
Profession Religion, R.C.
Habits, Good
Nativity, West Prussia
Physicians Committing, E. D. Keyes and Jas. Tisdale
Correspondents, Joseph Ohrdaus 428 Mankato Ave Winona

No. for Year, 90
Insane Relatives, Unknown
Cause Exciting, Unknown
Cause Predisposing, Previous attack
Form, Chronic Mania
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, First five years ago
Duration,
No. of Attack, Attacks at intervals since first
No. of Admissions, 1
Age First Attack, 29
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.



MENTAL ACTIVITY:
Clear or Confused, Quick but a
Quick or Sluggish,

MEMORY:
Past Events, Partly cannot
Recent Events,
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Alert but illu
Correct or Illusive,

REASONING POWER:
Ordinary Subjects, Not good
Own Mental State, Not good
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Walks up and down the ward in a restless manner talking to herself

IONAL STATE:
nal, Calm,
erent,
ed, Exalted
sed,
ONS: Seems to hear
atized or Not, many and
Subjects, varied and
ry or Not,
NATIONS:
S:
ATION:
Coherent or Incoherent,
Voluble or Reticent,
Very talkative & excitable Seems to be incoherent Speaks a broken German and Polish - Can not understand much she says

Personal and Medical History of Mary Ohrdaus

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 in WEIGHT, 130 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Can not determine Coatings, Slight Promptness Movement, Normal
PUPILS, Equality, Equal Size, Rather large
Response Light, Can not determine Accommodation, Can not determine
SIGHT, Good
HEARING, Seems good
COORDINATION, Arms, Seems good
Legs, Seems good
TREMORS, Hands, None apparent Tongue, Can't test
Facial Muscles, None General,
REFLEXES, Patellar, Equal 9
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Normal
SENSIBILITY,
HEART, Sounds are good
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Some evidence of age and laceration of cervix
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Very poor Irregular,
PULSE, 84 RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, About 5 yrs ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Can not determine
Father or Pat. Relations, " " "
Brothers or Sisters, " " "

1892 This lady was brought here by Sheriff Braley and lady attendant. First Symptoms were manifested five years ago after birth of child by maniacal act. Almost Has had spells at different intervals for the last four years. Has not been quiet right at any time since. Has delusions. Has shown a disposition to injure others when in sudden passion. No filthy habits. She was in Chicago last summer under treatment. Results not given.

Nov 16 Extremely noisy. Singing and praying. Talk incoherent. Did not eat anything today. Bandaged. Bruised. Lacerated. Three small bruises on side of neck.

" 16 Ate light dinner and supper. No other change.

" 17 Appetite improved. Breasts are caked.

" 19 Man quiet. Appetite very good.

" 20 Walks up and down the hall talking to herself.

Dec 1 Very noisy and mischievous a good deal of the time. Acts like a child in many ways. Breasts have had rubbing and were bandaged but are well now. Bowels are regular. Appetite good.

1893 Jan 24 Restless but growing more quiet of late. Health seems good. Incoherent in talk. Mischievous occasionally. Destroys work. Handles about the head & talks to self.

" 25 Appetite good. No work. Bowels regular. Quite mischievous. Menstruated from 3rd to 4th.

Feb 28 Appetite good. No work. Bowels regular. Behavior mischievous and quite noisy. Sings and talks to self.

March 31. 93. Appetite good. Behavior quite noisy at times. Talk noisy.

April 14 Transf to Annex.

" Good natured. Talks in an incoherent way. Both Nurses work. Health good.

May 20 At times noisy but always pleasant. Does no work. Gen health very good. Talk incoherent. July 26 93. Appetite good. Quiet. Habits clean. Strikes the patients quite often. Rides & walks. Gen. health good. Oct. 21. 93 Appetite good. Habits clean. Is very noisy. Walking. Talking very loud. Gen health good. Febry. 15 94 Appetite good. Is quite noisy at times. Habits clean. Goes riding & walking. Gen. health good. Apr. 18. 94 Appetite good. Habits clean. Is quiet most of the time. Is growing quite fleshy. Goes riding & walking. Gen health good. July 16. 94 Appetite good. Clean in habits. Untidy in personal appearance. Goes riding & walking. General health good. Oct 18 94 Appetite good. Dirty & untidy in habits. Occasionally violent. Is growing very fleshy. Is quite noisy and restless. Goes riding and walking. Gen health good. Febr. 9. 95. Appetite good. Dirty & untidy in habits. Is rather noisy, talking and laughing a good deal. Acts silly. Talks incoherently, occasionally violent. Is growing quite fleshy. General health good. Goes riding &

1895 March 18. Appetite good. Dirty & untidy in habits. Is rather noisy. Talks incoherently. Occasionally violent. Is growing quite fleshy. Gen health good. Goes riding & walking. Menstruated Apr 2.

July 4 Visited by husband & brother. Did not recognize them. July 6 Appetite good. Dirty. Quiet. Occasionally violent. Gen. health good. Aug 11 no change. Sept. Oct & Nov. Appetite good. Dirty & untidy in habits. Noisy & restless in behavior. Violent & silly. Is growing quite fleshy. Gen. health good. Goes riding & walking. Nov. 25 Menstr. Dec. 30 Menstr. Feb 97 Appetite good. Clean. Noisy & restless. Occasionally violent. General health good. Takes out door exercise.

1896 Feb 15 Menstr. Mar. 27 Menstr. regularly. Apr. 27 Appetite good. Clean in habits. Untidy in personal appearance. Noisy & restless. Occasionally violent. Acts silly. General health good. Apr. 5 Awake most of night.

Apr. 15 Noisy during night. From 9 to 12 PM. May 3 Very noisy for three hours.

July Summary Nurse's Notes by Dr. L. E. Phelps:- Menstr. regular: visited by husband & friends. Did not seem to recognize them: noisy & restless: appetite good: dirty & untidy: no change: Jan '97 makes no complaint: no medicine given: silly: quiet: very inactive: menstr. regular: May '97 no change: Aug '97 Appetite good: violent & destructive at times: talks incoherently: gen health good. (Cont'd by Dr R M Phelps)

Nov. 1897

Nov. 18 1898 At times somewhat noisy - slightly violent. Feb. 9 '98 Weight 145 lbs.

June 5 Transferred to C 3, having been somewhat destructive of late at the annex. Jan 10 Somewhat more restless than she used to be. But on the whole not making any active trouble. (Cont'd by Dr. R. A. Bibb) Mar to Dec '99. Gen'l health & appetite good: bowels & menstr. regular: takes out door exercise: sleeps well: careless & untidy: talks a great deal: quite noisy & stubborn at times: disagreeable occasionally striking patients near her. July 4 Visited by gentlemen & little girl. Aug 8 Fought Virginia Green on lawn, received a black eye. Oct. 30 Fought Mrs. Field & nurses - very destructive. Oct 28: Neck & face swollen on left side. Nov. 1 - Feb 28 1900 No change. Mentally & physically

(July 31st Vaccinated.)

Mch - Nov 30 1900. Sept 20. Violent & destructive. Very noisy: kept in bay: General health good. Eats & sleeps well. Menstruates regularly. Takes out door exercise. Fed on tray. Nov 20 Wt. 123½#. Dec 1st to Feb 28 No change - Feb. 15 - 123½. Mar. to June 1901. No change in mental or physical condition. May 30 Wt. 116#.

June to Sept. General health good, takes out of door exercise, menstruates regularly, at times is noisy, violent and destructive, very abusive and vulgar in language, does not converse intelligently, fed on tray, kept in bay. Sept. to Dec. Patient is noisy, troublesome, occasionally violent and destructive, is incoherent in speech, kept in bay, general health good, sleeps well, takes out door exercise, menstruates regularly, Nov. 15 Wt. 127#.

Mar to Dec Gen'l health good: for past few months menstruates regularly: eats sleeps well: takes out door exercise: does not converse intelligently: habits clean: at times noisy.

Personal and Medical History of Bridget Hughes

Whole No. 3179

Residence, Wilton Warren Co

Date Admission, Nov. 16–1892

Admitted by, Dr Baker Hour, 7 P M.

How Sent, In Prof. E. D. Collester

Sex, Female

Age, 77

Civil Condition, Widow

Children, 3

Age Youngest Child,

Occupation, None

Degree Education,

Profession Religion, Yes

Habits, Good

Nativity, Ireland

Physicians Committing, F. A Swartzwood & D. S. Cummings

Correspondents, Thos Bonnar Sr
Warren Minn

No. for Year, 91

Insane Relatives, Not any

Cause Exciting, Cerbral Hemorrhage and left hemiplegia

Cause Predisposing, Old age

Form, Organic Dementia

Accompanying Bodily Disorder, Hemiplegia

Suicidal or Not, Not

Date of this Attack, About 6 yrs ago

Duration, 6 yrs

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 71

Time of Leaving, June 19 94

Time in Hospital, 1 year 7 mos + days

Result, Died

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused,

Quick or Sluggish,

MEMORY:

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

Personal and Medical History of Bridget Hughes

CLINICAL NOTS IN THE CASE OF Bridget Hughes

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Feb	20	7				Ate breakfast.	
"	"	8 40	68	98		Urinated.	
"	"	12				Ate dinner	
"	"	5				Urinated.	
"	"	5 30				"	
"	"	6 15				ate supper,	Urinated.
						Has been	restless this P. M.
Feb	23					About the pain	as Chasing, Quart
						stopped by Order	of Dr. Phelps
"	27					Not any Change	
March	1st		101	97½	17	Has a very bad	Cold.
"	2d					Is Not any better Coughs some	
"	5					Takes Salad 3 times a day	
"	23					Is better but much weaker & Appetite	
						poor Loss of	Control on R. L. Hip Caused
						by rubbing against the springs when	
			97	98	17	Up out of bed.	
April	1st		80	98½	17	No Changes	Out of Bed.
"	7th					Up. Changed	Habits Untidy is Nothing
						better. Last	Cripple 4 weeks
May	8					Is Not as Noisy as usual & Appetite	
						good. Habits	very untidy
"	11					Has Changed.	

Father or Pat. Relations,

Brothers or Sisters,

MEDICAL NOTS IN THE CASE OF Bridget Hughes.

	MO.	DA.	HR.	PULS.	TEMP.	RESP.	NOTES BY NURSE	NOTES BY PHYSICIAN.
Feb	30	M	7				Ate breakfast	
"	"	"	10	75	97	21	Urinated	Cold change ed.
"	"	M	12				Ate Dinner	
"	"	P	3				Urinated	
"	"	"	5				Ate Supper	
"	"	"	8				Urinated	
							Restless, most of the night	
							Urinated - Bed changed twice.	
4th	"	M	7				Ate breakfast	
"	"	"	9 30	68	90.1	18	Bowels moved - Urinated	
"	"	"	11				Ate a hearty dinner	
"	"	M	12				Urinated	Bed Changed
"	"	P	2 30				" "	" "
"	"	"	5				Ate supper.	
"	"	"	6				Rested Fair	
							Changed twice.	with Urinates - fed
5th	"	M	7					
"	"	"	8 40	74	97.2	18	Ate breakfast. Urinated	
"	"	M	11				Slept quiet.	
"	"	P	1				Ate dinner	"
"	"	"	3				Rested restless.	
"	"	"	5 30				Ate supper	
"	"	"	7				Urinated.	
							Restless most of the night-	
							Voided at time Urinated & Bed changed	
6th	"	M	7				Ate breakfast. Urinated.	
"	"	"	9	80	97.4	16	Slept quiet.	
"	"	M	12				Ate Dinner.	Bowels moved.
"	"	P	6				" supper	Urinated.
							Rested well	Urinates Bed Changed
7th	"	M	7 30				Ate breakfast	
"	"	"	9	79	97.3	18	Slept quiet	
"	"	"	11				Urinated - Bed changed.	
"	"	M	12				"	
"	"	P	2				Ate a good	"dinner"
"	"	"	5				" supper.	
"	"	"	8				Urinated.	
							Rested good - Urinated	D. & change
8th	"	M	7				Ate breakfast	Urinated.
"	"	P	12				" Dinner	
"	"	"	6				" Supper	
							Rested most all	night-Urinated twice
9th	"	M	7				Ate breakfast	Urinated
"	"	"	10					"
"	"	"	11 15				Bowels moved	
"	"	M	12				Ate Dinner	
"	"	P	5				Ate supper	
"	"	"	8				Resting well.	

Father or Pat. Relations,

Brothers or Sisters,

NICAL NOTS IN THE CASE OF Bridget Hughes.

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Feb		night.	79	98	22	Restless most of the night. Noisy at times. Urinated. Bed changed twice.	
Feb		M. 7				Ate breakfast	Bowels moved Urinated
		M. 11				Ate Dinner	" " "
		M. 1				Urinated	Ate Suppers
		4:30				"	
		7				Sleeping	
		8				Rested quite well. Urinated. Bed changed twice.	
11th		M. 7	80	98	21	Ate breakfast	Urinated
		M. 12				Ate Dinner	Urinated. Bed changed
		P. 3				Ate Supper	"
		" 6				Urinated. Bed changed.	
		" 8				Rested quite well. Urinated.	
12th		M. 7	86	98	20	Ate breakfast	urinated.
		11:30					"
		M. 1				Ate a hearty dinner	"
		4:30				" Supped	"
		8				Rested quite well. Urinated.	
						Urinated. Bed Changed	
13th		M. 7	86	98	21	Ate breakfast	Urinated
		8					"
		M. 12				Ate Dinner	Bl moved "
		P. 4:30				Is quite restless	
		6				Ate supper	
						Restless most of the night. Noisy at times. Urinated. Bed changed	
14th		A. M. 7	75	98	18	Ate breakfast.	
		8				Is quiet this A.M.	
		12				Ate Dinner urinated.	
		P. M. 3				Bowels moved.	
		6				Ate supper	
						Restless most of the night noisy at times. Urinated.	
15th		A. M. 7	80	98	20	Ate breakfast	
		8				Ate Dinner	urinated
		M. 12					"
		P. 2				ate supper	Urinated.
		" 7				Rested quite well. Urinates.	
		" 6				Bed changed twice.	
		" 8					

Father or Pat. Relations,

Brothers or Sisters,

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION,

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coatings, Promptness Movement,

PUPILS, Equality, Size,

Response Light, Accommodation,

SIGHT,

HEARING,

COORDINATION, Arms,

Legs,

TREMORS, Hands, Tongue,

Facial Muscles, General,

REFLEXES, Patellar,

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION,

SENSIBILITY,

HEART,

LUNGS,

EXAM. URINE,

GYNAECOLOGICAL EXAM., Considerable atrophy of uterus Redness of meatus

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Bridget Hughes

1892 This woman was brought here by Miss Finch on symptoms
men manifested about six years ago when she had a
sudden Attack of hemiplegia from which she never re-
covered. The mental symptoms followed. She burst in
talk, filthy in habits, has a maniacal and irritable
Had shown a disposition to injury others when in sud-
den paroxysm. Has incontinence of urine. Dont clean well
Tears herself. Destroys her clothing

Nov 15 In bed all day. Very restless and noisy most of the time.
Eats well. Left hand noticed to be quite badly bruised.
Complains of severe pain in the top of his head.
Says feels as if it would burst.

" 16 More quiet. Appetite good

" 17 Very restless and noisy during the day

" 18 Restless and noisy still

" 19 Has diarrhoea. Noisy and restless most of the day

" 20 Obliged to keep her in bed nursing a light board at the
side to prevent her falling out. Very restless and
throws the covers off constantly when awake. Needs al-
most constant attention. Dirty a good deal of the time
unless changed very frequently

" 30 In bed all the time. Very restless. Needs constant attention
Changed many times during the day. Has diarrhoea now
Very demented & helpless. Cannot be left a great deal
so that it is necessary to watch her continually

May 1. 93 In bed. Habits very untidy. Bowels constipated. Appetite good. Sleeps well

" 31 " No change whatever; in bed the whole month

June 19. 93 Died.

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Personal and Medical History of Annie Peterson

CLINICAL NOTS IN THE CASE OF Bridget Hughes.

	MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Jan 29th	A.	M.	8				Drank ½ glass of milk.	
							Urinated	Bed Changed.
							Rested quite	well. Urinated. Bed
							Changed. twice.	
30th	A.	M.	7				Ate Breakfast	Urinated.
	"	"	8	74	97½	17	Dozed quite	this morning.
	P.	M.	12				Ate a hearty	dinner. Urinated
	"	"	4				Bowels moved	Urinated. Bed Changed
	"	"	6				Ate supper	
	"	"	8				Urinated.	Bed Changed.
							Rested quite	well. Urinated. Bed
							Changed. twice.	
31st	A.	M.	7				Ate a hearty	breakfast
	"	"	8	66	97.3	15	Bowels moved	Urinated. Bed changed
	"	"	10½				Ate Dinner.	Dozed quite.
	P.	M.	12				Bowels moved	Bed Changed.
	"	"	4				Ate supper	Urinated.
	"	"	6				Rested quite	well. Urinated. Bed changed.
Feb 1st	A.	M.	7				Ate a hearty	breakfast " " "
	"	"	8	84	98	22	Ate a hearty	Dinner. Was quiet this P.M.
	P.	M.	12				Urinated.	Bed Changed.
	"	"	6				Ate supper	" "
	"	"	8				Urinated.	" "
							Rested quite	well. Bed changed.
							twice	
2nd	A.	M.	7				Ate breakfast	
	"	"	8	77	97.4	20	Ate a hearty	dinner
	P.	M.	12				Urinated	Bed Changed.
	"	"	3				Dozed quite	this P.M.
	"	"	6				Urinated	Bed Changed.
	"	"	8				Ate supper	
							Changed bed.	
							Rested quite	well. Bed Changed twice
3rd	A.	M.	7				Ate breakfast	Urinated.
	"	"	8	66	97.3	18	Ate Dinner.	

actively violent. Very demented & has delusive ideas.

Personal and Medical History of Bridget Hughes

Personal and Medical History of Annie Peterson

(from page 152.)

MEDICAL NOTS IN THE CASE OF Bridget Hughes

DATE		PULS	TEMP	RESP	NOTES BY NURSE	NOTES BY PHYSICIAN.
Jan 24th	a m 9	74	98½	17	Urinated.	
"	" 11				Ate Dinner.	Bed Changed.
P	" 2.30				Urinated	
"	" 6				Ate Supper	has been quiet today
"	" 7				Urinated	" "
					Rested Quiet	Urinated — Bowels
					mord — gave ba	ths. Bed changed
25th	a m 7				Ate Breakfast	Bed Changed
"	" 8.30	76	97½	17	Ate Dinner	Urinated " "
P	m 4.30				Ate Supper	" " "
"	" 6					
"	" 7.30					
					Rested most	the night. Nurse
					2 times,	Bed Changed twice.
26th	a m 7				Ate Breakfast	Urinated Bed changed
"	" 8.30	79	98	17	Ate Dinner.	Restless to day
P	m 1.2				Ate Supper	" " "
"	" 6				Rested Quite	well. Urinated Bed
					Changed twice	
27	a m 7				Ate Breakfast	Urinated Bed Changed
"	" 8.30	62	98	16	Patient has been steadily in bed. Is	
					not access to) aisle — Hand has to be kept	
					from sucking. S. J. (Smith)	
	m 12				Ate Dinner — beef soup — general dinner	
P	m 3				Urinate	Bed Changed.
"	" 6				Ate a hearty supper.	
					Restless part of the night	
					Noisy at times. Urinated Bed Changed	
28th	a m 7				twice.	
"	" 8.30	71	98	20	Ate Breakfast, Urinated Bed Changed	
					& quiet this morning.	
	m 12				Ate Dinner — boiled pork	
					Ate Dinner — boiled pork, spuds, cup of tea,	
P	m 3.30				pudding and general dinner	
"	" 6				Urinated — Bed changed	
"	" 7				Drank a glass of milk	
					Ate supper — Urinated Bed changed	
					Restless most of the night Noisy	
29th	a m 7				at times. Urinated — Bed Changed. Ate	
"	" 8.15	95	98	22	Ate Breakfast	" " "
"	" 10					" " "
"	" 11					" " "
	m 12					
P	m 3.30				Ate Dinner	
"	" 6				Urinated — Bed Changed.	
					Ate supper	" "

actively violent. Very demented & has delusive ideas.

Personal and Medical History of Bridget Hughes

from page 152.

Personal and Medical History of Annie Peterson

MEDICAL NOTS IN THE CASE OF Bridget Hughes

	DATE.		POLS.	TEMP.	RESP.	NOTES BY NURSE.	NOTES BY PHYSICIAN.
Jan	17th	M. 7				Ate Breakfast	Urinated.
	"	" 8½	72	99	22		"
		M. 12				Ate Dinner	"
		P. M. 6				" Supper	"
						Rested well	Urinated Bed changed.
	18th	A. M. 7				Ate Breakfast	
July 30	"	" 9½	74	98	21		"
	"	" 11					"
		M. 12				Ate Dinner	Bowels moved
		P. M. 2					"
		" 5					"
Aug 31						Rested well,	Urinated - Bed changed
	19th	A. M. 7				Ate Breakfast.	Bed and room in order
	"	" 10½				Had shape like	snoring.
	"	" 10½	75	98.3	22	Urinated	Bowels moved.
		M. 12				" Ate	dinner
		P. M. 4				"	" Supper
Feb 28		" 6				"	"
						Restless most	of the night. Urinated
						12 P.M. Bed Changed	twice
	20th	A. M. 7				Ate Breakfast	Urinated.
	"	" 9½	83	98	22		
		M. 10½				Ate Dinner	"
		P. M. 12				" Supper	"
		" 6				Restless - Awake	all nights Urinated
		" 7				Urinates	Bed Changed twice
	21	A. M. 7				Ate Breakfast	Urinated - Is very noisy.
	"	" 10½	79	98.5	22		
	"	" 11					" Bowels moved
		M. 12				Ate Dinner	"
						Rested well.	Urinated & Bowels moved.
						Bed Changed	
	22nd	A. M. 7 30				Ate Breakfast	Urinated.
	"	" 10 03	78	98	21	Urinated	Ate Dinner.
		P. M. 1 30				"	
		" 4				"	Ate Supper.
		" 6				Rested all night.	Very noisy at times.
						Urinated - Bed	Changed twice
	23rd	A. M. 7				Very noisy -	Ate Breakfast - Urinated.
	"	" 7½				Ate Dinner.	
		P. M. 1 30				Urinated.	
		" 3 30				Ate Supper.	
						Restless most	of the night.
						Noisy at times.	Urinated. Bed changed twice
	24th	A. M. 7				Ate Breakfast	Urinated.

actively violent. Very demented & has delusive ideas.

Personal and Medical History of Bridget Hughes

from page 152.

Personal and Medical History of Annie Peterson

CLINICAL NOTS IN THE CASE OF Bridget Hughes.

MO:	DA:	H.R:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
June 8th	M.	6				Ate Supper	Urinated
						Rested Quite well	" Bed changed.
9th A.	M.	7				Urinated	
"	"	10	70	98	27		
"	"	10				"	
C	M.	12				"	Ate Dinner.
P.	M.	1 30				"	
"	"	3				"	
"	"	6				Ate Supper.	
"	"	7				Urinated.	
July 2nd						Rested well, Urinated.	Bed Changed.
10th A.	M.	7				Ate Breakfast	Bowels moved
"	"	10	69	98	24		" " Urinated
	M.	12				Ate Dinner	"
P.	M.	1					
"	"	5					
"	"	6				Ate Supper	
						Rested quite well, Urinated	Bed Changed.
11th A.	M.	7				Ate breakfast	"
"	"	10	73	98	22		" Bowels moved.
	M.	12				Ate Dinner	
"	"	6				" Supper	
						Rested quite well, during the night	
						Bed changed.	
12th A.	M.	7				Ate breakfast	Bowels moved urinated.
"	"	9	72	98	22		
"	"	11				Urinated.	
	M.	12				Ate Dinner	
P.	M.	1				Urinated.	
"	"	2				"	
"	"	7				"	Bowels moved.
"	"	8				Ate Supper	Sat up one hour
						Rested good	Urinated - Bed Changed.
13th A.	M.	7				Ate Breakfast	
"	"	8 10	72	98.5	21		Urinated.
"	"	11					
	M.	12				Ate Dinner	"
P.	M.	2					"
"	"	3					"
"	"	5				ate Supper	"
"	"	7 45					" Bowels moved a little
						Rested good - Urinated - Bed changed twice	
14th A.	M.	7				Ate Breakfast	Urinated.
"	"	8 10	72	98.5	21		"
"	"	9					
	M.	12				Ate Dinner	
P.	M.	6				" Supper	"
						Rested well - Urinated - Bed changed twice	
15th A.	M.	7	75	99	21	Ate Breakfast	
"	"	8				Urinated.	
	M.	12				" Ate Dinner.	
P.	M.	2				"	
"	"	2 30				"	
"	"	6				Ate Supper	
						Restless most all	night Noisy at times Bed changed.

actively violent. Very demented & has delusive ideas.

Personal and Medical History of Bridget Hughes

from page 152.

Personal and Medical History of Annie Peterson

CLINICAL NOTS IN THE CASE OF Bridget Hughes

	HO:	DA:	P.P.	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Dec 31st	P	M	4				Urinated.	
	"	"	5				"	
	"	"	6				Ate Supper.	
							Restless most	of the night.
							Noisy at times	Urinated. Bed Changed.
Jan 1st	P	M	7				Ate Breakfast	" " "
	"	"	8	77	98	20	" Dinner.	
2nd	P	M	7	75	98	2	Treated with	Bed changed.
2nd	P	M	11	75	98	21	Ate Breakfast	Slight cut R & left hand.
2nd			11				Urinated	
		M	12				Ate Dinner	
	P	M					Bowels moved.	Urinated.
	"	"	2					"
	"	"	6				Ate Supper	
Aug 1st							Rested well.	" Bowels moved
								Bed Changed.
3rd	P	M	7th				Ate Breakfast	Urinated.
"	"	"	9	76	98.5	20	Bowels moved	very restless.
	"	"	12				Ate Dinner	Urinated.
	P	M	3				Restless	"
							Restless most	of the night.
							Urinated.	Bed Changed.
Feb. 4th	P	M	130					
"	"	"	7				Ate Breakfast	
	"	"	8 30	76	98	21		
	"	"	9 "				Urinated	
	"	"	11				Ate Dinner	Urinated.
	P	"	2				Rested good.	Slept most of the night.
							Urinated.	
Jan 5th	P	M	130					
	"	"	7				Ate Breakfast	
	"	"	9	87	98	24	" Dinner	Urinated. Said she wanted to die
		M	12				She was sick	all over. Left hand seems
							Swollen from a	cut received some time ago.
	P	M	2				Urinated.	
	"	"	3					
	"	"	6				Ate "Supper	Urinated.
							Rested good.	Urinated — Bed changed.
6th	P	M	7				Ate Breakfast	"
	"	"	9	87	98	23	Bowels moved	"
	"	"	10				"	
	"	"	12				Ate Dinner	"
	P	M	130				Bowels moved	
	"	"	2				"	
	"	"	3				"	
	"	"	4				"	
	"	"	5					
	"	"	6				Ate "good Supper"	quiet.
							Restless most	of the night. Noisy at times.
							Urinated.	Bed Changed.
7th	P	M	7				Ate Breakfast	Noisy. Urinated.
"	"	"	8	75	99	27		"
	"	"	11				Ate Dinner	"
		M	12					
8th	P	M	7				Rested most	of the night.
	P	M	7				Ate Breakfast	Bowels moved. Was in
	"	"	10	68	97	27	very bad shape	this morning.
	"	"	11				Urinated.	
	P	M	7				Ate Dinner	Urinated.
	"	"	2				Bowels moved.	

actively violent. Very demented & has delusive ideas.

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CLINICAL NOTS IN THE CASE OF Bridget Hughes

MO:	DA:	H.R:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
1892. 21st	M	12				Ate Dinner	urinated
	P	M	6			Not Supper ate a	part of Bread + milk
	M		8 15			Urinated Bowels	soost fruly
						Rested most of	the night urinated bed changed
22nd	A	M	7 30	77	98	Ate a hearty breakfast	urinated in very restless
		M	12			Ate Beef Veg Salad	+ milk urinated
	P	M	2			Drank glass of	Milk
	"	"	6 30			Ate Supper	Urinated
July 3d	"	"	8 30			urinated has been	quiet most of the day
						Rested most of	night urinated 2 this a.m.
23rd	A	M	7 30			Ate Breakfast	Is quiet this A.M. urinated
			9	79	98.5	21	
July 23	P	M	12 30			Ate Dinner	urinated is very restless
			6 30			Ate Supper	
			7			Has been very	restless this time
						Restless most of	the night urinated
24th	A	M	7 15	75	98	19	Ate Breakfast Is
		M	12			Ate a good dinner	urinated is more quiet this morning
	"	"	4 30			urinated	
	P	M	6 30			Ate Supper	urinated
July 24						Rested good	urinated Bed changed
25th	R	M	7 15			Ate a hearty breakfast	is quiet this morning
			8	77	98	20	Bowels moved urinated
			11			urinated	
	P	M	1			Ate Dinner	
	"	"	2 30			Bowels moved	urinated
	"	"	6			Ate Supper	urinated is very restless
			8			urinated	
						Rested most of	the night urinated
						Bowels moved	Bed Changed
26th	A	M	7 15	72	98	20	Ate a hearty breakfast urinated
						Is quiet this morning	
			12			Ate Dinner	urinated is very restless
	P	M	6			Ate Supper	
						Rested most of	the night urinated Bed Changed
27th	A	M	7 30			Ate Breakfast	urinated
			8	75	98	20	Bowels moved
	P	M	12 45			Ate Dinner	is quiet this afternoon
	"	"	6 30			Ate Supper	
28th	A	M	7			Ate Breakfast	Urinated
		M	9 15	75	98.5	20	Urinated.	Is quiet this morning.
		M	12			Ate Dinner.	
	P	M	1			Urinated is very	restless this P.M.
	"	"	6 30			Ate Supper	Urinated
	"	"	7 30			Drank Glass of	Milk
						Rested well	Urinated 12 M to 4 A.M. Bed
						Changed twice	
29th	A	M	7 30			Ate Breakfast	Urinated.
	"	M	8 00	75	98	20	Is very restless	
		M	12 00			Ate Dinner	Urinated.
	P	M	6			Ate Supper	
			8			Urinated	
						Rested well	Urinated Bed Changed.
30th	A	M	7 15			Ate Breakfast	
	"		8 45	77	98.5	21	Urinated — Is quiet this morning.
			12 00			Ate Dinner	
	P	M	6 30			" Supper	Urinated
						Rested	Urinated Bed Changed.
31st	A	M	7 15			Ate Breakfast	" "
	"	"	8 30	75	98	20	" "
			12			Ate dinner	Is quiet two or more chiefs

actively violent. Very demented & has delusive ideas.

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CLINICAL NOTES IN THE CASE OF Bridget Hughes

MO:	DA:	H.P.:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
	a	7				Ate Breakfast as	irritated
	"	8	42	98	20	Very Restless	
		9 30				Irrigated Bag 2 qts	Irrigated Very Loose
	M	12				Ate Bowl of Beef Tea	Has been Restless all morning
	P	2				Irrigated as Ord	restless & noisy
	"	6 30				Ate pudding as usual	Rested
						Slept Quite Well	
	a	7 45	84	98	19	Ate a bowl of Bread	& milk for Breakfast
	"	8				Very Restless as ord	Irrigated 1 pint glass of milk
	P	12 15				Ate Chicken as ord	Rested quite well slept 2 hrs
	"	6 30				Ate Sulphur as ord	Has been quiet all day
						Glass of Milk	Irrigated Slept 6 hrs
	a	7 15				Ate a good Breakfast	as
	M	8	82	98.5	20	Very restless this	morning & Very Drowsy
	P	12 30				Ate Mutton Broth	as ord
	"	6 30				Ate Supper as Ord	restless
						Slept Well irrigated	
	a	7 30	78	98	22	Ate Breakfast	
	P	12 30				Ate Dinner has been	restless quiet
	"	1				irrigated	
	"	6 30				Ate a hearty Supper	
	"	7				irrigated	
						Rested good	irrigated Bed changed
	a	7 30				Ate a good Breakfast	as usual quiet this morning
	"	8	80	98.5	21		
	M	12				Ate Dinner	irrigated Bowels moved
	P	4 30				irrigated as Ord	restless
	"	6 30				Ate a hearty supper	
	"	8				irrigated	Glass of milk
						Restless at times	Slept Very Little
						irrigated 11 A.M.	4 A.M. Bed changed Back Rubbed
						as directed	
	a	7				Ate a Good Breakfast	as
	"	8				irrigated	
		9	77	98	20		
	M	12				Ate Dinner	irrigated is Very Restless
	P	7				Ate Supper	" " "
	"	8				~~Rested good as~~	" " "
	a	7 30				Rested good	irrigated Bed changed
	"	8				Ate a Good Breakfast	as irrigated is as usual
	M	12 30	78	98	20	Bowels moved	
	P	3 30				Ate Dinner	
	"	3				irrigated Quart	Glass of Milk
	"	6				Ate supper has been	quiet to day
						Rested good	irrigated 2 A.M. Bed changed
	a	7 30				Ate Breakfast	
	"	7	77	98	21	Bowels moved	irrigated
	M	12				Ate a hearty dinner	
	P	6 30				Ate supper	irrigated
						Restless all night	irrigated
	a	7 30				Ate Breakfast has	slept most of the A.M.
	"	8	78	94	22	irrigated	
	M	12				Ate Dinner	irrigated
						Left urine 3 hrs. this	P.M.
	P	6 30				Ate Supper has been	quiet to day
	"	8				irrigated	
						Restless most of the	night irrigated Bed changed
	a	7 30				Ate Bowl of Bread &	milk
		8				Bowels moved 2 Times	irrigated

actively violent. Very demented & has delusive ideas.

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MEDICAL NOTES IN THE CASE OF Bridget Hughes

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
	P. M.	8				Bowels moved is very restless	
		6 30				Ate supper — was	Did have not rested any
						So glad been was	worried most of the time
						so still very restless	
		8				So still very restless	
						Rested quite good	urinated Bed changed
a.	M.	8	99	98	21	Ate quiet this morning	& resting good
		10				Bowels moved	
P.	M.	1				Ate dinner is sleeping to day	
P.	M.	6				Ate supper urinated	&
						Restless most of the night urinated	
						Bed changed	
a.	M.	6				Ate Breakfast urinated	
		8	78	99	20	is Resting quietly	
		10				urinated	
	M.	12				Ate Dinner of Everything	
P.	M.	6 30				Ate for supper Bowl of Bread & Milk	
		8				urinated	
						Restless most of the night	
a.	M.	6 30				urinated bed changed	
		9	78	98	22	Ate Breakfast Bowels moved	
	M.	12				La very restless	
P.	M.	2				Ate a good dinner very restless	
		3				Bowels moved	
		6				Ate a good supper	
		8				urinated	
						Restless most of the night	
a.	M.	8 45	70	99	19	urinated bed changed	
	M.	12				Ate a good Breakfast of Everything is quiet	
P.	M.	2				Ate a good dinner	
		6 30				La restless	
						Ate a hearty supper urinated	
						Restless most of the night urinated	
						Bed changed	
a.	M.	7	72	99	21	Ate Breakfast urinated & is quiet	
	M.	12				Ate dinner is very restless urinated	
P.	M.	3				Urinated	
P.	M.	6 30				Ate supper	
		8				urinated Very restless	
						Rested quite good sleeping most of the night	
a.	M.	7	99	97.6	20	urinated bed Changed	
		11				Ate Breakfast urinated	
	M.	12				Bowels moved urinated	
P.	M.	1				Ate dinner Bowels moved urinated	
		3				Bowels moved urinated very restless	
		5				Bowels moved Has diarrhoea	
		6 30				"	
a.	M.	6 30				Ate supper urinated	
						Ate Breakfast Bowels moved Ate supper	
		8				most of the A.M.	
						Bowels moved very low is very restless	
	M.	12				Bowels moved Has diarrhoea Ate dinner	
		2 30				Bowels moved Med. 1 teaspoon full as directed	
		2 45				is very Restless	
		6 30				Ate first supper Bowl of Bread & Milk	
		8				Bowels moved Very loose	
a.	M.	6 30	71	99	19	Ate Breakfast very restless	
	M.	12				urinated	
P.	M.	1				Dinner	
		2				Bowels moved urinated is restless	
		6				Ate supper is quite Restless	
		8				urinated is most quiet to night	

actively violent. Very demented & has delusive ideas.

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NICAL NOTS IN THE CASE OF Bridget Hughes

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Nov 24						Restless most of the night slept but very little	
						little noisy at times Bowels moved bed changed	
25th	a	M	6				
"	"	"	8	99	97	21	ate a good breakfast	urinated
		M	12				ate a good dinner	of every thing
	P	M	5				Restless most of the night	urinated ate a good supper
							of every thing	urinated
July 30								
							slept but very little noisy at times	
							Bowels moved urinated Bed Changed	
26th	a	M	6				ate a good breakfast	eat two Lassenthoras
"	a	M	8 30	94	98	23	Restless most of the night	of every thing
July 31		M	12				ate a dish of tea	thing, slice of Bread & milk
							of milk	
	P	M	6				Was very restless	to sleep ate a good supper
							seems better this	evening
							slept most of the night	urinated Bed Changed
27th	a	M	6				ate a good breakfast	of every thing slept most of the night
"	"	"	9	96	98	21	urinated	
	P	M	1				urinated ate a	good dinner
Febr							Awake most of the night	slept most of the night
							urinated bed Changed	
28th	a	M	6 30				ate a good breakfast of everything quiet	
"	"	"					this morning	urinated
	"	"	9 30	99	98	22	ate a good dinner	Bowels moved
		M	12				is very restless	urinated
	P	M	6				ate supper is Restless & quite noisy	
							Rested quite good slept most of the night	
							urinated bowels moved & Bed changed	
29th	a	M	6 30				ate for Breakfast Gruel Oatmeal slice of Bread &	
"	"	"	8 30	94	98	22	Butter & drank some boiled milk	
	P	M	12 30				ate a dish of bread & milk Cup of boiled milk	
	P	M	7 15				with a slice of Bread slept all forenoon	
							ate a good supper of every thing	
							Slept most of the night 2 30 A M urinated	
30th	a	M	6 30				Slept most of the night	
"	"	"	8	94	98	21	ate a good Breakfast	urinated
		M	12				ate dinner is very restless urinated	
	P	M	7				ate a good supper	urinated
1896			6				Restless most of the night urinated bed changed	
Dec 31st	a	M	6 30				ate Breakfast	urinated
"	"	"	8 30	89	98	22	urinated	
		M	12				ate dinner Bowels moved, urinated	
							is very restless	
	P	M	7 15				ate a good supper	of Everything urinated
							is quiet	
							Rested quite good during the night	
							urinated bed changed	
June 2nd	a	M	7 45				ate a good Breakfast it is quiet	
"		M	12	114	98	21	Ate a good dinner	urinated
	P	M	2				urinated	
	"	"	4				Is more quiet this afternoon	
	"	"	7				ate a good supper urinated	
							Restless all night urinat times urinated	
1897								
3rd	a	M	6	102	99.5	22	Ate Breakfast urinated is quiet	
"	"	"	9				Bowels moved	
Augt		M	12				ate dinner urinated	
1899								
Oct. 14								

actively violent. Very demented & has delusive ideas.

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CLINICAL NOTS IN THE CASE OF Bridget Hughes

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Nov 16	a	M	12			Ate a good dinner	is very restless
	P	M	5.30	76	99	19	Drank a glass of milk + Eat some bread + cheese
		6				Rec'd Sponge on	face during the night by
						rolling out of Bed	
						Restless most of	the night but did not get
Nov. 17th	a	M	8.30	72	98	out of Bed Slept	3 hrs. Insinuated bed Changed
						Ate a good Break	fast is quiet this morning
						+ pushes food away	- septic
		M	12			Ate a slice of Bread	+ 2 crackers Ate some
						pudding + Drank	a cup of tea
	P	M	7			Bowels moved freely	- unwashed
						Awake all night	Insinuated Passes Ur.
						out of bed 3 times	insinuated bed Changed
18th	a	M	6			Ate a good breakfast	+ insinuated restless this
						morning	
	M	8	96	99	21		
		M	12			Ate Bowl of bread +	milk has been out of bed
						most of the forenoon	quite noisy all forenoon
	P	M	1.30			Drank Glass of milk	warm + Bowels moved
			4.30	76	99	20	Drank Glass of milk
			6			Ate very little supper	
						Bowels moved Sponged Bed changed	
						Awake all night	restless out of bed
						noisy at times	
19th	R	M	6			Ate a slice of milk toast	+ Drank cup of Coffee Bowels moved
	a	M	9.15			Bowels moved	
		M	12			Drank some boiled	milk + Ate a little Chickens
	P	M	4			" " "	" Bowels moved Has Diarrhoea
	M	M	4.40	92	99	22	
	M	M	6			Drank part of cup of	Coffee Ate piece of Cake seems
						Very weak did not	want to sit up Lay down to
						Eat	
20th	a	M	7	84	99	22	Ate Dish of Oatmeal	cup of Coffee + 2 Crackers
		M	12			Bowels moved	Diarrhoea quite badly
	P	M	1.30			Ate a good dinner	
			6			" " Supper	
						Restless did not	sleep passed not Feces
						Covered insinuated	bed Changed
21st	a	M	6			Ate a good Breakfast	
			8	69	99	20	
		M	12			Ate 4 dinner Very	restless all forenoon
	P	M	4	72		22	
			6			Ate a good supper	Very restless all day
						Restless all night	did not sleep Bowels moved
						insinuated bed Changed	
22nd	a	M	6			Ate a good breakfast	+ Bowels moved 4 times since 6.30
			8	78	98	22	Has Diarrhoea quite bad this morning
	P	M	5			Very quiet slept most	P.M.
						Slept 3 Hrs. Bowels	moved
23rd	a	M	7			Ate a good breakfast	Bowels moved
			8.30	76	98	21	
		M	12			Ate a good dinner	bowels moved fairly is
						restless + slightly	noisy
	P	M	6			Ate a good supper	Bowels moved insinuated
			7	78	98	22	Had Cups, Bleed this Eve not Very bad
			8			Drank Glass of milk	
24th	a	M	7			Slept most of the	night insinuated Bed Changed
			7			Ate a good Breakfast	insinuated Bowels moved
			8	68	98	20	Has been in Bed in a half stupid way Ever
						since coming	Feeble minded
		M	12			Ate a good dinner	Of every thing
				68		Ate a good supper	Had Diarrhoea 9 P.M. a.M. Bowels moved 6 times
						Some better P.M. Very restless + Quite noisy	

Transferred to Surgical Wards: Now somewhat irritable has never been actively violent. Very demented & has delusions ideas.

Personal and Medical History of Bridget Hughes

1892

Nov 16

" 16

" 17

" 18

" 19

" 20

" 30

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quite well. Slept 4 hrs. Dec 12 93 Lying more quieter in bed Slept 3 hrs afterpard Sfright. Dec 22 93 Rested quite well. Slept 5½ hrs. Jany 6 94 Awake & restless till 2 A.M. Slept 3 hrs Feby 28 94 Rest well Has been frequently restless at night. Will sit in window part of night. Has destroyed prayerbook & faded very severely

May 29 94 Not any change. More or less restless, destructive & angry all the time. Sometimes uses very profane language. Destroyed a piece of carpet on Mch. 15th April 3d 93. Behavior unchanged.

May 12 13 14 15 16 17 Refused food when 17th asked to go to dining room commenced to fight. May 18 94 fed with tube. Circulation very poor. May 30 94 Has to be fed with tube. Violent in behavior. Spits at others tries to scratch. Very noisy after being fed. June 6 94 Has to be fed is quite violent at times. Talks & Walks

July 30 94 Very noisy from about 4 hrs after every day after being fed with tube. July 23 94 Transf to B 2d Aug 8 94 Noisy at times. Works some on ward. Will make faces at others when not observed. Appetite good. Will not go out of doors. Aug 24 94 Extremely noisy at times. Talks & Scolds to self. Seems health apparently good. Attempted to hang herself 4 day. Transf to B 2

Aug 31 94 Noisy at times. Talks to herself. Appetite good. Will not go out walking. Dec 19 94 Very noisy all day has a black eye, must have hurt herself as she was sitting in her room most of the day. Dec 20 94 Pounding & kicking her door, wants to stay in her room. Dec 27 94 Quite stubborn the past few days, refused to bathe, but did not resist much when made to. January 6 95 Fought this morning with Mrs Mansfield. Quite noisy most of day. Jany 31 95 Fought this morning. Quite noisy part of day. Febr 28 95. Quiet in behavior most of time since the 12th. Appetite good. Bowels reg.

Febr 8 95. Appetite fair. Clean in habits; but untidy in personal appearance. Looks pale but does not complain of feeling sick. Is quiet. Talks incoherently. Goes riding and walking. Mch 10 95. Very noisy at times to day. Has a good appetite. Mch 30 95 Bowels reg: More quiet since the 10. Transf to B2. Apr 30 95 Very noisy at times. Is very cross to the patients, after striking them. Appetite good. Bowels reg: Gen health good. Does no work. Never goes out. Has bleeding of the nose very often. Menstruating. Nov 20 Menstr.

May 20. Menstruating. May 31 95. Has been more quiet. Talked very loud to herself several times. Never goes out riding or walking. Does no work. Neat and clean in habits. Appetite good. Bowels reg. Never talks to any one of the ladies, very seldom to any one

June 20 Noisy during day sometimes. June 21 Menstr. Noisy & disagreeable. June 27 Fought while giving her a bath. In seclusion 4½ hours. July 22 Noisy at times scolding & whistling. Never goes out walking. Does no work. Clean in habits very disagreeable in behavior. Menstr. Aug 6 Very noisy all day. Aug 7 Transf to B 2 No change. Sept 4 Noisy at times. Bowels regular. Appetite good. Very disagreeable. Scolds at times; Lauds to her own record. Clean & tidy. Nov 17 Extremely noisy today Has bandy a black eye: Dec. 12 Extremely noisy. Fought. Jan. 9 Extremely noisy

1896 Appetite good. Sleeps fairly well. Refuses to go riding or walking. Menstr. Transf to B 4.

Mar 30 Quiet most of time: Eats & sleeps well: Usually cares for herself. Habits clean. Refuses to go riding or walking. Bowels regular. Has delusions

May 8 Took patient out for walk. Was extremely noisy. May 18 Goes out on grounds when weather is fine: is usually quiet.

June Summary Nurse's Notes by Dr. S.L. Phelps: Extremely noisy at times: eats & sleeps well: Habits clean: goes walking: Oct 27 Works on ward: eats & sleeps well: bowels regular: quite noisy at times: Jan 97 Appetite good: violent at times: talks to self but will not answer questions: demented: Apr 97 Appetite good: sleeps well: mentally the same:

1897 No change. Recorded by Dr. R.M. Phelps Nov 27 97 General health fair Is rather irritable

Aug. but upon the whole is fairly quiet: Feb 1 98 Weight 140: Aug 2 98 Trans. to Annex

1899 Feb. 14 Transferred to Fergus Falls: Altho' somewhat irritable has never been actively violent. Very demented & has delusive ideas.

Personal and Medical History of Marcia Williams

Whole No. 3189
Residence, Minneapolis
Date Admission, Nov 24 1892
Admitted by, Dr Phillips Hour, 7 P. M.
How Sent, Ind Prob J.P. Corrigan
Sex, Female
Age, 42
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Teacher
Degree Education, Good
Profession Religion, Presbyterian
Habits, Good
Nativity, Penna
Physicians Committing, D.M. Goodwin and A.P. Williamson
Correspondents, Mrs Jane Williams 327 6th St S. Minneapolis Minn
Mrs C.V. Scobaria (Send word if sick) Mazeppa.

No. for Year, 101
Insane Relatives, None known
Cause Exciting, Over Study and attack of La Grippe
Cause Predisposing,
Form, Chronic Melancholia
Accompanying Bodily Disorder,
Suicidal or Not, Not
Date of this Attack, 1891
Duration, About a year
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 41
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Seemingly clear
Quick or Sluggish, and Quick

MEMORY:
Past Events, Very good
Recent Events, Quite good
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Fairly correct

REASONING POWER:
Ordinary Subjects, Very good
Own Mental State, Not very good
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Has backache a good deal
Denies having headache
but Sister says has had a
good deal

EMOTIONAL STATE:
Normal, Calm, Calm and pleasant
Indifferent,
Exalted,
Depressed, at times

DELUSIONS:
Systematized or Not, Thinks people want to kill her & about the Catholics
Special Subjects,
Transitory or Not, Various at times

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent generally
Voluble or Reticent,
Talks willingly and at times very well.
Says stupid too much

Mrs. J.E. Upham
520 So Broad St.
Mankato, Minn.
Notify in case of illness

Miss S.E. Williams
Franklin, Indiana
Box 394.

See letter of Oct 29 - 1902.
after Oct 31. Address Miss Sallie E. Williams
% Geo. D. Montfort Blaine, Wash:

In case of Marcia Williams' serious sickness inform sister at once
Address Mrs J.E. Upham. 709 South Third Street, Mankato. Minn
also telegraph S.E.W (as above)-

Marcia Williams insane; served and
service admitted May 5' 1900

Sallie E. Williams writes Dec 10/02
from Blaine - Wash:
= after Dec 15: My address will
be Carpinteria, Calif:
Santa Barbara Co
% J.H. Morris

Personal and Medical History of Marcia Williams

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5-3 - Normally 5 ft NUTRITION, Fair

Coatings, White Promptness Movement, Steady
Size, Normal
Accommodation, Normal

...ily good Some difficulty in putting fingers
...ft, fingers flexed

Careless,
Irregular,
Poor, Poor
Irregular,
TEMP.,

LENGTH OF INVASION, About 10 mos ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Healthy
Father or Pat. Relations, Died suddenly, Acute Apoplexy
Brothers or Sisters, Healthy -

Personal and Medical History of Marcia Williams

Whole No. 3189
Residence, Minneapolis
Date Admission, Nov 24- 1892
Admitted by, Dr Phelps Hour, 7 P. M.
How Sent, In charge Prof J. P. Corrigan
Sex, Female
Age, 42
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Teacher
Degree Education, Good
Profession Religion, Presbyterian
Habits, Good
Nativity, Russia
Physicians Committing, D. M. Ta
Correspondents, Mrs Jane M
337-6 th

No. for Year, 101
Insane Relatives, None known
Cause Exciting, Over Study and attack of La Grippe
Cause Predisposing,
Form, Chronic Melancholia
Accompanying Bodily Disorder,
Suicidal or Not, Not
Date of this Attack, 1891
Duration, About a year
No. of Attack, 1
No. of Admissions 1

EXAMINATION ON ADMISSION.

MENTAL ACTIVITY:

Clear or Confused, Seemingly clear
Quick or Sluggish, and Quick

MEMORY:

Past Events, Very good
Recent Events, Seems good
Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert
Correct or Illusive, Fairly correct

REASONING POWER:

Ordinary Subjects, Very good
Own Mental State, Not very good
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Has backache a good deal
Denies having headache
but Sister Day has had a
good deal

Normal, Calm, Calm and reasonable
Indifferent,
Exalted,
Depressed, at times

DELUSIONS:

Systematized or Not, Thinks people want to
Special Subjects, kill her about the Catholics
Transitory or Not, Various others

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Converses generally
Voluble or Reticent,

Talks willingly and at times
very well.
Says thinks too much

Mrs. J. E Upham
520 So Broad St.
Mankato, Minn.
Notify in case of illness &c.
in case of ~~accident~~ [illegible]

Miss S. E. Williams
Franklin, Indiana.
Box 394.

ical History of Marcia Williams

ON ADMISSION—(Continued.)

HYSICAL CHARACTERISTICS.

EIGHT, 10-3 - Usually to 107 NUTRITION, Fair

Coatings, Whitish Promptness Movement, Steady
Size, Normal
Accommodation, Normal

ily good - Some difficulty in getting fingers
lt Elevated

Tongue, Pale
General,

Other Reflexes,
ARTICULATION, Hesitating, Fair Slurred,

3189

Marcia A. Williams

py of Order for Hearing Petition of Sallie E. Williams - for appointment of
aid petitioner as guardian for
Marcia Williams insane; served and
service admitted May 5' 1900

dition

Careless,
Irregular,
Poor, Poor
Irregular,
TEMP.,

Sallie E. Williams writes Dec 10/01
from Blaine - Wash:

= after Dec 15: My address will
be Carpintoria, Calif.
Santa Barbara Co.
Jo J. A. Morris

LENGTH OF INVASION, About 10 mos ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations, Healthy
Father or Pat. Relations, Died suddenly; Note apoplexy
Brothers or Sisters, Healthy.

Rochester State Hospital,

Arthur F. Kilbourne,
Medical Superintendent.

Rochester, Minn.,

Personal and Medical History of Marcia Williams

Whole No. 3189
Residence, Minneapolis
Date Admission, Nov 24- 1892
Admitted by, Dr Phillips Hour, 7 P. M.
How Sent, In charge Prof. J. P. Corrigan
Sex, Female
Age, 42
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Teacher
Degree Education, Good
Profession Religion, Presbyterian
Habits, Good
Nativity, Russia
Physicians Committing, D M. Ta
Correspondents, Mrs Jane W
337. 6th

No. for Year, 101
Insane Relatives, None given
Cause Exciting, Over Study and attack of La Grippe
Cause Predisposing,
Form, Chronic Melancholia
Accompanying Bodily Disorder,
Suicidal or Not, Not
Date of this Attack, 1891
Duration, About a year
No. of Attack, 1
No. of Admissions, 1

EXAMINATION ON ADMISSION

MENTAL ACTIVITY:

Clear or Confused, Seemingly clear
Quick or Sluggish, and Quick

MEMORY:

Past Events, Very good
Recent Events, Quite good
Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert
Correct or Illusive, Fairly correct

REASONING POWER:

Ordinary Subjects, Very good
Own Mental State, Not very good
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Has backache a good deal
Denies having headache
but visit Day he had a
good deal

Normal, Calm, Calm and pleasant
Indifferent,
Exalted,
Depressed, At times

DELUSIONS:

Systematized or Not, Fle
Special Subjects, Abse
Transitory or Not, Va

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,
Voluble or Reticent,

Talks willingly and at times
very freely -
Says stupid too much

Rochester State Hospital,

Arthur F. Kilbourne,
Medical Superintendent.

Rochester, Minn.,

Mrs. J. E. Upham
520 So Broad St.
Mankato, Minn.
Notify in case of illness
~~of necessity~~

Miss S. E. Williams
Franklin, Indiana
Box 394.

3189

Marcia A. Williams

...by of Order for Hearing Petition of Sallie E. Williams
...for appointment of
...id petitioner ...as guardian for
Marcia Williams ...insane; served and
...service admitted May 5' 1900
...ers filed with commitment papers.)
appointed guardian

...ical History of Marcia Williams

...ION ON ADMISSION—(Continued.)

...HYSICAL CHARACTERISTICS.

...EIGHT, 10-3 - Usually 157 NUTRITION, Fair

Coatings, Whitish Promptness Movement, Steady
Size, Normal
Accommodation, Normal

...nly good - Same difficulty in spelling finger
...ays open Closed

...dit Tongue, Nose
General,

Other Reflexes,
...ARTICULATION, Hesitating, Fair Slurred,

...dition

Clean, Very clean Careless,
...rmal, Constipated, Irregular,
...ood, Medium, Poor, Poor
Poor, Poor Irregular,
...6 RESP., TEMP.,

...EASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, About 10 mos ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations, Healthy
Father or Pat. Relations, Died suddenly with apoplexy
Brothers or Sisters, Healthy -

Personal and Medical History of Marcia Williams

Whole No. 3189
Residence, Minneapolis
Date Admission, Nov 24 1892
Admitted by, Dr Phelps Hour, 7 P. M.
How Sent, In charge Prof J. P. Corrigan
Sex, Female
Age, 42
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Teacher
Degree Education, Good
Profession Religion, Presbyterian
Habits, Good
Nativity, Penna
Physicians Committing, D M. Ta
Correspondents, Mr Jane M
337-6

No. for Year, 101
Insane Relatives, None gno
Cause Exciting, Over Study
Cause Predisposing,
Form, Chronic Melan
Accompanying Bodily Disorder,
Suicidal or Not, Not
Date of this Attack, 1891
Duration, About a ye
No. of Attack, 1

ROCHESTER STATE HOSPITAL.

Rochester

Arthur F. Kilbourne,
Medical Superintendent.

R

EXAMINATION

MENTAL ACTIVITY:
Clear or Confused, Seemingly clear
Quick or Sluggish, and Quick
MEMORY:
Past Events, Very good
Recent Events, Quite good
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Fairly correct
REASONING POWER:
Ordinary Subjects, Very good
Own Mental State, Not very good
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Has backache a good deal
Denies having headache
but Sister says he had a
good deal

HALLUC
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent gen
Voluble or Reticent,
Talks willingly and at time
very well.
Says thinks too much

Personal and Medical History of Marcia Williams

EX ION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 1/2 in EIGHT, 103 - Usually 109 NUTRITION, Fair
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, Whitish Promptness Movement, Steady
PUPILS, Equality, Equal Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Ordinarily good - Some difficulty in putting finger end of nose - not typical
Legs, Good
TREMORS, Hands, Very slight Tongue, None
Facial Muscles, None General,
REFLEXES, Patellar, Equal +
Other Reflexes,
ARTICULATION, Hesitating, Fair Slurred,
FACIAL EXPRESSION, Good
SENSIBILITY,
HEART, Normal Sounds
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Says regular
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Very clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor, Poor
SLEEP, Good, Poor, Poor Irregular,
PULSE, 96 RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, About 10 mos ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Healthy
Father or Pat. Relations, Died suddenly with Apoplexy
Brothers or Sisters, Healthy

1892 This patient was brought here by her two sisters, both in law and Dep. Mr Ply. Symptoms first manifested by delusions of suspicion, about a year ago, thought people could read her thoughts. Has delusions most that people are about the house at night and that they want to kill her. She had La Grippe last Feb. from which the trouble seems to date. Has been under the care of Dr Goodwin for about a year. After getting well from her sickness she went back to school and finished out the year until June. Went East during the summer but her health as she was much run down. Salt baths seemed to do her good. On returning to Minneapolis found her position in the school was to be given to another together and that she was to go to another school this worried her so she was unable to sleep. and she became steadily worse. Appetite failed and she has grown very weak so that she has not been able to sit up more than one hour or two at a time

Nov 26 Physical examination made today. Very quiet and pleasant. Tenderness Some ~~tenderness~~ of the spine about the 12th Dorsal. Complains of back ache. Tone Galvanic current along spine. Refused supper. Refused to eat her breakfast but ate dinner. Bowels constipated. During the A.M. was dissatisfied and wished to go back with her sisters but when she found they had gone said she would try to make the best of it and do as we wished so that she might get well.

26 Quiet and sad. Talks when addressed. Took Cathartic. Bowels moved. Went out walking.

27 Was quiet until she heard of the Catholic Priest being here when she became excited, put on her hat and coat and was determined to go home. Manifested many delusive ideas. Eats well and does not complain.

28 Bowels regular. No change in behavior.

29 Very quiet. Take out walking.

30 Very quiet. Sits in her room. Eats fairly well. Has been masturbating most of the time since coming. Talks incoherently. Sleeps irregularly. Often gets up and goes about her room.

Dec 1 Took hot salt bath this P. M. Seemed to enjoy it

Dec 3 Very much dissatisfied that she is kept here. Very anxious to go home. Says it will do her no good to stay here and would not have come if she had known.

Dec 3 Sitting in her room. Very quiet and pleasant. Asked to go out walking. Always seems sad. Very neat and clean.

Dec 6 Very persistent in her request to go home. Homesick and sad most of the time. Sits in her room brooding over her condition most of the time.

Dec 6 Appetite good. Very quiet and pleasant in manner. Thinks she is very unjustly kept here.

Dec 7 Took salt bath. To day also Massage treatment.

" 10 Took salt bath and massage treatment.

1893 Jan 14 Looks much better. More cheerful. Says she feels better. Goes home every day at Knutting.

Jan 26 Went down to Mrs Mitchells to visit. Was pleased to go and enjoyed her visit. Talked very well while there.

" 27 Refused to go to bed because had to change room mates. Took a quilt & went out on the hall saying she was not going to bed but would sleep there. However afterwards went to her room. Jan 28 Was rapping persistently upon her ring down the closet. One of the attendants said he heard it. Muffled noises reported and but delusions are again prominent. Imagines people are talking when they are still.

" 31 Appetite fair. Clean in habits. Does no work excepting a little fancy work. Behavior quiet.

Feb 27 Appetite quite good. Clean and neat. Quiet most of time. Sleeps well usually. Has many delusions but does not always disclose them. Always appears to go

March 28 A slow failure noticeable. Fought at changing of clothing last week and was waited to by Mrs Nicholas to take her trunk out of her room as she locked her clothes up. Has an absent minded manner as if controlled by concealed delusions. Appetite is fair. Walks up and down the ward most of the time. Talks but little. April 29 Quiet and always has a preoccupied manner. Menstruated about 22. May 16 visited a few days ago by her sisters. She was determined to go home with them. Mental condition failing. Quite fast. Quiet and sad most of the time.

May 31 Appetite poor. Habits clean. Becoming more contrary. Will not bathe or change her clothes willingly. Menstruated 22nd inst.

June 12 Has many delusions that trouble her all the time. Mind very weak. Resists changing clothing.

see page 176

Personal and Medical History of Mary Cannady

Whole No. 3193
Residence, St Paul
Date Admission, Nov 29-1892
Admitted by, Dr Kilbourne Hour, 7. P.M.
How Sent, Ex of Prof. J. B. Olivier
Sex, Female
Age, 30 ?
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Domestic
Degree Education,
Profession Religion, R.C.
Habits, Temperate good but of late Good
Nativity, Not given
Physicians Committing, E. L. Abbott & H. J. O'Brien
Correspondents, Mrs Kate Cannady (Mother) / Miss Josie Cannady (Sister)
Rammingtown Ind. / 3629 Ellis Park, Chicago Ills.

No. for Year, 106
Insane Relatives, None known
Cause Exciting, Unknown
Cause Predisposing,
Form, Acute Mania
Accompanying Bodily Disorder, None
Suicidal or Not, Suicidal tendencies
Date of this Attack, 1892 - Nov 8
Duration, 1 week
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 30 ?
Time of Leaving, Mch. 3rd 1893
Time in Hospital, 3 mos. 4 ds.
Result, Recovered.

EXAMINATION ON ADMISSION.

Examined Dec. 8-1892.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear
Quick or Sluggish, Quick and bright

MEMORY:
Past Events, Good
Recent Events, Good
Special Subjects, Good

PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct

REASONING POWER:
Ordinary Subjects, Good
Own Mental State, Good
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Seems to realize her condition very well. Says she was out of her mind when everything seemed mixed but was quiet all night

EMOTIONAL STATE:
Normal, Calm, Normal
Indifferent,
Exalted,
Depressed,

DELUSIONS:
Systematized or Not, Says she did imagine things - When she was
Special Subjects, out of her mind
Transitory or Not,
HALLUCINATIONS: but not now
ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Talks coherently
Voluble or Reticent, and quite well on all subjects

Personal and Medical History of Mary Cannady

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 3 3/4 in WEIGHT, 110 lbs NUTRITION, Not very good
WOUNDS OR ABNORMALITIES, Left ankly weak since a child - Says at time claims it was paralyzed not long ago
TONGUE, Tremors, None Coatings, Coated on sides Promptness Movement, prompt
PUPILS, Equality, Equal Size, Normal
Response Light, Promptly Accommodation, Promptly
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Walks limps on account of weak ankle Says left leg differs shorter
TREMORS, Hands, Slight Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Equal - 6 on scale of 10 -
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Normal
SENSIBILITY, Impaired in left leg below knee
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Laceration of cervix and erosion of os
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean & Neat Careless,
BOWELS, Normal, Constipated, Constipated Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Quite well Poor, Irregular,
PULSE, RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Short ONSET GRADUAL OR SUDDEN, Sudden

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother died when she was very young
Father or Pat. Relations, Father died very suddenly while out riding
Brothers or Sisters, of cramp colic

Personal and Medical History of Mary Cannady

1892 This woman was brought here by Dep. Shf Corteau and Miss Schart. She attack began about a week ago by tearing clothes and muping. Has had hysterical spells for 4 yrs past and talkes incoherently. At times she be violent. Has shown a disposition to injure others when in sudden passion. Destructive & clothing. Scratched her neck with long pins. Has always hysterical and subject to violent outbursts of temper. Was placed in a Sanitary years ago, but was connected with the order of Magdalen.

Has been treated for Dyspepsia considered hysterical. For many yrs claimed to be paralized in left leg. When off guard would move this limb. A month ago dropped the crutch and claimed a miraculous cure of palsy.

Nov 24 Very quiet. Talks very little. Appetite good. Has a slight cough. Bodily condition as seen at bath good. Bowels constipated. Complains of headache.

Nov 30 Very quiet but more active and bright. Helps with the sweeping and in the dining room. Still complains of nitty severe headache. Constipated and says has been so for years.

Dec Helps considerably with the work. Very neat and clean. Interfered in Spanner Cases voluntarily.

1893 Jan 30 Appetite good. Sleeps poorly. Very restless. Complains of headache a great deal. Bowels on regular. Quiet and lady like in behavior. Has had interior treatment and Galvanic Electricity to ankle almost steadily since admission. Walked quite lame at first and complained of pain in her left ankle.

Feb 27 Appetite fair. Neat and clean in habits. Works on the ward. Had an A[illegible]. Behavior natural. Seems sensible. Has gained in flesh and says has no more pain in ankle.

March 3 Was sent home to her Mother in Ill. to day. Was in very good condition and

Discharged May 3rd '93.

Personal and Medical History of Marcia

Marcia Williams
97 ½ lbs Apr 4

July 31, 93. Appetite fair. Sleep generally good. Behavior strange, she has many delusions. No complaint. Mentr: about the 10th. Aug 5 [illegible]. Aug 28 93. Appetite good. Sleep fairly good, runs from place to place. Mentr about 14th. Sept 28 93. Appetite good. Sleeps [illegible]. Behavior strange. Has many delusions. Oct 31, 93. [illegible] good. Behavior is quiet but very strange. Has [illegible]. Nov 27 93. Appetite good. Sleeps well. Is quiet in beh[illegible]. Dec 26. Appetite good. Sleeps fairly well. Behavior very strange. Has [illegible]. Gen. health good. Jany 3d 94. Appetite good. Sleeps very well. Better at present. Jany 28 94. Appetite good. Sleeps well most of the time. Clean in habits. Quiet in behavior. Mch 27 94. Appetite good. Sleeps fairly well. Behavior is strange. Has many delusions & always wanting to go home. Apr 25 94. Appetite good. Sleeps well. Has many delusions. Clean in habits. Tidy in appearance. May 7 94. Appetite good. Sleeps well. Gen. health good. May 28 94. Appetite good. Sleeps well. Behavior is very strange. Is very anxious to go home. June 27 94. Gen. health good. Tries to get away when you go out walking. Will give her clothing away. Imagines some one kills her kids or. Sleeps fairly well. July 28 94. Behavior very strange. Gives a great deal of trouble when out walking, trying to get away. Clean in habits. Tidy in personal appearance. Appetite very good. Sleeps well. Aug 28 94. Continues the same as last notes. Sept. 24 94. Behavior usually quiet. Very nervous at times. Goes riding and walking. Sleeps well. Appetite good. Bowels regular. Sept 30 94. No change. Nov. 1 94. Has been very quiet and agreeable except on one occasion when she refused to give up her wash to be sent out. Appetite good. Sleeps well & quite nervous at times. Bowels regular. Goes riding and walking. Does not complain any. Nov 28 94. Quiet & agreeable. Appetite good. Bowels regular. Does not complain. Goes riding and walking. Has to be watched closely when out walking. Does not like to bathe in bath tube. Feb 28 95. Quiet & agreeable in behavior. Has delusions. Talks to herself. Appetite fair & good. Bowels regular. Sleeps well. Does not complain. General health good. Seems no change.

June 29 Quiet & agreeable. Has delusions. Is very forgetful. Does not go walking or riding. Does no work. Appetite fair. Bowels regular. Never complains of any pain. Neat about person. Aug. Visited by Mother & Sister.

Sept. Oct & Nov. Very quiet in behavior. Neat in appearance. Talks incoherently. Has delusions. Talks to herself. Does no work. Goes walking & riding. Sleeps well. Appetite good. Bowels regular.

Jan 28 Has a cold, coughs & complains of headache. In bed most of day. Feb. Complains of headache. Has a cold, coughs, refuses to take any medicine. Feb 28 Appetite fair: Bowels regular. Has a great many delusions: Talks incoherently. Takes out door exercise. Quiet in behavior. Neat in appearance. May 5 Neat in personal appearance: Does no work except a little in her own room. Has delusions & Hallucinations. Gen. health good. Appetite poor: Bowels regular: Sleeps quite well. Takes out door exercise. Has a great many queer ideas. Summary Nurse's Notes by Dr. C.S. Phelps. July 9 Quiet neat in appearance: appetite poor: sleeps quite well: works a little in her own room: goes out walking: Has many delusions: Nov. 96 no change: Jan 97 Quite stationary in manner and behavior for the last year: Health fair: sits in her own room a great deal: Has many delusions: No change: Aug 97: quiet & agreable on ward: Appetite fair: bowels regular: takes out door exercise: Physical health good. (Record by Dr. C.S. Phelps) Nov 30 97. Is out on ward most of time, working up & down: full of vague delusions. Jan. 8 98 Weight 98 lbs

(See p. 184)

Personal and Medical History of Mary Cannady

ROCHESTER STATE HOSPITAL.

Name.....

R

Dr.....

.....189.....

1892 This woman was brought here [illegible] and Miss Schart. This attack began [illegible] by tearing clothes and muscular [illegible] of dyspnoea and Paralysis. After nine [illegible] she be violent. Has shown a disposition to [illegible] in sudden Paroxysm. Destructive [illegible] her neck with long fingers. Has always [illegible] subject to violent outbursts of temper [illegible] a Penitentiary years ago, became [illegible] order of Magdalen.

Has been treated for Dyspepsia [illegible] For months claimed to be paralyzed [illegible] When off guard would move this [illegible] dropped the crutch and claimed a miraculous cure of Paley.

Nov 29 Very quiet. Talks very little. Appetite good. Has a slight cough. Bodily condition as seen at bath good. Bowels constipated. Complains of headache

Nov 30 Very quiet but more active and bright. Helps with the bedmaking and in the dining room. Still complains of very severe headache. Constipated and says has been so for years.

Dec 1 Helps considerably with the work. Very neat and clean. Stupid in manner. Talks coherently.

1893 Jan 30 Appetite good. Sleeps poorly. Very restless. Complains of headache a great deal. Bowels on regular. Quiet and lady like in behavior. Has had vibration treatment and Galvanic Electricity to ankle almost steadily since admission. Walked quite lame at first and complained of pain in her left ankle.

Feb 27 Appetite fair. Neat and clean in habits. Works on the ward. Had an A[illegible]. Behavior natural. Seems sensible. Has gained in flesh and says has no more pain in ankle.

March 2 Was sent home to her Mother in Ill. to stay. Was in very good condition and

Discharged May 2nd '93.

Personal and Medical History of Marcia Williams.

July 31 93. Appetite fair. Sleep generally good. Behavior strange. Talks very little, showing that she has many delusions. No complaint. Mentr: about the 10th. Aug 5 93 Moved to D1

Aug 28 93. Appetite good. Sleep fairly good, runs from place to place on the hall, as if looking for some one. Mentr about 14th. Sept 28 93 Appetite good. Sleeps most of the time. Clean in habits. Behavior strange. Has many delusions. Oct 31 93 Appetite good. Sleep fairly good. Behavior is quiet, but very strange. Has many delusions.

Nov 27 93. Appetite good. Sleeps well. Is quiet in behavior. Many delusions.

Dec 26. Appetite good. Sleeps fairly well. Behavior very strange. Has many delusions. Clean in habits. Gen. health good. Jany 27 94 Appetite good. Sleeps very well. Has a very sore finger is getting better at present. Jany 28 94 Appetite good. Sleeps well most of the time. Clean in habits. Quiet in behavior. Mch 27 94 Appetite good. Sleeps fairly well. Behavior is strange. Has many delusions. Is always wanting to go home. April 94. Appetite good. Sleeps well. Has many delusions. Clean in habits. Tidy in appearance. May 7 94 Appetite good. Sleeps well. Gen. health good. May 28 94. Appetite good. Sleeps very well. Behavior is very strange. Is very anxious to go home. June 27 94 Gen. health good. Tries to get away when you go out walking. Will give her clothing away. Imagines some one takes her b.d. on. Sleeps fairly well. July 28 94 Behavior very strange. Gives a great deal of trouble when out walking, trying to get away. Clean in habits. Tidy in personal appearance. Appetite very good. Sleeps well. Aug 28 94. Continues the same as last note. Sept. 29 94. Behavior usually quiet. Very nervous at times. Goes riding and walking. Sleeps well. Appetite good. Bowels regular. Sept 30 94 No change. Nov. 1 94 Has been very quiet and agreeable except on one occasion when she refused to give up her wash to be sent out. Appetite good. Sleeps well & quite nervous at times. Bowels regular. Goes riding and walking. Does not complain any. Nov 28 94 Quiet & agreeable. Appetite good. Bowels regular. Does not complain. Goes riding and walking. Has to be watched closely when out walking. Does not like to bathe in bath tube. Feb 28 95. Quiet & agreeable in behavior. Has delusions. Talks to herself. Appetite fair and good. Bowels regular. Sleeps well. Does not complain. General health good. Seems no change.

June 29 Quiet & agreeable. Has delusions. Is very forgetful. Does not go walking or riding. Does no work. Appetite fair. Bowels regular. Never complains of any pain. Neat about person. Aug. Visited by Mother & Sisters.

Sept. Oct & Nov. Very quiet in behavior. Neat in appearance. Talks incoherently. Has delusions. Talks to herself. Does no work. Goes walking & riding. Sleeps well. Appetite good. Bowels regular.

Jan 28 Has a cold, coughs & complains of headache. In bed most of day. Feb. Complains of headache. Has a cold, coughs, refuses to take any medicine. Feb 28 Appetite fair. Bowels regular. Has a great many delusions. Talks incoherently. Takes out door exercise. Quiet in behavior. Neat in appearance. May 95 Neat in personal appearance. Does no work except a little in her own room. Has delusions & hallucinations. General health good. Appetite poor. Bowels regular. Sleeps quite well. Takes out door exercise. Has a great many queer ideas. Summary Nurse's Notes by Dr. E.B. Phelps July 96 Quite neat in appearance. Appetite poor. Sleeps quite well. Works a little in her own room. Goes out walking. Has many delusions. Nov 96 no change. Jan 97 Quite Stationary in manner and behavior for the last year. Health fair. Sits in her own room a great deal. Has many delusions.

1897 June No change. Aug 97 quiet & agreeable on ward. Appetite fair. Bowels regular. Takes out door exercise. Physical health good. (Record by Dr. E.B. Phelps) Nov 30 97. Is out on ward most of time, working up & down. Quiet & vague delusions. Jan 8 98 Weight 98 lbs

(See p. 184)

Personal and Medical History of Caroline Kruger

Whole No. 3194

Residence, Somerset Stock

Date Admission, Nov 30- 1892

Admitted by Dr Phelps Hour, 7 P.M.

How Sent, L. Hazen Jap Pub.

Sex, Female

Age, 17

Civil Condition, Single

Children,

Age Youngest Child,

Occupation, Housework

Degree Education,

Profession Religion, Yes

Habits, Good

Nativity, Germany

Physicians Committing, P. Johnson W. C. Coates

Correspondents,

No. for Year, 106

Insane Relatives, Mother very nervous None Known

Cause Exciting, "Menstrual Derangement"

Cause Predisposing, Unknown

Form, Subacute Insanity

Accompanying Bodily Disorder, None

Suicidal or Not, Not

Date of this Attack, Monday Nov 28'92

Duration, Few days

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 17

Time of Leaving, Mch 28-93

Time in Hospital, 3 mo, 28 dy.

Result, Improved

EXAMINATION ON ADMISSION.

Examined Dec 6-1892 MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused,

Quick or Sluggish, Very active and confused-Maniacal

MEMORY:

Past Events, Cannot determine

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Very illusive, flighty

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Exhibits none

Own Mental State, " "

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Very mild and excited Maniac- Talks in an incoherent useless manner Strikes and spits at nurses

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Very much excited

Depressed, Maniacal demeanor

DELUSIONS:

Systematized or Not, Seems to have

Special Subjects, many

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Incoherent

Voluble or Reticent, Mind flits from one thing to another- Dazed in manner Does not realize much of anything- Very vulgar in talk and actions

Personal and Medical History of Caroline Kruger

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Very good

WOUNDS OR ABNORMALITIES, None- Note- Small scar on back of neck

TONGUE, Tremors, None detected Coatings, Considerable Promptness Movement, Seem prompt

PUPILS, Equality, Equal Size, Large

Response Light, Accommodation,

SIGHT, Seems good

HEARING, Good

COORDINATION, Arms, Good

Legs, Good

TREMORS, Hands, None Tongue,

Facial Muscles, None detected General, Has an irregular jerking habit noticed as peculiar by nurse

REFLEXES, Patellar, Could not examine

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Rather quick

LUNGS, Seem in good condition

EXAM. URINE,

GYNAECOLOGICAL EXAM., Normal- Condition

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Dirty Clean, Careless,

BOWELS, Normal, Constipated, Very much Irregular,

APPETITE, Good, Fair Medium, Poor,

SLEEP, Good, Very mild Poor, Irregular,

PULSE, Accelerated RESP., Quick TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Sudden

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations, Mother very nervous

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Caroline Kruger

1893 This girl was brought here by her Uncle Julius Verdin and her Mother. This attack began Sperry suddenly on Nov. 28-92 When she began to rave and Spanned a few pastilles to in jure herself upon in Sudden Paroxysm. Has not been destructive of clothing. No filthy habits. No treatment has been employed.

Dec. 1 On admission case of Acute Mania - Constantly jumping and throwing herself, yesterday and violent. Very noisy and incoherent. Talks English, German and Low Dutch at times. Delusions and talks to same one. Who seems to be a lover. Ate a slight breakfast but hearty dinner and supper. Has a cold and dry cough. Expectorates considerably. Has some slight bruises on arms and limbs. Bowels Constipated. Complains of pain in the back and at times seems sick at the stomach.

" 2 Still noisy excited. Requires constant holding. Holds her mouth open and calls loudly for her Father & Mother. Appetite is absent as yesterday.

" 3 Seems more disturbed and does so much yelling as to Soil of the mouth. Ate hearty. Cough has disappeared. Has a passage of the bowels but very dark. Constipated.

" 4 Very violent during the morning, fighting and resisting. Ate well and became more quiet toward evening. Bowels moved but constipated. Still complains of pain in back.

" 5 Still very violent, spitting, biting and picking. Has been held most of the day. Talk is very profane. Has taken nothing but milk during the day. Often staggers.

" 6 During the P.M. seemed to become quite. Rested toward evening. Ate some supper. Seems more rational.

" 7 Has improved and gets with the other ladies this morning. Ate hearty but complains of pain about the heart and of her stomach.

" 31 Very ravenous appetite. Usually dirty in habits. Does no work. Dull at time then filthy and wild, screaming and crying. Sleeps poorly.

1893 Jan. 31 Filthy in habits. Does no work. Stupid at times violent. Appetite continues excessive.

Feb. 24 Very incoherent in talk. Seems some sick at times. Cries a good deal. Noisy at night. Appetite good.

" 28 Usually dirty in habits. Does no work. Dull. Stupid. Has hysterical spells. Mar. 28 went Home.

Personal and Medical History of Ida Nelson.

1899

May, Nov. 28 No change: Aug '99 Fought other patients: menses regular. (Cont'd by Dr. R.M. Phelps): Inclined to be violent at times: Usually sits quietly, but shows by her voice that she is suspicious & irritable: Feb. 25 '99 Intervening notes show that patient has remained upon the same ward & in just about the same condition since last note. (Cont'd by Dr. R.A. Bell) Wt. 75 Aug '99 Appetite good: bowels regular: takes out door exercise: very untidy & violent & distructive. menses regular. May 28: Visited by sister & friend.

Sept 1- Feb 28 1900. (Dr. Keyerdale) Untidy & very destructive: Menstuates regularly: Very violent, strikes other patients: In seclusion most of time. Jan 30 Wt. 103#. Does not take outdoor exercise: Does not converse: Always fuller & ready to fight.

Mch 1- Aug 30. (Dr. Linton) Habits dirty: Violent & very destructive: At times resistive & hard to control: In seclusion two hours daily while ward is done. Usually disturbed at night. Appetite good: Eats & sleeps well. Menstuates regularly. Takes outdoor exercise: July 16. Vaccinated. Sept 1- Nov 30 1900 Eats & sleeps well. Bowels regular: Menstuates regularly: General health good: Is dirty. Nov 17, 111#.

Dec 1- Feb 28 1901- Appetite & general health good. Bowels regular: Usually disturbed part of night. goes out for exercise: Fed on tray in bay. Often strikes nurses. Answers questions but never voluntarily converses. Mch 1- 105#

Mar 1- June 1- 1901 no change. May 29- Wt. 106#

June to Sept. June 20 was taken sick. face swollen somewhat. Tem. 101.4 Tem. kept up and on June 25 was transferred to Infirmary West, bowels constipated was given cathartic during her stay on Inf. July tran. to C1. Sept. 2. Wt. 104#. Sept. to Dec. No change in mental condition improved some physically. Nov. 23 Wt. 107#

to Feb. 1, 1903. General health good. eats and sleeps well: bowels & menstr. regular: usually quiet: does not converse or answer questions but understands when spoken to: is at times quite violent: attacks both patients and nurses: tidy in habits but careless in appearance: Dec. 1st. Wt. 100#

Personal and Medical History of Mary Falk

3198



Whole No. 3198
Residence, St Paul
Date Admission, Dec 1 - 1892
Admitted by, Dr Phelps Hour, 4 P.
How Sent, Cal Prob. J. B. Ol
Sex, Female
Age, 52 -
Civil Condition, Married
Children, 3
Age Youngest Child,
Occupation, Housewife
Degree Education,
Profession Religion, Swedish Lutheran
Habits, Good
Nativity, Sweden
Physicians Committing, Abbot James P. Markand
Correspondents, Nelson P. Falk Husb
317 St Albans St St Paul Minn

No. for Year, 110
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, Previous Attack
Form, Chronic Melancholia
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, -
Duration,
No. of Attack, 2
No. of Admissions, 2
Age First Attack, 49
Time of Leaving, June 25'94
Time in Hospital, 1y 6m 24d.
Result, Imp.

EXAMINATION ON ADMISSION.

Examined Dec. 9-92 MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused and
Quick or Sluggish, slug gish
MEMORY:
Past Events, Fair
Recent Events, Not good
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Only partly correct
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State, Not very good
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Rather depressed
DELUSIONS:
Systematized or Not, Seems to have
Special Subjects, Wanid ones - Afraid
Transitory or Not, Something will happen
HALLUCINATIONS: Has felt
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Partly coherent
Voluble or Reticent, but gets mixed and confused

Personal and Medical History of Mary Falk

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in WEIGHT, 145 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, Heavily Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Well Accommodation, well
SIGHT, Uses glasses
HEARING, Seems good
COORDINATION, Arms, Unpaired
Legs, Unpaired Can not stand on one foot Makes her dizzy to stand with eyes closed
TREMORS, Hands, Slight Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Equal 4 on scale of 10
Other Reflexes,
ARTICULATION, Hesitating Slurred,
FACIAL EXPRESSION, Anxious and rather worried
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Constipated Irregular,
APPETITE, Good, Refuses to eat Medium, Poor, Poor - Fed with tube
SLEEP, Good, Poor, Irregular Irregular
PULSE, 72 RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1892 This woman was brought here by Deputy Sheriff Carlton and her daughter Was here before in 1889 - Insanity manifested by vicious delusions Acts Claiming a certain Children Adultery Public etc. No filthy or destructive habits - Improved very much and became quite flashy after going home and seemed to be very well until a few weeks ago.

Dec 2 Very quiet Eats an lunch all and talked but little Refused to eat anything - Bodily condition, as seen at bath, good Bowels constipated

Dec 3 Drank about half a glass of milk but has eaten nothing - Sleeps well

Dec 4 Will not eat Drinks only when fed

1893 Jan 10 Very dull Fed by tube Does not have struggle Melancholy

Jan 26 Refuses to eat Sleeps poorly Does not talk Dirty in habits Usually sits in same place on ward Bowels regular Does not work

Feb 24 Has suicidal tendencies Said to hang herself last night Very quiet and depressed Eats milk but necessary to take her to the dining room

March 24 Refuses to eat Talks in a rambling way Cries a good deal Dirty in her habits Very stupid Does not work Sleeps well usually Bowels are inclined to be constipated

May 2 Refuses to eat Untidy in habits Quiet and dull in manner

" 31 Dirty in habits nine days this month

June 2 Sits in a dull way on the ward Never talks unless addressed Manifests no interest in anything - Is eating at present Untidy and careless in her appearance

June 30 93. Appetite poor. Always has to be coaxed to take any nourishment Very quiet most the time.

July 14.93. Appetite very poor Takes but very little solid food. July 21 93 - Appetite poor, untidy occasionally very seldom that she speaks to anyone Rests good at night. Aug 21. 93 no change.

Sept. 9. 93. Complains of constipation. Sept. 18.93 Complains of feeling very dizzy, Bowels does not act. Sept. 30.93 Will not feed herself at times. Is not very tidy in habits & very untidy in general appearance. Oct 12/93 Requires feeding Will not take much Oct. 13.93 Has a slight rise of temp. & lying in Bed. has to Oct 18.93 Restless, throwing herself about bed Slept 3½ hrs Oct. 25. 93 Restless sat on hall Slept about 3 hrs. Oct 31. 93 Appetite poor, does not feed herself at times untidy in habits Does not talk any to speak of. Nov. 21. 93 Takes but very little solid food. Nov 29. 93 Very difficult to feed. Takes but very little solid

but takes plenty of milk. Not very neat in general appearance Habits tidy. Rests well at nights most of the time Very quiet in behavior

Dec 1893 Appetite fair but will not feed herself Very difficult to get her any nourishment Does not take any care of herself In behavior quiet Dec 15 94 Restless out on hall about ½ hr. pacing back & forth

Dec 31 93 Untidy in habits Bed changed once Dec 31 93 Not any change Jany 16 94 Restless walks fast 3 hrs Jany 31. 94 Continues about the same Feby 14 94 Seems some brighter, helps in dining room, but will not feed herself Has to be spoon fed - March 1 94 Restless had quite a large

Mch. 11. 94 Restless had quite a large string of rovelings around together & tied tight around neck 3 A.M.

29 " Appetite poor Will not feed self. Has to be spoon fed but helps a little in the dining room Habits clean most of the time but not neat in general appearance. Apr 7 94 Visited by daughter. Apr 30 94 Continues the same.

May 18 94 Not any change May 31 94 About the same June 25 94 Went home to day unimproved. Has to be spoon fed Helps in dining room.

Marcia Williams

1899 From p. 176

Oct. 1 Visited by friends. Oct. 9 '99 Somewhat more untidy of late, tho' usually keeps herself looking neat: Rather mysterious & odd in all her actions: Health seems fairly good (Exmd. By Dr. P. A. Britt) Mar. 7 Sept 1899 General health fair: appetite fair: bowels regular: takes out door exercise: quite careless about appearance at times but usually fairly neat: seems rather nervous & walks restlessly about ward: Has many delusions which she expresses freely when spoken to: seldom talks unless addressed: usually quiet and pleasant: occasionally disagreeable: May 8 Transferred to W2 because B3 was being painted & odor was offensive to her. May 19 Returned to B3

1899 Sept 13 Visited by sister and friend. Thinks that she will have to wash on electricity if she goes on the lawn or in the tunnels Nov 30 - Feb 28. (W Hazeldale) Dec 31 Visited by Sister: Quiet in manner: Takes out door exercise: Bowels regular Sleeps well: Expresses delusions: Jan. 15 Wt. 104½ lbs. Remains in room a great deal of time Mch 1 - Nov 30 1900 Mch 10 Neat & clean. Agreeable on ward: Appetite good: Bowels regular: Takes out door exercise: Expresses many delusions At times somewhat excited May 15 No change. July 21 Vaccinated Resisted vigorously Aug 26 No change. Nov 21. Has delusion that she is going to be poisoned & at times wanders aimlessly about ward. Nov 24. Wt. 100 lbs

Dec. 1st to Feb. 28 - 1901 No. change Wt. 97 lbs Mar. to June 1901 May 29 No change in either mental or physical health. Wt. 101 #.

June to Sept. July 10 taken home by sister, July 12 returned by sister. Aug. 30 Wt. 98#. Sept. to Dec. 1901. patient shows no change in either mental or physical condition Nov. 30. Wt. 96#.

Transferred to 188.

Personal and Medical History of Mary Ann Elder

Whole No. 3199

Residence, Douglas Dakota Co

Date Admission, Dec 3 1892

Admitted by, Dr Hilbourne Hour, 7 P M.

How Sent, In Prob Thos D. Maran

Sex, Female

Age, 38

Civil Condition, Maried

Children, 8

Age Youngest Child,

Occupation, Farmers Wife

Degree Education,

Profession Religion, Yes

Habits, Tobd

Nativity, U. S.

Physicians Committing, H. P. Van Duck & E. W. Hammes

Correspondents, Mrs. H. Elden Hunt Mineville Dakota Co Minn

John Maylan Brdf Hastings Minn

No. for Year,

Insane Relatives,

Cause Exciting,

Cause Predisposing,

Form, Chronic Melancholia

Accompanying Bodily Disorder,

Suicidal or Not,

Date of this Attack,

Duration,

No. of Attack,

No. of Admissions,

Age First Attack,

Time of Leaving, May 8th 93.

Time in Hospital, 5 mos 5 ds.

Result, Imp'd

EXAMINATION ON ADMISSION.

Examined Dec 9 1892 MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Can not determine

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, Illusive

REASONING POWER:

Ordinary Subjects, Impaired

Own Mental State, Not good

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Very irritable and cross. Refuses a thorough examination says she is all right

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Exalted and irritable

Depressed,

DELUSIONS:

Systematized or Not, Systematized

Special Subjects, many -

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Incoherent

Voluble or Reticent,

Reticent and contrary Thinks she is wrongfully kept here, away from her children says she is not sick

Personal and Medical History of Mary Ann Elder

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in WEIGHT, 155 lbs NUTRITION, Good

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, Coatings, Slight Promptness Movement,

PUPILS, Equality, Equal Size,

Response Light, Would not allow time Accommodation, Examined

SIGHT, Says good

HEARING, Seems good

COORDINATION, Arms, Good

Legs, Good

TREMORS, Hands, None Tongue,

Facial Muscles, None General,

REFLEXES, Patellar,

Other Reflexes,

ARTICULATION, Hesitating, Prompt Slurred,

FACIAL EXPRESSION, Calm

SENSIBILITY,

HEART, Would not allow Examined

LUNGS, " " " "

EXAM. URINE,

GYNAECOLOGICAL EXAM.,

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless, Careless

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Poor Irregular,

PULSE, RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Mary Ann Elder

1892 This woman was brought by Chief Leland and John Driscall. This attack began in April 1892. Had a previous attack in 1884. Which lasted for two months. Insanity is manifested upon Religion. Has a suspicion of Joseph comforting her. No disposition to injure others. Not fatherly habits. Upset during pregnancy. Depressed when away from home. Left with Granell. Kept regular. Troubled with insomnia, Constipation and refuses to eat and drink.

Dec 3 Very quiet. Talks very little. Did not eat anything all day. Bodily condition good.

" 4 Refuses to eat. Very sullen in manner.

" 5 Eats some but appetite not very good.

1893 Jan 18 Always quiet and sits in about the same place on the ward. Pleasable. Will only talk to the Supt. and always asks to go home. Does not have anything to say to anyone else or on any other subject.

Jan 25 Appetite not very good. Sleeps well. Sits in same place all day. Does not talk. Bowels regular. Has delusions and hallucinations. Thinks her friends are near and imagines she hears a man talking under the floor and wants us to take him out.

Feb 24 '93 Very restless. Never goes out riding. Eats poorly. Not quite so crazy. Does not talk of delusions so much. More General health is good. Cares for herself. Anxious to go home. Menstruated from the 28th to 2d of the month.

March 24 Appetite good. She seems much better. Very much more contented. Does not speak of her delusions. Works in the dining room. Talks more sensibly. Sleeps well. Pleasant in manner. Habits clean. Bowels regular. Menstruated from 6th to 11th.

April 5 Shows a quite marked improvement during the past month but is not well yet.

" 18 Anxious to go home. Quite bright in appearance but dull in manner. Is not eating well. Thinks it was a mistake that she was sent here.

May 8 Husband came this morning and took her home. She was very much improved and anxious to go. General health was very good. Was a little uncertain mentally.

Personal and Medical History of Hannah Rausch

From Folio 108.

Sept 1- Feb 28 1900. Nov. 20 Noisy. Neat in habits. Menstruation regular. Eats well. Goes out for exercise. Feb 15 wt 120#. Incoherent in speech. At times very noisy. Assists with ward work. March 1- Aug 31 Extremely noisy most of time. Neat. Appetite very good. Usually sleeps well. Bowels regular. Menstruation regular. During April agreed out door exercise. July 16 Vaccinated. Sept 1- Nov 30 Assisted with work in dining room. Very noisy most of time. Health good. No change mentally. Nov 17. Wt. 127#. Dec 1- Feb 28 1901 No change mentally or physically. Expresses no delusions answers questions sensibly. Feb 28 Wt. 122½#. Mar. 1 - June 1 - 1901 No change. May 29 Wt. 215#.

June 1 to Sept. Takes out door exercise, assists with the ward work, has been somewhat disturbed of late, does not take so much interest in work, constantly asking to be sent home. Sept. 2 Wt. 215#. Sept. to Dec. Nov. 27 visited by son, No change in general condition. Nov 23 Wt. 180#.

To Feb 1, 1903. General health good: eats and sleeps well: bowels regular: menstruates regularly: assists with the ward work: takes exercise: is at times noisy in speech: talks incoherently: does not converse intelligently: sometimes will answer questions. Dec. 1st. Wt 172#.

Marcia Williams

June 26th Visited by sisters and taken out driving: Aug 30 Wt 103#. Feb 27th Gen'l health good: very quiet: has a good deal to say: is delusional: Sept 29th Visited by sister: taken out driving. Jan 7th neat in habits and appearance. No change. Wt 103#.

Personal and Medical History of Mary Holst

Whole No. 3201
Residence, Plainview Wabasha Co
Date Admission, Dec 9th 1892
Admitted by, Dr Phelps Hour, 2- P.M.
How Sent, Sheriff Prob Malcolm Kennedy
Sex, Female
Age, 28
Civil Condition, Married
Children, 4
Age Youngest Child, 1yr
Occupation, Housewife
Degree Education,
Profession Religion, Lutheran
Habits, Good
Nativity, Germany
Physicians Committing, J. D. Wastcoat and N. Left
Correspondents,

No. for Year, 113
Insane Relatives, A cousin on Mothers side
Cause Exciting, Childbirth
Cause Predisposing,
Form, Chronic Mania
Accompanying Bodily Disorder, None known
Suicidal or Not, Not
Date of this Attack, Not given about Nov 91
Duration, 11 Mos
No. of Attack,
No. of Admissions, 1
Age First Attack,
Time of Leaving, Jan 6th 93
Time in Hospital, 28 ds.
Result, Improved

EXAMINATION ON ADMISSION.

Examined Dec 12 '92 MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear + quick
Quick or Sluggish, Quite intelligent
MEMORY:
Past Events, Good
Recent Events, Good
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct
REASONING POWER:
Ordinary Subjects, Seems fair
Own Mental State, Seems good
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Very pleasant and quiet in manner

EMOTIONAL STATE:
Normal, Calm, Normal
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, Can not determine
Special Subjects, any
Transitory or Not,
HALLUCINATIONS: None
ILLUSIONS: None
CONVERSATION:
Coherent or Incoherent, Talks coherently
Voluble or Reticent, and sensible -
Very willing to tell anything that is asked

Personal and Medical History of Mary Holst

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ in WEIGHT, 121 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Slight Promptness Movement, Prompt
PUPILS, Equality, Left slightly larger Size, Somewhat larger than normal
Response Light, Very dull Accommodation, Well
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, + Equal
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Normal Pleasant
SENSIBILITY,
HEART, Irregular - At times intermittent
LUNGS, Some in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Endocervicitis - Laceration
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 100 RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Unknown ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother unhealthy - In a hospital at one time
Father or Pat. Relations, Father has had Rheumatism a good deal
Brothers or Sisters, a sister sickly

Personal and Medical History of Mary Holst

1892. This woman was brought here by her Husband & brother in law. Her attack came on soon after the birth of her last child eleven months ago. Struck her Mother in the face with a stick of wood. She has had periodical attacks ever since. The first lasting from a few hours to two or three days returning in a few days. About the time of Menstruating. Afraid she and her friends are going to kill her and her children. No filthy habits. Was shut up in the house for about an hour at a time.

Dec 12. Internal examination made today. Found treatments needed.
1. 93 Appetite fair. Pattern careless. Habits Dairying work. Irritable at times but generally quiet. Sleeps poorly. Husband has been here twice to see her and each time she has been worse after he left. Very angry and tore her clothes. Was kept secured. Internal treatments. Very anxious to go home.
Jan 6-1893. Husband called today and took her home. She had improved but not entirely recovered.

Personal and Medical History of Caroline Melchior

From Folio 120

Sept 1. Nov 30. (Dr Heyrosa) Eats & sleeps well: Bowels regular: General health good: Is at times extremely noisy. Nov 16 Wt. 107. Dec 1. - Feb 28 General health fair: Bowels regulated. Takes cathartics: Sleeps well: Takes out door exercise occasionally: Habits clean & neat: Very changeable: Does not speak English - Feb 28 Wt. 105#

March - June 1 - 1901 No change. May 28 Wt. 105#. June to Sept. No change in either mental or physical condition. Aug. 31 Wt. 99½#.

Sept. to Dec. Sept. 5 visited by daughter and son; no change in general condition. Nov. 30 Wt. 100#.

to Feb. 1, 1903 sleeps well: takes no exercise: bowels regular: does no work: is blind and quite helpless: at times is very noisy: does not converse or answer questions: is restless: walks up and down the ward aimlessly: habits and appearance clean and neat: Dec. 1st 20/94#.

Personal and Medical History of Jane Wescott

Whole No. 3204
Residence, Bridgewater Rice Co
Date Admission, Dec 13 1892
Admitted by, F. F. K. Hour, 2 P. M.
How Sent, In charge of Prof R. A. Mott
Sex, Female
Age, 60
Civil Condition, Married
Children, 1
Age Youngest Child,
Occupation, Housewife
Degree Education,
Profession Religion, No
Habits, Good
Nativity, N. Y.
Physicians Committing, C. V. Lynde & W. A. Hunt
Correspondents, Mr. & S. Wescott
Northfield Minn

No. for Year, 116
Insane Relatives, Mother, Aunts, Uncles, Cousins
Brother & Sister
Cause Exciting, Financial and Social trouble
Cause Predisposing, Hereditary
Form, – Chronic Melancholia
Accompanying Bodily Disorder, Loss of appetite
Suicidal or Not, Threatened
Date of this Attack, 1890
Duration, 3 yrs
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 58
Time of Leaving, Jan 19th '93
Time in Hospital, 1 mo 6 ds
Result, Imp'd.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Quite clear
Quick or Sluggish, Quite active
MEMORY: Poor for last 5 yrs
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, In most things correct
REASONING POWER:
Ordinary Subjects, Exaggerates everything
Own Mental State, Seems to realize that she
Special Subjects, is not right - Says it is
GENERAL DESCRIPTIVE REMARKS: in the blood and that she can not be cured - Complains continually of different bodily ailments Admitted says she has a terrific headache etc

EMOTIONAL STATE:
Normal, Calm, Says she is hysterical
Indifferent, and Slightly
Exalted, Cries often and may
Depressed, easily Nervous
DELUSIONS: Thinks she had
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: Imagined she heard
ILLUSIONS: noises
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Valuable
Says has had sick headache since childhood Growing gradually worse Especially the last two yrs

Personal and Medical History of Jane Wescott

THROAT CUT FROM EAR TO EAR.

Mrs. Wescott Believed to Have Committed Suicide While Insane.

NORTHFIELD, Minn., May 31.—*Special Telegram.*—Mrs. A. A. Wescott, wife of a wealthy farmer, was found in a cistern near the house with her throat cut from ear to ear this morning by her husband and son, who had just returned from visiting a neighbor. It is thought she committed the deed while suffering from mental aberration. She had been out of an insane asylum but a short time.

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

WEIGHT, 132 lbs NUTRITION, Fair
...ITIES, A deep scar on under side of left thumb and ...ck of index and ring finger of same hand
...ology study Coatings, Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Slight impairment - Standing eyes shut always tight
Legs, " "
TREMORS, Hands, Not marked Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Right + Left + +
Other Reflexes,
ARTICULATION, Hesitating, Fair Slurred,
FACIAL EXPRESSION, Fairly good expression
SENSIBILITY,
HEART, Palpitation
LUNGS, Fair
EXAM. URINE,

GYNAECOLOGICAL EXAM, Urethritis - Slight hypertrophia of cervix Normal for
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Constipated Irregular,
APPETITE, Good, Medium, Poor, Poor
SLEEP, Good, Poor, Irregular,
PULSE, 84 RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother insane four years
Father or Pat. Relations,
Brothers or Sisters, Brother in asylum for 3 yrs

Personal and Medical History of Jane Wescott

Whole No. 3204

Residence, Bridgewater Rice Co

Date Admission, Dec 13-1892

Admitted by A.G.K. Hour, 2 P.M.

How Sent, In charge of Prof R A Matt

Sex, Female

Age, 60

Civil Condition, Married

Children, 1

Age Youngest Child,

Occupation, Housewife

Degree Education,

Profession Religion, No

Habits, Good

Nativity, N.Y.

Physicians Committing, C. V. Lynde & W. A. Kent

Correspondents, Mr. H. L. Wescott
Northfield Minn

No. for Year, 116

Insane Relatives, Mother, Brother

Cause Exciting, Financial trouble

Cause Predisposing, Heredity

Form, - Chronic Mania

Accompanying Bodily Disorder, Loss of appetite

Suicidal or Not, Threatened

Date of this Attack, 1890

Duration, 3 yrs

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 58

Time of Leaving, Jan 19th '93

Time in Hospital, 1 mo 6 ds

Result, Improved.

were united in marriage to-day.

BATTLE CREEK, Mich., May 31.—[illegible] Mr. Orlo W. Walker and Miss Nellie M. Dewey were married by Rev. W. S. Potter at No. 109 River street. They are prominent in social circles and will reside in this city.

Severe Storm at Galena.

GALENA, Ill., May 31.—*Special Telegram.*—The heaviest rain fall of this season occurred in this vicinity this afternoon. The storm was accompanied by severe thunder and lighting. The river rose several inches.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Quite clear

Quick or Sluggish, Quick emotive

MEMORY: Poor for last 5 yrs

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Incorrect thing correct

REASONING POWER:

Ordinary Subjects, Exaggerates everything

Own Mental State, Seems to realize that she

Special Subjects, is not right - Says it is

GENERAL DESCRIPTIVE REMARKS: in the blood and that she can not be cured - Complains continually of different bodily ailments the last two yrs Attendants say she has a terrific headache spell

EMOTIONAL STATE:

Normal, Calm, Says she is hysterical

Indifferent, and Slightly

Exalted, Cries often and very

Depressed, easily Nervous

DELUSIONS: Thinks she had

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS: Imagined she heard

ILLUSIONS: noises

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Valuable

Says has had sick headache since childhood. Growing gradually worse Especially

Personal and Medical History of Jane Wescott

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 132 lbs NUTRITION, Fair

WOUNDS OR ABNORMALITIES, Cut deep scar on under side of left thumb and contraction of spindle and ring finger of R hand

TONGUE, Tremors, Fairly steady Coatings, Prominess Movement,

PUPILS, Equality, Equal Size, Normal

Response Light, Good Accommodation, Good

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Slight impairment - Standing eyes slant always right

Legs, " "

TREMORS, Hands, Not marked Tongue, None

Facial Muscles, None General, None

REFLEXES, Patellar, Right 7 Left 8 + 7 -

Other Reflexes,

ARTICULATION, Hesitating, Fair Slurred,

FACIAL EXPRESSION, Fairly good expression

SENSIBILITY,

HEART, Palpitation

LUNGS, Fair

EXAM. URINE,

GYNAECOLOGICAL EXAM., Urethritis - Slight hyperaemia of cervix Normal pas-

MENSTRUATION, Ceased

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Clean Careless,

BOWELS, Normal, Constipated, Constipated Irregular,

APPETITE, Good, Medium, Poor, Poor

SLEEP, Good, Poor, Irregular,

PULSE, 84 RESP., Normal TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations, Mother insane four years

Father or Pat. Relations,

Brothers or Sisters, Brother in asylum for 3 yrs

Personal and Medical History of Jane Wescott

1892 This woman was brought here by her husband-Mother-in-law and Dr Snyder. Her attack began about two yrs ago manifested by Expelle of dyspandency & various sensations in head - At present manifested upon Social and financial condition and her health. Has disposition to injure herself and others. Only slight tendency to tear her clothes. Tendency to Spiritualism. Under treatment for same time. Has taken Tonics, Sol- and Bromides. Electricity, Opiates, Strychnia with little effect.

Dec 13 Walks up and down the hall crying a great deal. Says she will surely die here. Talks constantly of aches and pains, chills, fever etc. Says not left much. Bowels constipated. Complains of her left hand a great deal.

Dec 14 Cried most of the day. Wants to go home at once. Knows there is no help for her. Eats somewhat better.

" 15 Bowels constipated. No especial change in any way.

" 16 More quiet to day but still complains almost constantly. Taken enema and bowels moved today. Eats fairly well.

" 17 More quiet than any day since admission. Eats quite well. Bowels very much constipated.

" 18 No change except more quiet.

" 19 Cries fretful again. Bowels do not move naturally.

" 30 Appetite fairly good. Does no work. Walks and visits around in any ward a great deal of the time. Sleeps well generally but thinks she does not. Rather careless in habits.

Jan 9-1893 Has been in a constant state of many years duration. Husband came today and took her home in the same state as when admitted.

Personal and Medical History of Katie Casey

From folio 132

1900

Apr 25-May 9- Fed with tube. Does no work - reads, plays cards, but is otherwise inactive & indolent. June 30 Fed by tube since June 17. July 17 Vaccinated. Successfully.

Oct 11. Trans. to 6th Oct 11. Wt. 115th. At times scolds & is very disagreeable. Dec. 1 to Feb. 28-1901 no change. Feb. 25 Wt. 115.

Mar. to June 1901 May 29 reads a great deal, no change in mental or physical condition Wt. 113#.

June to Sept Aug. 30 menstruates regularly, general health good, Wt. 106#. Sept. to Dec. Transferred to B. 3. Oct. 16, no change in general condition Nov. 21 Wt 109#.

June to Dec Patient in fairly good general health: neat in appearance and habits. Very disagreeable and usually irritable; walks about with a cane: menstruates regularly. Wt 111 #.

Personal and Medical History of Lena Lortscher



Whole No. 3206

Residence, Lake City Wabasha

Date Admission, Sept 15 - 1892

Admitted by, D. Phelps Hour, 1:30

How Sent, In Prof. Male

Sex, Female

Age, 31

Civil Condition, Single

Children,

Age Youngest Child,

Occupation, Domestic

Degree Education,

Profession Religion, None

Habits, Good

Nativity, Minn

Physicians Committing, J. C. Adams & C. D. Vilas

Correspondents, Michael Lortscher
Lake City Minn

No. for Year, 118

Insane Relatives, None

Cause Exciting, La Grippe

Cause Predisposing, Congenital mental + phys
ical weakness

Form, Ac. Melancholia

Accompanying Bodily Disorder, None

Suicidal or Not, Suic

Date of this Attack, 1892 Nov-

Duration, About 6 mnths

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 31

Time of Leaving, Sept 24th 94

Time in Hospital, 1y, 9ms, 9ds.

Result, Recovered

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined Jan 3 1893 by D. Phelps

MENTAL ACTIVITY:

Clear or Confused, Confused and

Quick or Sluggish, erratic

MEMORY:

Past Events, Uncertain

Recent Events, "

Special Subjects, "

PERCEPTIVITY:

Alert or Dull, Quick but illusive

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Not good

Own Mental State, Very Poor

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Very erratic in behavior
Wants to get out of this
place - Restless, Fussy, loud
and fretful in talk

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Very much

Depressed, and depressed

DELUSIONS: Many

Systematized or Not,

Special Subjects, Seems to have many

Transitory or Not, delusions - Everything

HALLUCINATIONS: very much confused

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Talkative and in-
coherent Mind wanders
from one thing to another
Walks up and down the hall
crying and talking in a very
loud voice Untidy in ap-
pearance

Personal and Medical History of Lena Lortscher

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in WEIGHT, NUTRITION, Not very good as to flesh - Color good -

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, None Coating, Very slight Promptness Movement, Good

PUPILS, Equality, Equal Size, Normal

Response Light, Well Accommodation, Good

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Good

Legs, Good

TREMORS, Hands, None Tongue, None

Facial Muscles, None General,

REFLEXES, Patellar, Equal 6 on scale of 10 -

Other Reflexes,

ARTICULATION, Hesitating, Good Slurred,

FACIAL EXPRESSION, Vacant and anxious

SENSIBILITY,

HEART, Sounds are normal but very quick

LUNGS, Seem in good condition Chest very flat and

EXAM. URINE, Scanty and clouded

GYNAECOLOGICAL EXAM., Normal condition

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless, Very

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Good Medium, Poor,

SLEEP, Good, Poor, Poor Irregular,

PULSE, RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Lena Lortscher

1892 This woman was brought here by her brother & Sister She is described by them as never being very strong either physically or mentally. Had La Grippe last winter Insanity was manifested about five weeks ago by great restlessness, dissatisfaction with surroundings Became melancholy and attempted suicide by strangulation. Has often started to speak quer & silly. Did not learn easily. Bro. thinks she has always been a feeble minded woman all her life. Complains of pain in her chest. Has ulcer on leg. Father died 78 yrs ago. Well mentally as far as known. Mother living and well. No heredity so far as can be determined from her Bro.

Dec 15-22 Extremely noisy, walking up and down the hall all day screaming. Incoherent and full of delusions. Imagines she is killing every body and eating glass. Bodily condition good. No spasms. Bowels regular. Very filthy in habits. Picks her face and bites her nails.

Dec 18 " Worse noisy than yesterday.

" 19 Has a few small lumps from coming in contact with the heat.

" 20 Still extremely noisy.

" 21 Very obstinate. Refuses to hold at table every meal.

" 22 Walks up and down the ward moaning and making a queer noise as if crying. Very careless in personal appearance.

1893 Jan 1 Has been extremely noisy both day and night. A little more quiet for the last two or three days.

" 27 Eats well. Dirty in habits both day and night. Noisy most of the time. Sleeps poorly. Has not menstruated. Does no work.

Feb 21 Eats well. Behavior dull and silly. Does no work. Untidy in habits. Sleeps poorly.

" 28 Very untidy and careless in personal appearance.

March Appetite good. Untidy in habits. Dull and stupid. Talks very silly. Bowels regular. Does not menstruate. Sleeps well.

April 1st Behavior dull and stupid. Talk incoherent and silly. Appetite good. Untidy, careless and idle.

May 22 Doing much as last. General health very good. Talks more sensibly of late.

June 12 Now on B.F. Behavior quiet and talk much more coherent. Neat and clean in habits. Gen. health good.

Personal and Medical History of Lena Lortscher.

June Boy's. Appetite good. Talk quite sensible, very careless in her personal appearance, sits in one place all day long & sleeps. July 6 93. Moved to Annex. July 21 93. No change.

Oct 13 93. Appetite good. Careless in habits but rather careless. Is quiet. General health good. Nov. 14 93. Is bed. Has quit headache. Nov 15. 93. Up on ward.

Feby 12 94. Appetite poor for some time. Has had quite a bad cold. Went to bed yesterday. Seems better to day. Wants to go home. Cries quite often about it. Habits clean. Feby 13 94. Upon ward to day. May 1 94. Appetite good. Is quiet. Clean in habits. Untidy in personal appearance. Has delusions. Talks quite sensibly some times. Goes riding & walking. Gen. health good.

July 11 94. Appetite poor. Clean in habits. Untidy in personal appearance. Is quiet. Speaks often of going home. Talks incoherently. Goes riding & walking. Gen. health good. Walks in dining room. Sept. 19 94. Visited by her mother. Is very much distressed about going home. Will not eat, but little. Sept. 24 94. Went home with her brother. Had improved but not recovered simple minded.

Discharged Feb. 6th '95.

Catherine Dunnan. From Folio 140.

Sept. - Feb 28 1900 (Dr. Heydenreich) Neat. Assists some with work: Bowels somewhat constipated. Takes cathartics: Noisy at times. Goes riding & walking: Appetite fair: Sept 14. Went to fair - When getting out of buggy slipped & fell injuring buggy. Liniment applied. Recovered. - Sept 21 Visited by brother. Jan 12 Wt. 113½. March 1 - Nov 30 March 10 Eats & sleeps well. Bowels somewhat constipated. Noisy, incoherent, demented. At times quite profane. Takes regular exercise. July 03. Vaccinated successfully. Quite sick for several days. Treated for haemorrhoids. Dec 1 - Feb 28 General health fair. Bowels constipated. Takes cathartics. Sleeps well. Does not go out during winter. Habits neat. Incoherent & excited at times: requiring seclusion. Takes no interest in work. Feb 28. Wt. 108#. March 1 - June 1 - 1901 no change. May 28 visited by brother. Wt. 113#. June to Sept. Aug. 30 visited by brother, no change in mental or physical condition. Sept. 3 Wt. 120#.

Sept. to Dec Does no work, takes out door exercise, shows no change in either mental or physical condition, Nov. 30 Wt. 116#.

to Feb. 1, 1903. General health good: sleeps well: has good appetite: bowels regular: neat and clean: assists in sewing room: goes out for exercise: at times scolds a great deal: uses profane language. Is very delusional & incoherent in speech. Dec. 1st. Wt. 124#.

Personal and Medical History of Mary McNeal

Whole No. 3209
Residence, Oriscco Olmsted
Date Admission, Dec 17-1892
Admitted by, Dr Kellam Hour, 12 M-
How Sent, of Prob H.C. Butler
Sex, Female
Age, 85
Civil Condition, Widow
Children, 4
Age Youngest Child,
Occupation, Housekeeper
Degree Education,
Profession Religion, Presbyterian
Habits, Good
Nativity, Ireland
Physicians Committing, E.C. & E.M. Cross
Correspondents, W.J. Sutton (Son) Orrisco Minn

No. for Year, 121
Insane Relatives, None
Cause Exciting,
Cause Predisposing, Previous attack
Form, Senile Dementia
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack,
Duration, 3 or 4 yrs
No. of Attack,
No. of Admissions, 1
Age First Attack, About 81
Time of Leaving, June 20 1893
Time in Hospital, 6 mos. & 3 days.
Result, Died

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Dr Shelton

MENTAL ACTIVITY: Slight
Clear or Confused, Confused
Quick or Sluggish, Sluggish & feeble
MEMORY: Says she has none. Has not
Past Events, for years
Recent Events, Does not know her age
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Fairly alert & quick
Correct or Illusive,
REASONING POWER:
Ordinary Subjects, Very feeble
Own Mental State, Does not realize
Special Subjects, much
GENERAL DESCRIPTIVE REMARKS:
Very feeble minded and childish

EMOTIONAL STATE:
Normal, Calm, Calm and matter of
Indifferent, fact about every thing
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, Not
Special Subjects, Rambling and de-
Transitory or Not, luded ideas
HALLUCINATIONS: None
ILLUSIONS: None
CONVERSATION:
Coherent or Incoherent, Coherent as far as
Voluble or Reticent, answering a few
questions is confined but
rambling for the most
part

Personal and Medical History of Mary McNeal

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 103 NUTRITION, Fair not flesh
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Some coarse Coatings, slight Promptness Movement,
PUPILS, Equality, Equal Size, Small
Response Light, Very little Accommodation, Very little
SIGHT, Double Partly
HEARING, Very dull
COORDINATION, Arms, Normal of age
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General, Tremor normal of age
REFLEXES, Patellar, -3
Other Reflexes,
ARTICULATION, Hesitating, Fairly good Slurred,
FACIAL EXPRESSION, Not very intelligent Rather dull
SENSIBILITY,
HEART, Accentuated Sounds Sound
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Normal condition Says always well
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Normal - Attenuated RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Unknown
Father or Pat. Relations,
Brothers or Sisters,

1892 This woman was brought here by M. M. Clark Deputy Sheriff. Symptoms were first manifested three or four years ago. Has had personal injury from Supernatural beings. Has been living alone and of late began to destroy her furniture and things. No disposition to injure others. No filthy habits. During the last two or three weeks has tried to injure herself by striking her head and face with a club.

Dec 17 Was unwilling to stay here and had some trouble to get her to take a bath. Said she must go home to look after things. Had small bruises about her face and head. Dressed

" 18 Regular. About as yesterday

" 19 Son visited her today and after he talked with her she seemed more satisfied.

" 20 Very quiet. Causes no trouble

" 21 About as for the past few days

" 23 Eats and sleeps well. Neat and clean. Very quiet.

1893 Jan 3 Appetite usually good. Does no work. Behavior natural. Sleeps well usually. Very quiet on the ward.

Feb 18 Quite quiet. Demented. Has wandering vague delusions. Health good. Wanders independently about the ward.

" 27 Appetite good. Dirty habits. Does no work. Behavior quiet. Sleeps well. Talk is incoherent. Does not realize where she is.

March 29 Appetite good. Habits very dirty at times. Behavior quiet. Talks very little.

April 30 Appetite good. Talk is mostly incoherent. Asks to go home. Behavior quiet and demented.

May 10 At times very filthy. Demented, incoherent. Appears to go

" 26 Taken sick in bed. Moved to sick ward. Has diarrhoea and is very weak. Put to bed.

June 20. 93. Died.

May 27 Breathing very asthmatic and difficult. Heart very irregular and pulse rather weak. Ate breakfast. Bowels moved.

" 28 Bowels moved three times. Slept about 3 hrs. Put upon egg nog. Since May 31 / June 1st. Awake all night. June 1 Visited by her two sons. Passed very restless nights, lived mostly on Egg nog, cream or milk. Had very irregular pulse. Breathing became more & more difficult. appeared 1st & little better on June 6. 93. Failing again on June 7, breathing sometimes ceased for 1 minute or so. Was very weak & face grew dark on June 9. Seemed brally on June 10. & was much better on June 14. Became much exhausted June 16 & from there sank gradually till death on June 20. 1893.

For detailed report see Nurses record of case.

Personal and Medical History of Jane D. Rhodes

Whole No. 3211

Residence, 249 Smith Ave St Paul

Date Admission, Dec 19 1892

Admitted by, Dr Kilbourne Hour, 7 P. M.

How Sent, Jo Prof J B Almen

Sex, Female

Age, 62

Civil Condition, Married

Children, 1

Age Youngest Child,

Occupation, Housewife

Degree Education,

Profession Religion, Methodist

Habits, Good

Nativity, Mass

Physicians Committing, A. B Ancker and C. E. Markon

Correspondents, Mrs Jno B. Pomeroy
249 Smith Ave St Paul Minn

No. for Year,

Insane Relatives, Sister

Cause Exciting,

Cause Predisposing, Probably Heredity

Form, Chronic Mania

Accompanying Bodily Disorder, None Known

Suicidal or Not, Not

Date of this Attack, 1892 About July

Duration, About 6 mos

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 62

Time of Leaving, Feb. 14. 1899

Time in Hospital, 6 yr. 1 mo. 26 d.

Result, Transferred to Fergus Falls.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Dr R. Phillips

MENTAL ACTIVITY:

Clear or Confused, Very much confused

Quick or Sluggish, Rather quick

MEMORY:

Past Events, Seems good

Recent Events, Mixed

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Alert

Correct or Illusive, Illusive

REASONING POWER:

Ordinary Subjects, Not very good

Own Mental State, Not Correct

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm, Calm Rather suspicious

Indifferent, of every body

Exalted,

Depressed,

DELUSIONS: Says every body throws

Systematized or Not, influence over her

Special Subjects, Has many delusions

Transitory or Not, Can't understand things

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Talks willingly Co-

Voluble or Reticent, herent quite well and quite well

Very much confused as to surroundings mental state

Says she is not insane

Personal and Medical History of Jane D Rhodes

EXAMINATION ON ADMISSION—(Continued.)

1892

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1½ in WEIGHT, 100 lbs NUTRITION, Poor

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, Slight Coatings, Very slight Promptness Movement,

PUPILS, Equality, Equal Size, Normal

Response Light, Good Accommodation, Good

SIGHT, Uses glasses

HEARING, Seems good

COORDINATION, Arms, Quite good Slight difficulty in putting finger to nose

Legs, Good

TREMORS, Hands, None Tongue, Very slight

Facial Muscles, None General,

REFLEXES, Patellar, Equal +

Other Reflexes,

ARTICULATION, Hesitating, Prompt Slurred,

FACIAL EXPRESSION, Normal or slightly suspicious at times

SENSIBILITY,

HEART, First sound roughened

LUNGS, Seem good

EXAM. URINE,

GYNAECOLOGICAL EXAM. Normal position & Some hypertrophy and redness of vagina and around meatus.

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, Clean	Careless,
BOWELS, Normal,	Constipated, Constipated	Irregular,
APPETITE, Good, Good	Medium,	Poor,
SLEEP, Good,	Poor, Poor	Irregular,
PULSE,	RESP., Normal	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations, Mother died when patient 5 yrs old

Father or Pat. Relations, Father died of Paralysis

Brothers or Sisters, Bro and two sisters

Personal and Medical History of Jane D Rhodes

1892. This woman was brought here by Deputy Sheriff Courtney and daughter and Son-in-law Mr & Mr Parkeray
Symptoms were first manifested about six months ago by strange actions. Became excited about two weeks ago. She believes she is the victim of secret influences, that disreputable characters are everywhere in the neighborhood. Has always been a quiet active woman. Not fretful or destructive since symptoms developed. Thinks that Jews are against her, Knows them. Has not slept much. Appetite good.

1893 Jan 22 Talks in a queer incoherent way. For last two weeks has usually kept her eyes shut & is comfortable. Quiet. Health good.
Feb 9 Appetite good. Does no work. Quiet generally. Sleeps well.
March 3 Very peculiar in actions. Never sits down. Getting at the meals. Appetite good. Sleeps well. Has many delusions.
April 1st Pushed over by Mrs Stark another patient and sustained quite severe injury to hip. April 5 Has been confined since 1st. Up to day but quite lame. April 10 Hurt to bed. Eats only as urged to do so. Talk is delusive. April 26 Confined system. Has quite difficulty been kept up at all. Has many queer and cranky ideas. Cross.
May 12 Health good. Kept up and round all the time.
" 22 More pleasant in manner of late. Inclines to joke some. Does no work. General health good though rather thin and feeble.
June 9 Had been so quiet and well behaved that moved her to A-1 today. She did not like the change and became quite spiteful and noisy. Obliged to move her back again.
June 12 Now on B-1 but is frightened and thinks things arranged since she was moved. Seemed to mix her all up again.
June 30-93. Appetite good. Stays in her room most of the time. Has delusions. Noisy at times.
July 28. Gen. health good. Sits in her room all day. Aug. 17 93. Appetite good. Sleep good. Clean in habits. Is noisy at times. Thinks her folks are here in the attic.
Sept. 28. 93 Appetite good. Sleep good. Is clean in habits. Has spells of screaming and thinks her relatives are up in the attic, being starved.
Oct 28 93. Appetite good. Sleeps well. Is noisy at times, always finding fault with her room mate. Is very sarcastic. Nov 29 93 Appetite not very good the last month. She is in her spell. Is very sarcastic and has many delusions. Sleeps well. Dec 26 93. Appetite very poor. Only drinks milk. Sleeps well. Is quite disagreeable towards the other ladies. Calling them names. Jany 30 94 Appetite still poor. Takes nothing but milk. Sleeps well. Has many delusions.

Personal and Medical History of Jane D. Rhodes

Feb 28 94 Appetite poor. Still lives on milk. Has many delusions. Is quite quarrelsome with the patients. Talks very obscene when in her spell. March 14 94 Has been very quarrelsome the past few days. March 27 94 Has been eating the past few days. Still very quarrelsome. Apr 5 94 Appetite quite good. Very quarrelsome. Has many delusions. Clean in habits. Does not sleep very well. May 7 94 Appetite very good. Noisy at night when in her spell. Helps with the hall work at present. May 22 94 Appetite good. Sleeps well. Clean in habits. Helps with the hall work. Has delusions. June 27 94 Appetite good. Sleeps very well. Has a great many delusions. Is noisy at times. Helps some in the ward. Uses profane & obscene language.
July 28 94 Gen health good. Helps some with the hall work. Aug 14 94 Removed to B2. Aug 31 94 Appetite good. Has many delusions. Helps in dining room. Disagreeable in behavior. Sept 1894 Appetite good. Works on ward and in dining room. Bowels regular. Oct 3 94 Appetite good. Does not want to go walking. Oct 31 94 Works on ward. Appetite good. Bowels regular. Talks names at times. Nov 8 94 Helps on ward. Appetite good.
Nov 20 94 Fought attdts, had to be held. Nov 30 94 No change in behavior. Dec 14 94 Very disagreeable. Appetite good. Works on hall. Dec 21 94 Behavior about the same. Does riding. Jany 27 95 No change. Feb 28 95 Appetite good. Bowels regular. Works on hall. Does riding.
June 5 Aug 20 Appetite fair. Bowels regular. Tidy in habits. Works on ward. Goes riding. Refuses to go walking. Arms corned with a rack liniment applied. Sept 6 Very sensible. Appetite good. Works on ward. Goes riding when forced. Has delusions. Noisy at times. Sleeps well. Oct 13 Has a very bad cold. Coughs quite hard. Oct 18 Cough is better. Nov 8 Very noisy today.
1896 Sleeps well. Appetite very good. Bowels regular. Dec 29 Has a cold but is out in yard.
Jan 2 Is much better. Feb 29 Quite quarrelsome at times. Works on ward. Appetite good. Bowels usually constipated. Mar. 7 Sleeps well. Works on ward. Appetite good. Bowels regular. Neat in habits. Very noisy at times. Has delusions. May 16 Neat in habits. Bowels regular. Appetite good. Works on ward.

Summary Nurse's Notes by Dr. S. L. Phelps:- July '96 Assists with work: neat in appearance: sometimes noisy & talks incoherently: gen'l health good:
Nov. Assists with work: no mental change. Jan '97 Appetite poor: bowels regular: very incoherent in talk at times: usually quite good-natured but at times scolds: works every day: Apr '97 no change: Aug '97 Gen'l health good: no mental change. (Contd by Dr. F. M. Phelps) Nov 29 '97 Tidy in appearance: answers questions fairly well, altho' has queer & silly ideas: Feb 4 '98 Weight 86 lbs: Sept 1 '98 Transferred to B 3: Feb 2 1899 Has rheumatism in knee & hip: Temp. 100 ½: Feb 14 '99 Transferred to Fergus Falls
Rheumatism rather slight: only lasted a few days: During intervening time there has been no especial happening of importance & no change in her condition: Is always rather childish & queer, & at times & at times some very positive delusions will appear.

Personal and Medical History of Fredericka Mundell

Whole No. 3214
Residence, Faribault (Rice)
Date Admission, Dec 22 - 1892
Admitted by, Dr Phelps Hour,
How Sent, Jos Prob. R. A. Matt
Sex, Female
Age, 41
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, None
Degree Education,
Profession Religion, None
Habits, Good
Nativity, Russia
Physicians Committing, D M. Coal & J S Suley
Correspondents,

No. for Year, 126
Insane Relatives, None
Cause Exciting,
Cause Predisposing, Brain fever in childhood
Form, Chronic Melancholia
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack,
Duration, Since childhood
No. of Attack, Continuous
No. of Admissions, 1
Age First Attack, 6 yrs
Time of Leaving, June 10" 93.
Time in Hospital, 6 mo. 20 ds
Result, Rec'd.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Impaired
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Imperfect
REASONING POWER:
Ordinary Subjects, Dull.
Own Mental State, Impaired
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, Cannot determine
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Speaks a very mu-
Coherent or Incoherent, perfect German -
Voluble or Reticent, Very feebleminded
and dull of comprehension

Personal and Medical History of Fredericka Mundell

1892

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Fair
WOUNDS OR ABNORMALITIES, 3 fingers ends of right hand and two toes of R. foot frozen quite badly. Black and shrunken
TONGUE, Tremors, Slight Coatings, Promptness Movement, Somewhat slow
PUPILS, Equality, Equal Size, Rather large
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING, Not good
COORDINATION, Arms, Some tremor Some tremor in putting finger to nose
Legs,
TREMORS, Hands, Slight Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Equal -
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Normal sounds
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Some anteflexion & adhesions in front of uterus
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular, Irregular
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Poor Irregular,
PULSE, 106 RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1893 This woman was brought here by Wm Zeiger -
Had brain fever when a child 8 years old and has
not been right since. ~~Insanity~~ Manifested an ir-
rational subjects Sunstroke crazy and attacked her
sister with a hoe Very filthy in habits Extremely
dirty and getting an Edmundson
Dec 26 Feamd her fingers and toes had been quite badly
frozen - Very black and sloughing Wanted to Co. pleas-
when they shall have been dressed daily Very painful
Dec 31 Lies quietly in bed - Appetite good Fingers and toes
are dressed every day -
1893 Jan 10 Appetite good Fingers and ~~toes~~ dressed daily
She is improving steadily
Feb 4 to 8th Has been sick in bed the last few days with cold
Swollen neck, quite painful getting up today -
Feb 28 Works on ward Grooming Fleshy Finger entirely healed
March 13 Works a good deal on the ward - Fleshy and looks well -
April 31 Has been working all the month. Fleshy and
general health good.
May 17 Went to breakfast Helped on ward some - Complained
of pain in her stomach, left side and headache Was put
to bed - Gave medicine Ceased note pain - May 31 Upon the
ward in few days after last note
June 10 Her brother came today and took her home. She cried
and did not want to go. Has never had any desire to go
home - Was in very good physical condition Mentally
had improved probably as much as was possible Has
been very well behaved and worked well - She was
said to have chronic diarhoea before coming for
which reason to gether with other filthy habits She was
kept in the barn This probably accounts for her frozen
fingers and toes (For detailed history of treatment see more recent - card)

Personal and Medical History of Louisa Peterson

Whole No. 3217

Residence, Albert Lea Freeborn Co.

Date Admission, Dec 27-1892

Admitted by Dr Baker Hour, 7 P.M.

How Sent, Jas Prob. Herman Blackmer

Sex, Female

Age, 65

Civil Condition, Married

Children, 6 living 6 dead

Age Youngest Child,

Occupation, Housekeeper

Degree Education,

Profession Religion, Lutheran

Habits, Good

Nativity, Norway

Physicians Committing, A. E. Wedger J. M. Todd

Correspondents, Peter A. Peterson (Husb)
Albert Lea Minn

No. for Year, 129

Insane Relatives, Mother and Brother

Cause Exciting, Unknown

Cause Predisposing, Heredity

Form, Acute Melancholia

Accompanying Bodily Disorder, None

Suicidal or Not, Suic

Date of this Attack, Dec 21-1892

Duration, One week

No. of Attack, 2

No. of Admissions, 1

Age First Attack, 44

Time of Leaving, Feb 14-1893

Time in Hospital, 1 mo 18 days

Result, Died

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined by L. Phelps

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY: Can not test

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull very

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Very unreasonable

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm, Very stubborn & resists

Indifferent, age Effort to do anything for her

Exalted,

Depressed, Depressed and resists

DELUSIONS: whenever wanted to do

Systematized or Not, any thing

Special Subjects, Can not tell

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Does not talk except-

Coherent or Incoherent, ing to say "go way"

Voluble or Reticent, She refuses to answer any questions

Personal and Medical History of Louisa Peterson

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Good

WOUNDS OR ABNORMALITIES, Nose Fingers crooked as from Rheumatism

TONGUE, Tremors, Coatings, Heavy + breath Promptness Movement, fair

PUPILS, Equality, Equal Size, Normal

Response Light, Accommodation,

SIGHT, Seems good

HEARING, Good

COORDINATION, Arms, Good

Legs, Good as far as can test

TREMORS, Hands, None apparent Tongue,

Facial Muscles, General,

REFLEXES, Patellar, Can't test

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, Very much distressed

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Seem in good condition

EXAM. URINE, Has retention so that must catheterize every 8 hrs

Contains pus

GYNAECOLOGICAL EXAM., Normal Ipositior Bladder much distended by retention Catheterized & drew 2 qts of dark urine

MENSTRUATION, Past.

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Clean Careless,

BOWELS, Normal, Constipated, Constipated Irregular,

APPETITE, Good, Medium, Poor, Fed with tube

SLEEP, Good, Quite well Poor, Irregular,

PULSE, 90 RESP., Normal TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Louisa Peterson

1892 This woman was brought here by Mrs. Mitchell Klinz and her Husband This attack began about Dec 21-'92 Manifested by delusions, duplicitous premonitions of trouble and disaster About twenty one years ago she was in the Hospital at St Peter for nine months after which she was well until the present attack Thinks the evil one is after her Wants to die and wishes her friends to kill her Has tried to choke herself and attempted to strike those attending her No filthy habits Has been in restraint for the last week Has needed constant watching night and day

Dec 28 Sits in the sunshine all the time makes moans Has nothing to say Will speak but very little when addressed Bodily condition as seen at first was dirty

" 29 Wants to go and lie down on the bed all the time Refuses to go to the dining room

" 30 Ate nothing and sat quietly in one place most of the day

" 31 Refused to get up and dress in the morning Slept

Jan 1893 Sits quietly in one place and does not talk unless

" 2 addressed Outlines of head and be stubborn At times

" 3 Behaviour the same Looks yellow and bad in the face Appetite very poor

" 23 Nursed to 12 and put to bed Catheterized her and obtained about two quarts of urine Bladder very much distended Urine to supper a good deal Appetite very poor Drinks only milk

Feb 9 Has been catheterized day and night since last note Today passed urine voluntarily Was almost blood Ate but a good deal Takes only small quantity of milk

" 12 Very restless Vomited most all night

" 13 Failing very fast Takes very little nourishment

" 14 Died at 9 A M Post Mortem held See P M Book

Died

Personal and Medical History of

MEDICAL NOTS IN THE CASE OF L. Peterson.

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Feb:	11	7 a m.				Drank Glass of	Vol of Milk Orinated
		9	76	98⅘	24		
		12 p m.				Drank ½ Glass	½ Milk
		1 "				" a little	emilk Orinated
		3 20				Orinated	
		4 30				"	
		5				" Refused	supper
		6				Vomited Yellow	Water with a little
		7				blood Very offensive Odor Seemes sick	
		8				to her stomach Still	
Night						very restless most of the night Drank	
						only ½ milk Vom. did not retain it	
						Only about ½ ounce to Orinated	
						Bed Changed 3 times 9 a m Feet	
						very Cold Gave hot wash Temp taken in rectum	
		2 a m	164	98⅘	28		
Feb	12	7 a m	120	99⅘	25	Drank a little Milk	
		8 "				" " "	Vomited it up at Once
		11				Orinated Drank	a few swallows of Milk
		12 p m				Vomited	Refused Nourishment
		2				Asked for milk	Vomited it
		5 30				Gave Enema	with no effect
Night						Very restless most of the night Vomiting	
						2 a m also 2 a m Orinated Bed Changed	
						4 times	
Feb	13	7 a m				Drank a little milk	
		8 "	69	96⅕	34	" " "	" Orinated
		12				" " "	" Vomited
		2 p m				Gave Enema did	not retain it at all —
		3 a "				Bowels moved	a little
		5				" "	Very feculent
		7 a "				" "	" Very restless
		8				" "	" " " Orinated
Night						Very restless	also Night Orinated
		5 30 a m				seems to fail very fast	
Feb	14	6 a m				Do very low	
		7 —				Expected away	Feb 14 — 1893

MEDICAL NOTS IN THE CASE OF L. Petersen

	MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Feb 6							Refused Breakfast	
			10				Fed with tube by L & P	
			3 30				Talked to herself all day	
7th			m				Refused to Eat any Food	
			11				Fed With tube	
			7 30				Passed Catheter Urine contained Blood	
							" " " "	
			2 30				" " " "	
8th			11 40				Refused	
							Fed with tube. Passed Catheter	
			7				Urine scanty Cleaner.	
							Passed Catheter Urine Containing Pus	
							Very thick almost stopped up the Catheter	
9th			m				Drank a Glass of milk Gave a Bath	
			12				Seems Quieter this morning	
							Passed urine seemed alb not Blood	
							about a pint — or a little more but	
							to bed as Retaining Easy no discharge	
			2 30				Urine " " "	
			6				Drank glass of milk	
			8				Urinated	
			10				"	
			12				"	
Night			2				"	
			4 30				"	
10th			6				" Drank a little milk.	
			9	97	99	24	Passed Ur — must Lavage today	
			12				Drank part of a glass of milk Urinated	
			2 Pm				"	
			4				"	
			6				"	
			8 30				"	
			10				Drank Glass of milk "	
			12				" " "	
Night			2 30 A				Vomited Dr Moore Sent Cca dose of Dead	
			10 30				and as Her Died not retain	
			2 am.				Vomited at 2 a m	
							Urinated at 11 — 2 & 4 awake all night	
							seemed in pain gave Tablet of Brandy	
							in hot water Drank ½ glass of milk	
Feb 11			7 am.				Drank Glass & ½ of milk Urinated	
			8				"	
			9	96	98 ½	22	Treated by husband — No Bowel	
			12 Pm.					

1872

Dec 28

" 29

" 30

" 31

Jan

" 2

" 3

" 23

Feb 9

" 12

" 13

" 14

CLINICAL NOTS IN THE CASE OF L. Peterson

	DATE	HOUR	PULS	TEMP	RESP	NOTES BY NURSE	NOTES BY PHYSICIAN.
Jan 29						Refused to Eat	supper
						Passed Catheter	
30th						Drank Cup of Tea	Coffee
						Fed with Tube	Do
						Do Nothing	
						Gave mil Emulsion	Bowels moved
						A little.	
						Ate no supper	
						Rested very well	Passed Catheter
						8-30 Urine Contained Pus & Blood	Passed Catheter
31st						Refused Breakfast	is very stupid
						Fed with tube	Wanted to go home
						as usual. Gave	see my Patient all day
						Food with tube	by Dr S B Phelps
						Refused to Eat	
						" " "	Passed Catheter
						Rested Good	8-30 Passed Catheter
Feb 1st						Refused to Eat	Breakfast
						Fed with tube	Dose Ol. Salts.
						Gave mil Emulsion	& Loaf & Water
						Retained it about	30 minutes
						Bowels moved	not very much & Contained
						some Pus	
						Rested good pass	Catheter at 8-30 a m
2nd						Refused to Eat	Breakfast Fed With Tube
						Tube at 8 p m	Do S B Phelps
						Passed Catheter	at 7.30 p m has not taken
						anything to day	
						Slept Little	Passed Catheter 7.30
3rd						Fed With Tube	by Dr S B Phelps
						Passed Catheter	
						Rested good	Passed Catheter
						3 1/2	
4th						Refused to Eat	Breakfast
						Fed With tube	Gave dose of salts
						Refused to Eat	
						Passed Catheter	Salts did not Operate
						Rested good	Passed Catheter 8.30
5th						Refused Breakfast	
						Fed With Tube	
						Refused to Eat	Dinner
						"	"
						Passed Catheter	
						Bowels moved	Some Pus
						Restless most	4th Night Passed
						Catheter 8-30	a m Pus & Blood in
						urine	

1872

Dec 28

" 29

" 30

" 31

Jan

" 2

" 3

" 23

Feb 2

" 12

" 13

" 14

CLINICAL NOTS IN THE CASE OF Miss Peterson

	MO:	DA:	H.R.	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Jan 23rd	D:	m:	11 30				Cousin Group. C.	B
							Constipated. Pas	diff. in Pass. ins
							Pas Urine. Urine	Catheterized at 11½ a.m.
							Cand. Pot. Tab.	Guards.
	D	m:	1				Gave an Enema	as
	D	a	3	98	97	26	Bowels moved.	Medicine
	=	=	5				Drank Cup of	Tea & part of a slice
	=	=	6				of toast.	
			7 30				Catheterized	Thin Gruel
			1				L Peterson Resident	Gruel well
	9	m	8 30				passed Catheter	½ Pint Urine Passed
24th	a	m	7				Drank one Cup	of Tea & Glasses of milk
	"	"	10	90	97	20	ate no solid	food
	"	"	11 30				Passed Catheter	
	1	=	12				Ate part of a bowl	of soup and one glass of milk
	D	=	6				Drank Cup of tea	& glass of milk
	=	=	7 30				Passed Catheter	
	=	=	8 30				"	rested Quite good
25th	a	m	7				Cup of tea & Glass of	milk for breakfast ate all
							the time does not	move about any, and
							wants to lie down	in bed.
	=	=	11 30	91	97½	26	Passed Catheter	
	=	=	12				Refused to Eat	Drank 3 Glasses Milk by
							Dinner	
	D	=	6				Refused to Eat	
	=	=	7 30				Passed catheter	
26th	a	m					Night awake after	Rested good part of the
	=	=	3 30				Passed Catheter	1-a m- Gave an Enema Bowels
	=	=	7				moved	
	=	=					Drank 3 Glasses	of milk by force
	=	=	11 30					
	=	=	12				Refused to Eat	dinner
	D	M	6				" " "	Supper Dr Linton fed
	=	=	730				her with the Tube	Awake most of the night
	G	m	3 11				Passed Catheter	
27th	a	m	7				" "	
	=	=	12	90	98	25	Drank ½ Cup of C.	Ate ½ Cup of milk
							Patient left in	a dull sort of way
							during the day	Is mental state seems
							on the depressed	Resists eating as
							side of the	things as used - Will not
							talk - Retention	seem quite complete.
	D	m	6				Ate no supper	
	=	=	7 30	90	97½	26	Passed Catheter	
28th	a	m	7				Refused to eat	Was fed with tube.
	=	=	12				" "	"
	D	=	6				" "	"
	=	=	7 30				Passed Catheter	
	=	=	8 30				" "	Rested Quite good
			11 "					
29th	a	m	7				Refused to Eat	Is up in the Dining room
							Asked to be taken	Fed by force.
			12				Cup of milk by	force

1892

Dec 2

" 29

" 30

" 31

Jan

" 2

" 3

" 23

Feb 9

" 12

" 13

" 14

Personal and Medical History of Annie Blake

Whole No. 3218
Residence, Wabasha Wabasha Co
Date Admission, Dec 30 - 1892
Admitted by, Dr Phillips Hour, 1 PM
How Sent, Malcolm Kennedy & Jof Post
Sex, Female
Age, 50
Civil Condition, Married
Children, 3
Age Youngest Child,
Occupation, Housewife
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Ohio
Physicians Committing, W. H. Lindsley + J. B. Cole
Correspondents,

No. for Year,
Insane Relatives, None
Cause Exciting, "Clot on brain"
Cause Predisposing,
Form, Organic Dementia
Accompanying Bodily Disorder,
Suicidal or Not, Not
Date of this Attack,
Duration, 3-4 yrs
No. of Attack,
No. of Admissions, 1
Age First Attack, 45
Time of Leaving, July 25. 1898
Time in Hospital, 5 yrs. 6 m. 25 d.
Result, Died - Softening of Brain following Apoplexy.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Dull & somewhat confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Only fair
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Alert to most questions
Correct or Illusive, Partly correct
REASONING POWER:
Ordinary Subjects, Fairly good
Own Mental State, " "
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent,
Exalted,
Depressed,
DELUSIONS: None determined
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: None
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent mostly
Voluble or Reticent,
Talks willingly but with difficulty

Personal and Medical History of Annie Blake

1892

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Fair
WOUNDS OR ABNORMALITIES, Had paralysis of left right side now a partial paralysis
TONGUE, Tremors, None Coatings, None Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Sluggish Accommodation, Sluggish
SIGHT, Poor
HEARING,
COORDINATION, Arms, Slight incoordination
Legs, Stands on one foot with some difficulty
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Right 8 Left 3
Other Reflexes,
ARTICULATION, Hesitating, Stammering Slurred, Slurred Some
FACIAL EXPRESSION, Sluggish Dull.
SENSIBILITY,
HEART, Same accentuation second sound
LUNGS, Has had lung fever two or three times Lungs seem in good condition now.
EXAM. URINE,

GYNAECOLOGICAL EXAM., Hyperaemia of cervix Bleeds on touch
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular, Irregular
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 120 RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations, Father died from injury. Says was always well
Brothers or Sisters,

Personal and Medical History of Annie Blake

1892 This woman was brought here by Maggie Recker an acquaintance First symptoms were manifested three or four years ago Cause thought to be caused by clot on brain Which resulted in Partial paralysis Has never been well since first taken Has delusions and Religious emotions Has an irritable disposition Manifested for several months previous to her attack No destructive or pilfering habits Has been under treatment at different times for three or four years First attack of paralysis in May 1892.

Dec 31 On admission Patient was very quiet and well behaved Knew where she was Evening and said she came here to get well

Jan 1893 Appetite very good Complains Coughs considerably in Bowels loose Complains of Pain in right shoulder and in chest Can not talk very well Says has had difficulty in talking ever since she was sick in May.

Jan 2 Very quiet and pleasant About the same as yesterday

" 4 Has diarrhoea to day.

" 5 Appetite not very good Still has diarrhoea Complains at times of Pain in her chest. Always very quiet and pleasant Very neat in her appearance Her talk is coherent Dwells a good deal upon her bodily condition

" 23 Quite well behaved Complains frequently of cough, throat & arm Talks quite well but in a feeble embedded way Does not manifest any definite delusions

Feb 27 Appetite good Does no work Behavior quiet Bowels constipated Sleeps well

March 29 Appetite good Habits clean Behavior quiet but always asking and worrying about her property

April 30 Very anxious to go home Restless

May 6 Moved to Annex May 10 Has been very quiet since she was moved Clean and neat in appearance and habits

June 12 Asks for a good deal of medicine Complains of cold and of her throat Demented in mind

July 19 98 No work Habits clean Is always complaining about something Mostly Stands up Appetite good Objects to being walking Sept. 14 93 Is quiet, habits clean Sits in the same place all the time Will not go riding or walking Gen health good

Personal and Medical History of Annie Blake

Oct 1998 No change Sorry 394 Talks a good deal about going home Sits facing the windows all the time Clean in habits Gen health good. May 10 94 Appetite fair Clean in habits Is quite noisy Is rather quarrelsome Is thin in flesh Coughs & Expectorates a good deal Talk incoherent Refuses to go riding or walking. June 23 94 Appetite fair Clean in habits Rather noisy Talks a good deal about going home Is rather thin in flesh Seems to feel well Does not like to go riding or walking. Sept 27 94 Appetite fair Is rather noisy Clean in habits Stands or sits by the window all the time Coughs and expectorates a great deal. Refuses to go riding or walking Gen health poor. Jan 31 95 Appetite good Clean in habits but untidy in personal appearance Talks a good deal of going home Sits in the same place by the window all the time Talks incoherently General health good but is rather thin in flesh Refuses to go riding & walking. Mch 16 95 Appetite good. Clean in habits, but untidy in personal appearance Health good Coughs a good deal Is thin in flesh Seems to be failing Talks incoherently.

June 29 Appetite fair Clean Quite noisy Talks incoherently Rather thin in flesh Coughs some Gen health fair
Aug 6 No change. Sept 6 Physical examination made today. Gen. nutrition impaired. Heart sounds are normal. Lungs Tubular breathing in sub-clavicular region of right side anteriorly. Respiration more impaired in right side. Crepitant rales posteriorly in upper lobes. Sept. Oct & Nov Appetite fair. Clean & tidy in habits Quiet in behavior. Gen. health poor. Thin in flesh. Coughs & expectorates. Does not go riding or walking. Jan 22 Slept very little - Coughs & expectorates a good deal.

Jan 24 Appetite fair. Untidy in habits: Quiet in behavior: Thin in flesh. Coughs & expectorates a good deal: Has delusions: Talks incoherently Jan 27 Starts to Asy.
Feb 28 Sick record kept. Appetite quite good most of time: Bowels regular Coughs & expectorates a good deal. Apr. 3 In bed - Sat up in bed most of day. Apr 6 Complains of toothache. Apr 8 Complained of headache.
Apr 14 Appetite good Bowels regular Sleeps quite well. Apr. 30 Coughs & expectorates a good deal. Sick record kept. May 19 Sits up in bed most of time. Coughs & expectorates a great deal. Complains of pain in back - Bowels regular. Appetite fair.

Quitted above Lungs examined Jan. 27 Very poor chest expansion: Marked depression above & below clavicles Tubular breathing over entire lung surface. Crepitant & subcrepitant rales & occasional moist rales: Dullness generally but most marked at apices: Coughs & expectorates. Transform Aneurism of portion of axillary artery, right side, of considerable size - & a small one on left side.
May 13 Patient fails slowly: Kept steadily in bed: Coughs & expectorates a good deal: Sleeps poorly appetite poor: June 15 Temp. normal for last few days: Otherwise about normal: Resp. 34 to 36 Coughs & expectorates: Takes tonic & regular meals. July 16 Temp. remains about normal bowels regular: sleeps better. Aug 26 Temp. has been subnormal part of time. Resp. from 28 to 32. Appetite is fairly good: bowels regular. Coughs a good deal.
Sept Coughs & expectorates: Remains steadily in bed. Bowels normal. Appetite has improved: Bowels are regular. Sept 26 Appetite good: Sleeps better Patient fails very slowly Sits up part of time in bed. Reported by Dr P.M. Sleeps Apr 1 97 Patient is always to found sitting in a chair in a stooped position: Coughs much:

(Contd on p. 232)

Personal and Medical History of Catherine Coleman



Whole No. 3205

Residence, St Paul (Town

Date Admission, Jan 10 - 1893

Admitted by, A M P Hour, 7.

How Sent, In Prof J. B. Al

Sex, Female

Age, Abant 35

Civil Condition, Single

Children, 2

Age Youngest Child,

Occupation,

Degree Education,

Profession Religion, R C

Habits, Bad

Nativity, Minn

Physicians Committing, A B Ancker & A Macdonald

Correspondents, Mr Mike Scott (Sister) 411 E. 5th St St Paul

No. for Year, 137

Insane Relatives, Unknown

Cause Exciting,

Cause Predisposing, Always weak-minded

Form, Chronic Melancholia

Accompanying Bodily Disorder, None

Suicidal or Not, Not

Date of this Attack,

Duration, Yrs

No. of Attack, Continuance

No. of Admissions, 1

Age First Attack,

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Seems clear

Quick or Sluggish, Quick

MEMORY: Good

Past Events, "

Recent Events, "

Special Subjects, "

PERCEPTIVITY:

Alert or Dull, Alert as to questions

Correct or Illusive, Seems mostly correct

REASONING POWER:

Ordinary Subjects, Fair

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm, Calm

Indifferent,

Exalted,

Depressed,

DELUSIONS: None

Systematized or Not, None

Special Subjects, "

Transitory or Not, "

HALLUCINATIONS: "

ILLUSIONS: "

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

Says she was sick at Home & Good Stepfather 7 mos. Had hemorrhages Always had had ache & good deal

Personal and Medical History of Catherine Coleman

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in WEIGHT, 143 lbs NUTRITION, Good

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, None Coatings, None Promptness Movement, Quite slow

PUPILS, Equality, Equal Size, Large

Response Light, Well Accommodation, Good

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Good But says difficulty in putting fingers on nose with eyes closed

Legs, Can not stand on one foot

TREMORS, Hands, Fine Tongue, None

Facial Muscles, None General,

REFLEXES, Patellar, Equal +

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Seem in good condition

EXAM. URINE, Oct 14/95 Color Yellow Character White flaky dep S.G. 1020. Reaction Alkaline Amorphous urates, triple phosphates & sod urates

GYNAECOLOGICAL EXAM., Laceration of cervix - otherwise normal condition

MENSTRUATION, 6/22/99 Laceration of perineum & cervix - a few adhesions to left of

OPHTHALMOSCOPIC EXAM., Uterus - Endometritis - Leucorrhoea - yellowish - Extensive erosion of os -

HABITS, Dirty, Clean, Clean Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Good Medium, Poor,

SLEEP, Good, Poor, Poor Says because has Neuralgic pains Irregular,

PULSE, 70 RESP., Normal TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations, Mother died of lung fever

Father or Pat. Relations, Father died of heart disease

Brothers or Sisters, One sister drowned self - Had running sore on leg for 16 yrs Is at St Josephs Hosp 6 mos. Used to talk to self

Personal and Medical History of Catherine Coleman

1893 This woman was brought here by Depy Shf Carter and Matron of the jail Bixby is absent. Has always been weak minded. At times dejected then maniacal. Has shown symptoms of nymphomania for years. Has a violent temper and at times manifests violent instincts. Has been insane for years. Has had two illegitimate children and threatens to have another. Has shown a disposition to injure others to get revenge. No dirty habits. Has always been regarded as feebly able bodied. Has been at Poor Farm for more than five years. Was at the House of the Good Shepherd eight years previous. Has almost always had a public charge. Was considered an irresponsible person when sent to the Poor Farm five yrs ago. She became pregnant by an inmate of the Poor House and was confined at the C & C Hospital. Her child was taken from her and sent to Owatonna after which they ran away and threatened to have another child and if retained at the Poor Farm said she would burn the house. She is vengeful and violent at times. Her other child was born before she went to the Poor House. Her catamenia return monthly at the time of her Menstrual Period.

Jan 10 Behavior good. Nothing in her manner unusual. Talks coherently. Appetite good. Bodily condition as seen at bath good. No bruises. Bowels constipated.
" 11 Stays on her shoes. When dressing this morning. Talked of her child and sister. Appetite good.
" 13 Very quiet and good. Worked same today.
" 13 Talks of her child and the Poor House. Complains of pain in her left side. Bowels constipated.
" 14 Behavior good. Works in the dining room. Appetite good.
" 15 Behavior quiet. Appetite good. Talks is more rational.
" 16 Taken quite sick at noon. Went to bed and remained there during P.M. Seemed faint.
Feb 24 Very well behaved. Talks well generally but at times becomes angry when she talks strangely. Works in dining room.
March 24 Appetite good. Works in dining room. Usually sleeps well. At times noisy and quarrels with other patients. Clean in habits. Bowels regular. General health good. Menstruation regular.

Personal and Medical History of Catherine Coleman

May 12 Works in dining room every day. Appetite good. Sleeps well. Talks silly. Clean in habits.
June 12 Runs on A & D cases good mark in the dining room. Neat and clean in habits and appearance. Inherited weak behaved. General health very good. Complains some of not sleeping well of late and has required a sleeping dose occasionally. June 30 93 Appetite good. Habits careless about room. Behavior quiet. Talks quite sensibly. Works on ward. July 29 93 About the same. Menstr. about the 18th. Aug 31 93 Appetite good. Behavior quite natural. Works in the Kitchen. Has scolding spells occasionally. Talks quite sensibly. Sept 29 93 Appetite good. Works in the Kitchen. Has scolding spells occasionally. Has tack silly at times.
Oct 30 93 Appetite good. Works on the ward. Complains of headache. Otherwise about the same. Nov 28 93 Eats & sleeps well. Works on the ward. Is easily irritated. Talks quite sensibly. Nov 29 93 Menstruating. Feby 5 94 Works in dining room. Is quiet. Habits clean. Had a fit on Feby 2. Complains of pain in her side and foot. Appetite good.
Feby 7 94 Had a fit at the supper table. Mch 5 94 Appetite fair. Helps with the sweeping & dusting. Complains a good deal of pain in left side & foot. Cleanly habits. Is quiet. Mch 16 94 Transf to C2. Mch 25 94 Quiet & cleanly in habits. Appetite fair. Helps around. Apr 1 94 Had a fit at 8 A.M. Apr 12 94 Had a slight fit at 10 A.M. Was stupid all day. April 16 94 Had slight fit. Complains of pain in her side. Apr 18 94 Menstruating. Apr 24 94 Scolding a good deal of late. Assists with ward work some. May 16 94 Goes walking & riding. Is quite irritable at times. May 24 94 Has slight fit this morning. June 5 94 Had a slight fit all day. June 6 94 Had a slight fit to day. June 10 Menstr.
June 23 94 Very irritable. Scolding most of the time. July 7 94 Menstr. Aug 4 94 Transf to Infirmary. Menstr. Aug 19 94 Goes out riding, walking to chapel. Assists with ward work. Takes tonic. Appetite better than it has been. Aug 30 94 Menstr. Aug 30 94 Appetite good. Behavior. Scolds a great deal. Goes out walking. Sept 10 94 Assists with ward work. Joined in habits. Takes tonic. Appetite good. Sept 18 94 Assists some with ward work. Appetite good. Takes tonic.
Oct 9 94 Assists with ward work. On tonic. Bowels regular. Oct 20 94 Had fit this a.m. Acted a fool most of the time.
Nov 1 " Cross at times on ward. Does not walking. Appetite quite good. Nov 30 94 Assists with ward work. General behavior very quiet. Complains of headache at times. Nov 23 94 Dec 10 94 Appetite quite good at times. Assisting with ward work. Takes tonic. Dec 20 94 Assists with dining room work. Jany 2 95 Bowels regular. Appetite better. Complains of headache & general bad feeling. Jany 26 95 Health much improved. Appetite good. Febr 26 95 Assists with dining room work. Appetite good. Takes tonic. Mch 20 95 Behavior good. Coughs at times. Complains of pain in left side. Appetite fairly good. Sleeps well. Works in dining room. April 10 95 Laid in bed 1 day. Complains of headache, pain in back, done for headache. May 20 95 Appetite good, neat in habits, seems to feel quite well of late. Works in dining room, goes walking and riding. May 24 95 Gen. health fair, appetite good. Has some cough at times. Works in dining room. Goes riding & walking. June 11 Gen. health good. Appetite fair. Behavior quiet. Works in dining room. Goes riding & walking. June 24 Sick in bed one day. Complains of pain in back, stomach & chest. Appetite poor. Has delusions at times. Works some on ward. Goes walking. Takes tonic.
Sept 14 Behavior quiet. Sleeps well. Appetite poor. Complains of pain in left side. Plaster applied. Coughs a great deal. Medicine given Oct 24 Menstr. Nov 20 Cough & complains of pain in side. Headaches at times. Works on ward & in d.r. Nov 26 Menstr. Dec 15 Behavior very good. Bowels regular. Appetite very good. Works on ward. Goes walking. Jan 20 Menstr. very cross during period. Appetite good. Sleeps well. Feb 2 Very cross at times. Feb 18 Very much provoked this morning. Smashed window. Feby 19 Has been very quiet since.

Personal and Medical History of Tilda Frisk

Whole No. 3228
Residence, Otisco (Nasca Co)
Date Admission, Jan 12 1893
Admitted by, D. Phelps Hour, 7 P.M.
How Sent, Care of Prof. E.B. Collister
Sex, Female
Age, 36
Civil Condition, Married
Children, 7
Age Youngest Child,
Occupation, Housekeeper
Degree Education,
Profession Religion, Lu
Habits, Good
Nativity, Sweden
Physicians Committing, F.A. Swarthwood & D.S. Cummings
Correspondents, Daniel Frisk Hubbard Lamond Minn

No. for Year, 140
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, Unknown
Form, Acute Melancholia
Accompanying Bodily Disorder, None known
Suicidal or Not, Attempted
Date of this Attack, About Oct 1892
Duration, 10 weeks
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 36
Time of Leaving, Feb. 24th 93
Time in Hospital, 1 mo 12 d.
Result, Impd.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined Jan 16 - 1893 D. E. Phelps

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish

MEMORY:
Past Events, Seems fair as far
Recent Events, as she can understand
Special Subjects, the language

PERCEPTIVITY:
Alert or Dull, Medium
Correct or Illusive, Partially correct

REASONING POWER:
Ordinary Subjects, Can not determine
Own Mental State, Not good
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Shows a willingness to talk

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Patient

DELUSIONS: Seems to have delusions
Systematized or Not, this can not de-
Special Subjects, termine
Transitory or Not, Refuses to eat much

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Partially coherent
Voluble or Reticent, but does not speak much English understands but little of English. Says she feels sick if she could express herself

Personal and Medical History of Tild Frisk

Suicided by Eating Matches.
New Richland, Minn., Special, June 17.—Mrs. D. Frisk, a Swedish woman five miles east of this place, committed suicide last night by eating the heads of forty matches. She had been an invalid for two years, and several years ago was a patient for a short time at an insane asylum. St. Paul Pioneer Press, June 18th 1894.

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1/2 in WEIGHT, 108 lbs NUTRITION, Fair
ABNORMALITIES, None
TONGUE, Tremors, Slight Coatings, Slight Promptness Movement,
PUPILS, Equality, Equal. Size, large
Response Light, Sluggish Accommodation, Sluggish
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, Very slight Tongue, Slight
Facial Muscles, General,
REFLEXES, Patellar, Equal 8
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred,
FACIAL EXPRESSION, Worried
SENSIBILITY,
HEART, Quick but normal sounds
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION, Menstruating on admission
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Very much Irregular,
APPETITE, Good, Medium, Poor, Very
SLEEP, Good, Poor, Irregular,
PULSE, 112 RESP., Shallow TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Can not determine
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Tilda Frisk

Whole No. 3228
Residence, Otisco (Wasca Co)
Date Admission, Jan 12 1893
Admitted by, Dr Phelps Hour, 7 P M.
How Sent, Care of Prof E.B. Collister
Sex, Female
Age, 36
Civil Condition, Maried
Children, 7
Age Youngest Child,
Occupation, Housekeeper
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Sweden
Physicians Committing, F.A. Swartwood & D.S. Cummings
Correspondents, Daniel Frisk Husb
Esmond Minn

No. for Year, 140
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, Unknown
Form, Acute Melancholia
Accompanying Bodily Disorder, None known
Suicidal or Not, attempted
Date of this Attack, About Oct 1892
Duration, 10 weeks
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 36
Time of Leaving, Feb. 24th 93
Time in Hospital, 1 mo 12 d.
Result, Impd.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined Jan 16 - 1893
Dr E. Phelps

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish

MEMORY:
Past Events, Seems fair as far
Recent Events, as she can understand
Special Subjects, the language

PERCEPTIVITY:
Alert or Dull, Medium
Correct or Illusive, Partially correct

REASONING POWER:
Ordinary Subjects, Can not determine
Own Mental State, Not good
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Shows a willingness to talk

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Patter

DELUSIONS: Seems to have delusions
Systematized or Not, this can not de-
Special Subjects, termine
Transitory or Not, Refuses to eat much

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Partially coherent
Voluble or Reticent, but does not speak much English. Understands but little in English.
Says she feels sick if she could express herself

To the inst. and those on the part of the unfo the time came for hi
THANKFUL
Citizens of Huron
Gratitude for
Huron, S. D., Spee
Sympathy manifested
time of her
Words

Personal and Medical History of Tild Frisk

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1/2 in WEIGHT, 104 lbs NUTRITION, Fair
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Slight Coatings, Slight Promptness Movement,
PUPILS, Equality, Equal Size, large
Response Light, Sluggish Accommodation, Sluggish
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, Very slight Tongue, Slight
Facial Muscles, General,
REFLEXES, Patellar, Equal 8
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred,
FACIAL EXPRESSION, Worried
SENSIBILITY,
HEART, Quick but normal sounds
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION, Menstruating on admission
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Very much Irregular,
APPETITE, Good, Medium, Poor, Very
SLEEP, Good, Poor, Irregular,
PULSE, 112 RESP., Shallow TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Can not determine
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Tilda Trisk

1893 This woman was brought here by Dep. Sh. and her husband. The first symptoms were manifested about two weeks ago. When she jumped into a well for the purpose of destroying herself. Insanity is ascribed to Puerperal. She was under the care of Dr. Reed of New Richland but are not known. Notes could not be obtained because patient & husband can not talk English. Has eaten nothing for three or four days.

Jan 13 Refused to get dressed this morning but was quiet afterward. Talked very little. Refused to eat any but drank one cup of coffee. Bodily condition as seen at both good. No bruises or injuries. Bowels constipated. Complains of being sick. Says her headache

" 14 Eating today. Habits tidy. Neat in appearance. Bowels constipated. Very quiet and quite depressed.

" 15 Ate very little today. Refused to dress or undress. Will talk some when addressed but generally very quiet

" 16 Talks more freely today. Dressed herself this morning but refused to wash her face and comb her hair. Eats very little. Drinks some milk.

" 17 Ate three meals today for the first time. Talks some. Has been crying to go home.

" 18 Sits very quietly, looks down at the floor unless addressed. Will often look up but very sad and pale.

" 19 Appetite very poor. Bowels constipated. Pale and depressed.

" 23 Made an internal examination today. Findings in normal condition. Bowels very much constipated. Was menstruating last week when admitted.

Feb 18 Crying some yesterday. Seemed homesick, angry and disheartened about going home. Sits around in a dull manner, may be induced to talk and mildly maniacal.

Feb 24 Husband came today and took her home. Seemed at times pleased but not much.

As per a report in the St. Paul P. Press dd. New Richland Minn. June 18/94 suicided by eating the heads of 40 matches.

Personal and Medical History of Catherine Coleman.

From P. 224

May 7 Quite sick in bed all day. Complained of headache & pains in limbs.
" 11 Patient up. Works on the ward. Apr. 1. Quite nervous & disturbed at times: Works on ward: Goes walking & riding. Appetite good: Bowels regular. May 1st Menses. Appetite fair. Works on ward. Scolds at times. Menstruates regularly. Summary from Nurse's Notes June '98 Gen'l health good. Appetite fair: very neat & tidy: works on ward: scolds at times: Takes out door exercise: Sept '98 no change: Jan '99 usually quiet, but cries & scolds at times: Has delusions: May '99 no change: June '99 works on ward steadily: noisy & disagreeable at times: appetite good: bowels regular: Has not changed in any way during past year. (Reported by Dr. R M. Phelps) Oct 1 '99 General health about the same as for years past: always quite dull & feeble minded: says almost nothing & weight 139: Feb 1900 Patient's general condition shows no change since last note: General health fairly good, altho' at times makes vague complaints.
1898 Dec. 1 1899 Mar. 7 Nov. (Reported by Dr. R. A. Bell) General health good: appetite good: bowels regular: menses regular: clean in habits: neat in appearance: usually quite cheerful but at times irritable & faultfinding: converses readily & quite sensibly: works daily: remains in bed for a day or so occasionally with some slight complaint. Apr. 5 very noisy, scolding. Locked both Adams. Transferred to B3. May 6 Transferred to C3. occasionally quite disagreeable: June 19 Became very angry & fought nurses because she did not wish to change her dress: July 8 Became provoked at Mrs Klein & threw cup of tea at her: July 23 Transferred to Inf. Has caused little trouble since. Aug. 28 1900. No change mentally or physically. Remains in Infirmary where she assists with work. Mch 1 - Nov 30 1900 May 30 - Quite sociable: Works on ward. Neat & tidy. Takes out door exercise. At times somewhat irritable & cross: Appetite fair: occasional cathartics required. Sleeps well. June 9 Attempted suicide by throwing herself against wall on hall, cut small gash on right hand before stopped by nurses. June 30 Somewhat disagreeable: Complains of pain in back. Takes out door exercise. Nov 30 1901 Remains as usual. Neat & tidy: Generally agreeable. Requires occasional laxatives: Occasionally goes to bed for a day or two complaining of headache & pain in stomach: Referred to Dr. hypochondriacal. Dec. 1 to Feb. 28 - 01 Wt. 135½#. General health good. Assists on ward.

Mar. to June 1901. Mar. 11 quite disturbed at which time she threatened to commit suicide, patient usually quiet and assists with the ward work. at times scolds a great deal and becomes quite excited. May 30 Wt. 133#.

June to Sept. No change in general condition. Aug. 31 Wt. 127 3/4 #.

Sept. to Dec. Sept. 7 to 17 was out camping at Aronoco. Oct. 13 threatened suicide at times gets very excited and scolds a great deal, complains a great deal of stomach which is considerably prolapsed, ulceration of stomach. Dr. Mayo has advised operation. Nov. 30 Wt. 135#.

Continued Page 232

Personal and Medical History of Betsy Anderson

Whole No. 3230
Residence, St Paul
Date Admission, Jan 16- 1893-
Admitted by, Dr Phelps Hour, 7 P M.
How Sent, Ward of Prof J. B. Olmsted
Sex, Female
Age, 33
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Servant
Degree Education,
Profession Religion, Formerly Lutheran
Habits, Good
Nativity, Sweden
Physicians Committing, C. E. Riggs and O. Sohlberg
Correspondents, Rev. C. A. Hultkrans 2492 E. 7 St. St Paul

No. for Year, 142
Insane Relatives, None known
Cause Exciting, Trouble
Cause Predisposing, Unknown
Form, Acute Melancholia
Accompanying Bodily Disorder, None known
Suicidal or Not, Not
Date of this Attack, 1892
Duration, 1 yr
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 32
Time of Leaving, May 29. 1893.
Time in Hospital, 1 year 6 mos 13 days.
Result, Died.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Very sluggish & dull
MEMORY:
Past Events, Can not tell Will
Recent Events, not answer questions
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive
REASONING POWER: Very poor
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Depressed & Resists everything
DELUSIONS:
Systematized or Not, Will not talk only
Special Subjects, occasionally a word or so
Transitory or Not,
HALLUCINATIONS: Can not determine
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Very stubborn
Voluble or Reticent, Reticent
Would sit in same place all day if not moved

Personal and Medical History of Betsy Anderson

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Very Poor
WOUNDS OR ABNORMALITIES, Large sore on right side of scalp
TONGUE, Tremors, None Coatings, Considerable Promptness Movement, Quite fair
PUPILS, Equality, Equal Size,
Response Light, Will not allow Accommodation, tested
SIGHT, Seems good
HEARING, Seems good
COORDINATION, Arms, Can not test as resists
Legs, " " " " " "
TREMORS, Hands, Can not tell Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Will not allow tested
Other Reflexes,
ARTICULATION, Hesitating, Hesitating Slurred,
FACIAL EXPRESSION, Depressed
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE,

GYNAECOLOGICAL EXAM., Slight anteflexion and hypertrophy of os
MENSTRUATION, Irregular
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Constipation Irregular,
APPETITE, Good, Fed by tube Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 96 RESP., 16. TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Betsy Anderson

1893 This patient was brought here by Deputy Th. Hurd & Miss Acken
First symptoms were manifested by depression about
a year ago. At first supposed to be caused by Religious
but now unable to learn the cause of the depression
Inclined to be filthy in her habits. Has been sick at
the N.W. Hospital Minneapolis with Typhoid Fever & La Grippe
Jan 17 Sick in bed this morning - Quiet Pale and rather thin
Remained in bed all day. Had nothing to say. Took
only a little milk - Bodily conditions Changes Some
" 18 Behavior quiet Will not talk Bowels constipated - Appetite
very poor Was in bed all day.
" 19 Took only a little milk - Did not talk Was in bed all
day. Bowels constipated Some pain Complains of aching
in chest and shoulder
" 20 Taken to sick ward today - Can not induce her to eat Took
a little milk Still in bed -
" 21 Fed with with tube - Dull and Stupid Talks freely at
times Bowels constipated -
" 23 Thin and pale Some mucus - Refuses to eat Fed with tube
" 23 Ate a very little today Still in bed - Quiet and better.
" 28 Refuses all solid food Drinks only small quantity of milk
" 31 Fed by tube Refuses to talk -
Feb 1 to Feb 28 Has been in bed and fed by tube every day
March 1 to 31 In bed all the time Very quiet Fed by tube
April 1 to 30 Very seldom speaks Always must Feeding Has been
fed by tube daily Failing gradually in strength
May 1 to 29 Bed sores on her back - Became very much emaciated
Has been fed by tube since first of Feb. daily Did not
talk at all toward the last - Failed steadily from time of
" 29 admission to May 29 When she died - For daily record of
care see clinical report -

Died

CLINICAL NOTS IN THE CASE OF Betsy Anderson.

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Jan	14					Rested quiet & well	
						Unmarried.	
	11	1	11:30	99		Bed Changed. Bowels moved	Bed sore reported
						Very dirty. Fed by tube - R.M. Phelps M.D.	
		6 P.M.				No Change	
						Rested quiet & well.	
						Bowels moved	
	12	7:30	96		16	Bed Changed	fed with tube R.M.D. Phelps.
						Some restless	
						Quiet restless all night.	
						Bowels moved twice	
	13	7:30	67		17	Restless. Bed changed and bath given	
						Is very low	
						Rested quiet well. Bowels moved	
						twice.	
	14	6	65	98	18	No Change	
						Rested quiet well. Bowels moved	
	15	7:30				Bed Changed	Fed with tube -
						Bowles Moved	Unmarried.
		4 P.M.				Bowles Moved	Unmarried
						Very restless all	night.
	16	8:30	69		17	Bowels moved	three times.
		6 P.M.				"	"
	17	8:30	78		28	"	"
						Fed with tube.	
						Rested quiet well.	
						Bowels moved once.	
	18	7:30	72		20	Bowels moved	Unmarried
			75			Fed with tube - R.M.D. Phelps	
						Bowels Moved three times.	Bed Changed
						Quiet restless all night.	
	19	7:45				Bowels moved once.	
			70		18	Bowels Moved	Unmarried Bath and
						Bed changed.	
		12 M.		99 1/5			
		4				"	"
		6				"	"
	20	7:30	72		19	Rested quiet well. Bowels moved once.	
	21	7:30	70		17	Bed Changed. Bowels moved	
						Restless very ill.	
						Bowels moved once	
	22	7:35	69		17	Bed Changed.	
		6:30				"	"
	23	10 a.m.	76		17	Rested quiet well	
		10 a.m.				Bed Changed.	Three times. Fed by Dr. Fulton
						very restless all night. Bowels moved.	

Jan: record troubled ... wound ... al- ... ch ... ov. 31 '98 ... truly ... laws ... rumps. ... coughs ... rumps. ... m: ... section- ... rumps- ... abor ... ried ... rule: ... nd ... them

Personal and Medical History of Betsy Anderson

MEDICAL NOTS IN THE CASE OF Betsy Anderson.

	MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Left		20	6 Pm				Ate no Supper Had a Faintness	Habits untidy
Night							Rested Quietly	Urinated twice
		21	7 am	80	98	21	Did not get up	Urinated today
			8				Fed with the tube	By Dr S-T-P
			12				Ate nothing	
			6				Ate nothing	Urinated.
		22	7 am				Resisted when washed (undisturbed)	washed did not resist to
			10	80	98	20	Fed with the tube	Urinated
			12				Ate Nothing	
			6				Ate Nothing	"
Night							Slept very good	Urinated twice.
		23						
			8	82	98	20		
			10				Fed with the tube	Bowels Constipated
		24	7 am				Ate Nothing	Urinated
			10				Fed with the tube	
		25	10	78	98	20	Fed with the tube	gave 2 Teaspoons full of Mud
			4 Pm				Gave Enema	Bowels moved freely
		26	10	83	98	19	Fed With the Tube	Gave Dose of Laudanum Milk
							Slept very Little	
		27	10	80	98	20	Fed with the tube	" " " " " "
							Urinated Bowels	moved)
							Slept about 2	hours this morning
		28	10	85	98 4/5	21	Urinated Fed	with the Tube gave dose of Mud
							Slept very little	
March		10	10	80	98	20	gave an Enema	" " " " " " "
		14		85	98	19	No Change	Gave dose of Laudanum in Milk Bowels moving as
								growing weaker —
		25		86	97	20	No Change in appearance	Bowels does not move without Enema
							or castor.	

Personal and Medical History of Betsy Anderson

CLINICAL NOTS IN THE CASE OF Betsy Anderson

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Feb	10	12 m				At her dinner	
		2 p m				Irrisated	
		6 "				Ate no supper nurse says she will not talk any	
Night	10					Rested good	irrisated.
	11	7 am				Ate no breakfast	Drank a little milk
		9	70	98	18		
		12				Refused dinner	
		6				Supper	
		8				Irrisated	
Night	11					" Slept	very little
Feb	12	7 am				Drank a little	Coffee
		12 "				Refused to ate	Dinner
		5 pm				" "	Supper
Night	12					Slept very little	Irrisated.
	13	7 am				Refused breakfast	gard Irrisated
		1				Bowels moved	
		3 "	84	98	18		
						Drank glass of milk took one Pill.	
						Sat up Low Bed Hall from 3 till 5 P.M.	
		6				Refused Supper	
		8				Slipping irrisated	
						Rested Quite well irrisated.	
	14	7 am				Refused Breakfast did not want to get up	
	12	12 pm				Refused to drink any milk very bad Odor around person & Room	
	15	7 am	86 m	98	17	Refused to ate	anything
		12				" " "	Dinner
		6				" " "	Supper
						Rested good	irrisated.
	16	7 am				Refused to ate	anything this morning.
						Rejected Water	Vomited.
		9	86	100	21	Fed With tube	by Dr. D. F Phelps
		10 am				Gave an Enema	
		2 "				Bowels moved	freely.
		6				Refused Supper	
		8				Taking Nourishment	Very bad odor around her Room.
	17	7 am				Refused Breakfast	Dressed & out-on Hall
		9 m	93	100	20	Fed with the tube by D. F Phelps Resisted a good deal	
		12				Refused to ate	anything
		6 pm				" " "	"
	18	8 am	86	98	21	Same as other	Days —
	19	8 "	87	98	22	Same Enema	Bowels moved freely
Feb	20					Rested good	did not sleep any Irrisated
	2	10 am	98	98.1	23		

Personal and Medical History of Betsy Anderson

1893

Jan 7

" 18

" 19

" 20

" 21

" 22

" 23

" 28

" 31

Feb

Mar

Upon

Mar

" 29

MEDICAL NOTE IN THE CASE OF Betsy Anderson

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
April	2	10.00	100	98½	20	Fed with tube	Dr Dix & M Phelps
	"	10.15	100			Bed Changed	
		10 pm					
	24	11.30	100	99	21	Very restless with eyesight	
						Bed Changed.	
						Fed with tube	by R M Phelps M.D.
	1	10				Bed Changed.	
		12				" "	
		2				" "	
		5	115		21	" "	
						Quiet restless throughout the night.	
						Unconscious.	
	4	10.	11.30	69	98½	17	Bed Changed.
		10				" "	
		2 pm				" "	
		5-45				" "	

Personal and Medical History of Betsy Anderson

CLINICAL NOTS IN THE CASE OF Betsy Anderson.

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
April		9	60	97 3/5	18	Is very weak and	Quiet restless.
		5 30				Fed by tube.	
						Quiet restless	Bowels unmoved. Irrigated
"	14	9 30	76	99	18	Brandy given at	morning. Fed with the tube
"	15	8 30	64		18	Is very restless	Profound Melancholia - not
						Patient lies in	
						quite stupor	
		10				Fed with the	tube.
		2				Irrigated.	
		5				"	
"	16	8 30	72		18	Irrigated.	
"	17	7				Pt. Bathed and is	very weak. is getting as
						Fed. Is quiet	Quiet & very restless
		10	74		18	Fed with the	tube.
		12				Irrigated	
		4				"	
"	18	7				Pt. Bathing	Irrigated.
"		8 30	72	98	18		
"	21	7 45	74		18	Pt. Bathing	Bed Changed. Odor in
						Very restless	Quiet.
		7 30				Fed with tube.	Is very restless.
						Bed is changed	Pt. is very restless.
		9.	78		18	Pt. bathing	bed changed.
		10				Fed with the	tube. Bed Changed
		2 30					" "
		4					" "
"	23	10				Irrigated	Fed with the tube. Dr Pluff
						"	" " "
"	24	10				"	" " "
"	24	8 am	78		17	Irrigated. Pt.	Changed.
		10				Patient lies in	are very weak & helpless. Fed
						bed. Tube fed	me. No other nourishment - Simply
						Lies in a dull	Helpless, melancholy was seen
						quite unconscious	at all times. Has refused
						Very restless	a word.
		4				Fed Changed	
						Quiet restless	all night.
"	26		77		17	Very restless	all night. bed changed.
		8 am				Fed Changed	Bed Changed.
		10				Fed with tube	
		5				Bed Changed	
		9				Rested quiet	all bowels moved.

Jan: record troubled her ex- ward door exer- al such Jan. 31'98 tremely bans rumps. coughs Trumps. m: reation- Trumps- about.

mid rule: nd them

Personal and Medical History of Betsy Anderson

MEDICAL NOTS IN THE CASE OF Betsy Anderson.

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
March	20	8 30	64	98	20		
		9 30				Fed with the tube - good deal of meat in milk.	
						Urinated	
	21	9 30	66	98 4/5	20		
						No change.	
						Fed with the tube. Bowels moved & Urinated - gave ½ oz of salts.	
Night.						Slept very well all night.	
April	1	7 10	64	98	20	Urinated	
						Fed with the tube by Dr Phelps.	
						Urinated	
Night						rested quiet well.	
April	2	7 10				Fed with the tube - ½ oz of meat in milk.	
						Urinated	
Night						rested well.	
April	3	9 30	66	98 2/5	19	Fed by tube. Being quiet all day	
						rested quiet well - urinated twice.	
	4	9 30	64	98	20	Fed with tube. ½ oz of salts in milk.	
						Urinated	
						rested well.	
	6	7 10 17				No change. Ate nothing	
						Fed with tube.	
						Urinated	
Night	5					Slept very little.	
	7	7 am 10	66	98 3/5	19	No change. Ate nothing	Bowels moved a little
						Fed with the tube.	
Night	8					Urinated quite often.	
						rested well - urinated twice.	
	7	7 10				No change. Ate nothing	Bowels moved.
						Fed with the tube.	Dr Wilbur & Dr L & P.
Night	5		68	97 4/5	19	Urinated.	
						rested quite well, urinated, bowels moved	
April	9	10	64	98	19	Fed with the tube.	
						Bowels been moving all the day	
						and she is very restless	
Night						rested very little. Bowels moved twice	
						during night.	
	10	7 am	68		19	Bowels moved & urinated.	
						Fed with tube.	
						Bowels moving all day. Ate one dose of medi	
Night	10					is very weak	
			64	97 3/5	18	Slept very little.	
						Fed with tube. is very weak	
						Urinated.	
						quite restless & night urinated three times.	

Personal and Medical History of Betsy Anderson

CLINICAL NOTS IN THE CASE OF Betsy Anderson.

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
March	1st	7 am	76	99⅖	19	Urinated. Bowels moved. Fed with tube	Tube Dose of Medicine
		10				Urinated.	
		4				"	
		7				"	
	2nd	7 am				"	
		10				Fed with tube Urinated.	Tube Dose of Medicine
		12				"	
		4				"	
		7 30				"	
	3rd	7 am				"	
		10	80	98	20	Fed with tube Urinated.	Tube gave a bath
		2				"	
		6				At home	
						Slept but little urinated	
	4th	8	60	97⅗	19	Urinated.	
		10				Slept but very little urinated	
	5th	7	62	98	19	No Change. Gallo have not bowels yet	
		8				Fed with tube.	Tube. Urinated
		10				a water all	Night "
						complained	of pain headache
	6th	5 am		100		2 A.M. sick	vomiting urgent
						slightly stained with blood	
						Hands & feet very cold. Light chill	
						gave Dose of Bromide in Hot water	
						Also Two Hot Sand Bags	
						urinated	Bowels moved
	7th	8	70	100⅘	21	Complains of headache Has vomited	
						Fed with tube	urgent Rest less at
						Urinated a quart of water	
						Gave Hypo	Complained of Headache
						Thymes Com	Did not find her
						all night	asleep any time During the
						asleep any	night
						night	
	8th	8	64	98	19	Complains of	Headache Urinated
						ate Nothing	yesterday not today
						Refused to	
		10				Fed with tube.	
		6				Urinated	
						Slept but little urinated	
	9th	7 10	64	98⅘	20	Ate No breakfast	
						Fed with tube	
						Slept but very little	
	10th	7 10	62	98⅗	20	Urinated.	Fed with tube Bowels moved.

Slept quite well latter part of night

Personal and Medical History of Betsy Anderson

MEDICAL NOTS IN THE CASE OF Betsy Anderson

	MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Jan 3rd								
	a	m	8	78	98	16	Ate no breakfast	
							Gave Enema	Bowels moved a little
							Very Constipated.	
	=	=	11				Fed with tube	Gave dose of salts
	=	=	12				sick to stomach	Ord. all Bolus removed
							vomited a little	
							Irrigated	
							Rested Quite	Slept very little.
4th	a	m	7				ate nothing.	
	=	=	820	86	98-1/5	16		
	=	=	9 40				Fed with tube	Typhoid Ord. mouth wash
							will not talk.	
	=	=	12				No Dinner	
	P	=	8				glass of milk	
							Rested Quite	good irrigated.
5th	a	m	7				ate no breakfast	glass of milk at 8-10-
	=	=	9	89	98.0	17		
	P	=	1				ate ½ dish of pudding ½ slice of bread	
	P	=	3				+ part of a glass of milk	
	=	=	5-30				Bowels moved freely.	
							ate one cup dish of Barley soup	
							slice of bread	& one Cookey and
							cup of milk	
							Urinated glass of milk, & Irrigated	
							Rested Quite well	
6th	a	m	7				At Breakfast	ate slice of bread &
	=	=	8	100	99	18	Cup of Coffee	+ glass of milk
							For dinner dish	of pudding & half slice
	P	=	6				of bread glass of	Milk
							Dish of Barley &	one slice of bread & glass
							of milk.	
							Rested Quite well	Irrigated
7th	a	m	8	100	98	19	Dish of Cracked	Wheat cup of Coffee &
							glass of milk	
	=		10				For dinner dish	of pudding cup of milk
							& part of the general	bill of meats
	P	=	6				ate Supper	
							Slept little Irrigated.	
8th	a	m	7	101	98	19	ate a good breakfast	
	=	=	12				Irrigated	
	P	=	7				ate supper	Slept very little Irrigated
	=	=	6					
9th	a	m	7				ate Breakfast	Rested Quite well
	=	=	12				for dinner	Dose of Pills
	P	=	4				cup of milk	
	=	=	6				ate supper	Rested good Irrigated.

Personal and Medical History of Betsy Anderson

CLINICAL NOTS IN THE CASE OF Betsy Anderson.

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Jan	27th	M	7.30	99	24	Drank 1/2 glasses of milk by force.	
						Bowels constipated.	
						Very decknd natured patient quite	
						comfortable - Won't eat. Will not talk	
						to anyone or to any thing, though says	
						a little. Has complained only of	
						soreness in chest. R.M.P.	
		M	12			Refused Dinner	
		M	5.30			Drank 1/2 glasses of milk by force	
						Slept but very little. Urinated.	
28th		M	7			Refused breakfast - Drank a few mouthfuls	
			8	101	99	22	of milk by force
			12			Freezed to be up. Pain this morning	
		M	4			Ate nothing	
			6			Drank 2 glasses of water	
			8			Refused to eat. Sick at stomach all day	
						Complains of pain in Bowles	
						Rested quite well. Urinated.	
		M	7			Drank 2 glasses of milk by force	
29th		M	8.10	99	100	21	Does quietly. Quite restful. R.M.P.
		M	12			Bowel enema 4 oil & glycerine	
		M	1.30			3/4 Glass of milk.	
			5.30			Glass of milk by force	
						Rested quite well. Urinated.	
30th		M	7			Glass of milk by force	
		M	12			Complains of pain at stomach	
		M	12.30			Bowels very constipated. R.M.P.	
						Glass of milk.	
						Have enema	
			1			Bowels moved very freely	
			6.30			Refused to ate anything	
						Urinated slept little	
31st		M	7			Refused to eat anything	
			8.30	98	98.3	20	In morning. But complaining pain
						Fed with tube. By R.D.P.	
			9.30			Refused to ate anything rest of the day	
						Urinated rested. Quite good	
Feb	1st	M	7				
			8.30	98	98	20	Fed with tube. Vomits partly &
						tries to vomit	the milk
			12			ate no dinner	
			6			" " "	
						Rested Quite well. Urinated	
2nd		M	7			ate nothing	
			8.10	98	97.4	20	Complains of pain
						throat & chest	refuses food. Tongue
						badly coated.	breath bad.
			12			Bowels moved.	
			6			ate no supper	Urinated slept little

Personal and Medical History of Betsy Anderson

CLINICAL NOTS IN THE CASE OF Betsy Anderson.

	MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Jan 20th	M.		4.20	94	98.4	20	Came off R-2.	
	"	"	6				Ate very little supper, Drank a little eggnog and a little sauce.	
							Rested pretty well very little complained of headaches — Urinated.	
21st	M.		7				Refused to eat anything this morning sat very weak first operation to help myself	
	"	"	10				Fed with tube.	
	"	"	12				Refused to eat dinner,	
							Awoke most of the night.	
							Urinated. — Drank a glass of milk.	
22nd	A.	M.	7				Sipped a few mouthfuls of coffee.	
							Fed by force — Walks a little, keeps pretty well. Denies pain eating. Does not complain in bed. Expresses no suicidal intent. Does not show no suicidal. — Mental disorder — Wishes to make any expressions if any kind. — (R.M.P.)	
	"	"	11.45	70	98	20		
	P.	M.	1.30				Refused to take any solid food.	
	"	"	5				Drank ½ glass of eggnog	
	"	"	7				½ cup of milk.	
							A few mouthfuls of eggnog.	
							Awake all night. — Urinated. — Drank glass of milk.	
23rd	D.	M.	7					
	"	"	10.30	84	98.4	22	Drank a glass of milk by force	
	"	"	12				No dinner.	
	P.	M.	6				½ glass of eggnog.	
	"	"	6				No supper	
							Awake most of the night. — Urinated.	
24th	D.	M.	7				Refused to eat any breakfast.	
	"	"	8.20	90	98	21	Fed with tube.	
	"	"	10				Drank a few mouthfuls of milk.	
	"	M.	12				Refused supper.	
	P.	M.	6				Rested quite well. — Urinated.	
25th	D.	M.	7				Drank 2 glasses of milk by force	
							Complains of headache & pains all over. — (R.M.P.)	
	X.	M.	12				2 glasses of milk.	
							Slept but very little. — Urinated.	
26th	D.	M.	7.40	85	95.2	22	2 glasses of milk by force.	
		M.	12				Refused dinner.	
	"	"	6				2 glasses of milk by force	
							Slept very little during night. complained of headache. — Urinated.	

Personal and Medical History of Betsy Anderson

Betsy Anderson

MEDICAL NOTES IN THE CASE OF Miss Duff

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
May	12	7.30	65		17	Bed Changed.	Fed with tube by Dr & L Phelps.
						Bed Changed	three times
	13	7.10	70		20	Vomited. Quiet. gt	ll most of the night
						Coughed. Nourished	essie.
"	14	9.10	69		19	Bed Changed	
"						Very restless all	nights.
"	14	9.20	68		17	Irrigated Fed	Of changed.
						Fed With the	tube
		"				Bed Changed	do
		2.30				"	"
		5.				"	"
						Irrigt. quite, slept, about 2 hrs	
						Bed changed twice	
"	15	7.20	67		19	Fed by tube 8	L Phelps.
						Very quiet, scarcely	stirred during
						the night.	
						Irrigated twice	
"	16	8.30	67	98	20	Bed Changed.	
		10				Fed With tube	
		11				Bed Changed	"
		1.30				"	"
		4.				"	"
						Restless, quiet, yielding	
						Bowels Dressed	Patient does not
						drink water — Is	feed by a tube, everything
						ab. nausea — Vomit	which has been stubbornly with held is
						does of Valerian	is given daily. Does steadily
						or ku touch. B.	gains, despite the bad symptoms
						a condition in	Chief is audible tone in Bronchi
						all. This is apt	in bronchi. Has a bedsore which
						to seem almost	inevitable finally, on account
						of her long confinement	
"	17	5.				Irrigated Fed	Beef Tea:
						Restless nearly all night.	
						Irrigated. Assist	
						talked. very restless	Dr Phelps morning
"	18					Very restless most	of the night.
						Bed sheets twice	
						Restless all most	of the night.
						Irrigated.	
						Slept most of the	night.
						Bed changed twice	
						Irrigated.	
"	21		60	98	17	Very low all night	Very low all night
						restless most of the morning	

Personal and Medical History of Betsy Anderson

CLINICAL NOTES IN THE CASE OF Betsy Anderson.

MO: DA:	HR.	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN
May 22	7 30	61	98	18		Bowels moved Urinated
	10 50				Fed With tube	
		60	98	16	Quiet & low all night, did not sleep any.	
					Bowels moved Passed	
		60	98	16	Did not sleep any	
					Quiet low all night	
					Bowels moved urinated	
" 24	10 a	62	98	18	Fed with tube	
					Bowels moved Urinated	
" 25	10 10				Fed with tube	
					Urinated	
24	7	60	98	18	Patient very weak, no pulse can be noted [illegible]	
					has a pulse is very low & irregular [illegible]	
					Some pain about [illegible] Seems quite restless	
					At intervals stops [illegible] respirations would	
" 27	8 30	80	95.2	15	Bowels moved Urinated	
	4 30		92		Drop Lys with weights Apparently dying.	
					Bowels moved Passed	
					Urinated Fed	
	7	62	92	14	Bowels moved	
					Urinated	
					very weak	
" 29	7 30	62	92	15	Talked a little	
					Pulse quiet pulse Dry mouth	
					Bowels moved Urinated	
						Seems so weak Cannot
						get Lys to get Nourish
						ment to speak
May 29	2 P.M.				Died	

Personal and Medical History of Betsy Anderson

Personal and Medical History of Anna Blake

1896

June Summary Nurse's Notes by Dr. L.L. Phelps: In bed all the time: Appetite fair: bowels regular: coughs + expectorates a good deal: July '96 Daily sick record kept. Sept. '96 Coughs + expectorates: at times talks quite sensibly: troubled with rheumatism: Feb '97 Able to sit up every day: Appetite good: coughs + expectorates a good deal: May '97 up on ward: no change: June '97 Still up on ward bowels regular: coughs + expectorates: Aug 27 '97 Transf. to B4: Aug 28 Takes out door exercise: mentally the same (Contd by Dr. P.M. Phelps) Sept. 10 '97 Patient is always to be found sitting in chair in stooped position: coughs much: expectoratio considerable: Gradually failing: Dec. 10 '98 Weight 85 lbs.: Mar. 31 '98 Temp. taken last few days = about 100: Is now on Infirmary: Extremely emaciated + very weak: Apr. 6 '98 In bed: Temp. below 100, but patient shows extreme failure + weakness: Resp. 24 Apr. 25 '98 Visited by priest: Temp. usually below 100: In bed: seems extremely sick: Is failing steadily. Resp varies from 23 to 30: Has been in bed most of time: Still coughs + expectorates: Still failing: June 22: Temp. 100 in p.m.: Resp. 30. July 8 '98 Temp. rarely over 100: Has small bed sore on back: July 25 Died at 5 a.m: One peculiarity of this case was that while cough + expectoration was very considerable, + emaciation extreme + floor, Temp was rarely over 100 + Resp. usually below 30, although occasionally above.

Died

Catherine Coleman.

To Feb. 1, 1903. General health good: appetite good: bowels inclined to be constipated: complains a great deal without cause as a rule: assists with the ward work: takes exercise: is quite irritable and inclined to be quarelsome: has many delusions: expresses them freely: when excited is extremely noisy. Dec. 1 at Wt 137 #.

Personal and Medical History of Tertina Carlson

Whole No. 3234
Residence, St Paul Ramsey
Date Admission, Jan 19 1893
Admitted by, Dr Baker Hour, 1.30 P. M.
How Sent, Jail Prob. J. B. Olivier
Sex, Female
Age, 19 or 20
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Servant
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Norway
Physicians Committing, Drs Markle & C. J. Hardway
Correspondents, C. C. Johnson 279 Rondo St St Paul

No. for Year, 146
Insane Relatives, Unknown
Cause Exciting, Religion & Neuralgia
Cause Predisposing,
Form, Acute Melancholia with Chorea
Accompanying Bodily Disorder, Anaemia
Suicidal or Not, Not
Date of this Attack, Jan
Duration, 10 days
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 19 or 20
Time of Leaving, Sept 27 93
Time in Hospital, 8 mos. 16 ds.
Result, Recovered

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish - Dreamy
MEMORY:
Past Events, Will not talk
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Very dull & restless
Correct or Illusive,
REASONING POWER: Can not determine
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Very restless, jerky movements
Half dreamy & lethargic in manner

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Distressed & restless
DELUSIONS:
Systematized or Not, None determined
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Will not talk
Voluble or Reticent, Says a few words in Norwegian yes in a whole

Personal and Medical History of Tertina Carlson

1893

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 1/2 in WEIGHT, 110 lbs cost 106 1/2 present NUTRITION, Very fair and feeble
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Coatings, Pale Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Sluggish Accommodation,
SIGHT, Seems good
HEARING, Seems good
COORDINATION, Arms, Not very good
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General, Irregular & jerky movements but all seem voluntary
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Distressed and anxious
SENSIBILITY,
HEART, Quick but sounds are normal
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Very small opening in hymen
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Dirty Clean, Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, ~~Good~~ Fed by tube Medium, Poor,
SLEEP, Good, Fairly Good Poor, Irregular,
PULSE, 108 RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1893 This patient was brought here by Mr Akers and Dept Shf Frank Recha. Symptoms were first manifested about ten days ago by delusions that she was going to die. Praying and talking of heaven and hell. Has been under the care of Dr F. W. Richardson of St Paul for ten days. Has required watching to prevent her from running away.

Jan 19 Very restless. Does not talk. Walks up and down the hall constantly. Signs very weak. Appetite poor. Bodily condition as sum of both chest. No bruise. Bowels constipated.

" 20 Does not talk. Very restless. Filthy in habits. Appetite poor. Tries to take off her clothing. Sleeps poorly. Jerky motions.

" 21 Taken quite sick. Fainted & put to bed. Bowels constipated.

" 22 Sick & very weak and restless in bed. Fed with tube. Nurse constant. Retching and holding to keep in bed. Bowels move ng.

" 23 Fed with tube. Sleeps some better. Talks a little. Not quite as restless.

" 24 Up on ward today. Does not vomit very much though very pale. Jerky motions. Father has marked. Fed with tube.

" 25 Fed with tube. Very restless. Talks some. Tries to take off clothing. Coughs some. Sleeps well. Has a dreamy sleepy expression of face. Looks from one person to another.

" 30 Up most all the time. Appetite good. Sleeps well usually. Walks about ward and inclined to take clothing off. More cleanly in habits. Pale and thin.

Feb 24 Appetite not as good. Talks some. Cries at times. Wanders around up and down the hall. Inclines to be mischievous. Tears up bedclothes if not watched.

" 27 Bowels constipated. Appetite poor. Sick in bed. Sleeps well.

March 11 Has been sick or weak and restless since last note. Has taken very little nourishment. Drinks only small quantity of fluid. Fed by tube this morning. Will not talk. Bowels constipated. Still in bed March 13 In bed.

" 24 Up on the ward all day. More quiet. Very stupid. Dirty in habits at times. Bowels constipated.

April 29 Eats and sleeps well. In bed most of the time. Very dull. Dirty in habits. Never talks.

May 17 Out on ward today. Sits very quietly. Eats well.

" 20 Has been up on the ward for last three days.

" 30 Wanders about the ward. Never talks. Dull and listless. Eats and sleeps well. Dirty in habits. 14 days and in bed 16 days during the month.

June 12 Has been up on the ward now for two weeks. Very dull and stupid. At times very troublesome in rejecting everything. At times tears off her clothes.

June 30 93. Appetite has some improved, but not extra good yet. Eats in the dining room & feeds herself at times. Untidy in habits.

July 21 93. Seems to be improving, appetite good & helps some in dining room & wanting on ward.

July 27 93. Complains of limbs & being put on tonic.

July 28 93. Limbs at ankle seems to be swelling, bandaged, also put on melonic.

July 29 93. Limbs seems more swollen, in bed most of the day.

July 31 93. Appetite good, limbs are better, very quiet on hall, will not talk any, only answers questions asked & then only yes or no, if she can answer that way. Rests good at night.

Aug 2 93. Seems brighter, talks but very little. Is gaining in flesh has more color in face.

Aug 29 93. Attended the fair & enjoyed it very much.

Sept 26 93. Appetite good & seems quite well. Is very good ward help.

Sept 28 1893. Went home today. The insane state that she was in at time of coming has about disappeared. Her mental state seemed to improve at the same time and proportionally. She is however rather pallid and bashful and backward. Her mental state is still depressed & weakened. She is however fairly well restored to usefulness & ability to live outside.

Discharged Nov. 8th 93.

Personal and Medical History of Lucy Tibsan

Whole No. 3235
Residence, St Paul
Date Admission, Jan 19 1893
Admitted by Dr Baker Hour, 1 30 P M
How Sent, In Pond by B. Olmsted
Sex, Female
Age, 47
Civil Condition, Married
Children, None
Age Youngest Child,
Occupation, Housekeeper
Degree Education,
Profession Religion, Lyland
Habits, Temperate
Nativity, Ireland
Physicians Committing, D. H. Hanley & P. Marchand
Correspondents, Thomas Tibsan (Husband) Hastings Minnesota Journal
56 St Anthony St Paul

No. for Year, 147
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing,
Form, Paranoia
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, Unknown
Duration, Unknown
No. of Attack, 1
No. of Admissions, 1
Age First Attack, Unk.
Time of Leaving, March 7. 1893
Time in Hospital, 1 mo 18 ds.
Result, Recovered.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear abt ordinary things
Quick or Sluggish, Quick

MEMORY:
Past Events, Good
Recent Events, Good
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Quick
Correct or Illusive, Cannot answer many things

REASONING POWER:
Ordinary Subjects, Seems fairly good
Own Mental State, Says she has no trouble
Special Subjects, Mentally

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Rather and cries easily

DELUSIONS:
Systematized or Not, None determined
Special Subjects,
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Thinks she was wrong
Coherent or Incoherent, fully but here
Voluble or Reticent, That she only had a cold etc and nothing was the matter with her head
Talks coherently and willingly

Personal and Medical History of Lucy Tibsan

1893

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 4 ft 11 in WEIGHT, 111½ lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, Fingers deformed from inflammatory Rheumatism
TONGUE, Tremors, None Coatings, Pale Promptness Movement, Good
PUPILS, Equality, Equal Size,
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, Quite marked Tongue,
Facial Muscles, Marked at times General, Nervous excitement
REFLEXES, Patellar, Equal &
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Rather sad
SENSIBILITY,
HEART, Sounds are roughened
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Normal condition
MENSTRUATION, Ceased about 2 yrs ago
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Constipated Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Poor Irregular,
PULSE, 7x RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother died of lung fever
Father or Pat. Relations, Father died from effects of a fall
Brothers or Sisters, 3 Bros all healthy

Personal and Medical History of Lucy Tibron

1893 This woman was brought here by Mr Akin and Dep Sheff Frank Pecha When this attack began is not given History very poor Acute attack - Delusions of persecution No filthy or destructive habits - No restraint or treatment being employed.

Jan 19 Very quiet this morning only seems sad that she was brought to the Hospital - Talks coherently and well - Does not think it was necessary for her to come Complains of pain in her left side and that her husband was drunk about three days before she came here and because she threw out a bottle of whiskey he kicked her in the side and also pushed her over against a safe and hurt her side and back

" 21 Quiet and ladylike Talks quite sensibly Bodily condition as seen at last good Bowels regular

" 22 Eats well Very quiet most of the time Today in bed Breathes heavily Temp normal Pulse normal Complains of pain in side - Seems to be putting on

" 23 Up on the ward and about as the first day

" 24 Very neat and clean in her habits and personal appearance - Does not exhibit any delusions

" 25 Appetite good Quiet and very nice on the ward

" 26 Lying & sleeping well and is more contented than at first - Always talks willingly and quite well

" 30 Made utmost examination today and found her in very good condition Says she never had any Menstrual trouble or any local trouble in any way Very sensible in behavior and answers all questions intelligently - Neat and clean General health seems good Has received a letter from home and has answered it

Feb 27 Appetite fair Works at fancy work Rather nervous

March 7 Has been quiet and well behaved - Does not talk against her husband as she did at first - Has been very anxious to go home Husband sent a ticket and she will leave today -

Discharged May 3rd 93

Personal and Medical History of

Personal and Medical History of Belinna L. Baller

Whole No. 3236
Residence, St Paul
Date Admission, Jan 19- 1893
Admitted by Dr Baker Hour, 1:30 P. M.
How Sent, by Prab J. B. Olivier
Sex, Female
Age, 37
Civil Condition, Married
Children, None
Age Youngest Child,
Occupation, Housekeeper
Degree Education,
Profession Religion,
Habits,
Nativity,
Physicians Committing,
Correspondents, Carl Stiel 355 1/2 7th St St Paul Minn

No. for Year, 148
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, Unknown
Form, Dementia — (Partial)
Accompanying Bodily Disorder, Unknown
Suicidal or Not, Unknown
Date of this Attack, Unknown
Duration, Unknown
No. of Attack, Unknown
No. of Admissions, 1
Age First Attack, Unk —
Time of Leaving, July 24. 94
Time in Hospital, 1 year 6 mos. 5 days
Result, Died

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Jan 24-93 Dr L. Phelps

MENTAL ACTIVITY:
Clear or Confused, Somewhat confused
Quick or Sluggish, Quick

MEMORY:
Past Events, Seems good
Recent Events, Fairly good
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive,

REASONING POWER:
Ordinary Subjects,
Own Mental State, Not good
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Does not seem to realize her mental state Thinks she is well. Does not know when she is

EMOTIONAL STATE:
Normal, Calm, Calm at examination
Indifferent,
Exalted, Hasheen
Depressed,

DELUSIONS:
Systematized or Not, None determined
Special Subjects,
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Talks willingly and
Voluble or Reticent, quite coherently —
Very good natured Says she feels well. Rather feeble minded

Personal and Medical History of Belinna L. Baller

1893

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 4 ft 11 3/4 in WEIGHT, 110 lbs. 96 clothes stripped NUTRITION, Not very good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, Yellow Promptness Movement,
PUPILS, Equality, Unequal Size, R. much larger than normal
Response Light, Sluggish Accommodation, Sluggish
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, Slight Tongue, None
Facial Muscles, None General,
REFLEXES, Patellar, Equal — 6 —
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Rather silly
SENSIBILITY, Sounds are felt
HEART,
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM, Small conical cervix with retroversion of the uterus
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Dirty Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, 90 RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Died at 65 from effect of a burn
Father or Pat. Relations, Living and well
Brothers or Sisters, 1 Brother well

Personal and Medical History of Belemina F. Baller

1893 This woman was brought here by Deputy Sheriff Frank Pecha and Mr Aken. History is unobtainable she is feebly in habits and demented.

Jan 19 Patient has been very mischievous taking off clothes and tearing up things in general In the afternoon she quite violent Does not speak English. Cries and jabers at everything that is said to her But understands and can talk German quite well Eats well Very dirty - Badly named. Seems to have a mania for picking things up and concealing them

" 20 Needs constant watching to keep her out of mischief Behavior is just about as yesterday, silly and good natured

" 21 Still very mischievous and is inclined to be violent

" 22 Kept under constant watch Was necessary to exclude her the morning Wyle attendant did the work

" 23 Soiled her room last night Habits the same

" 24 Did not eat much to day Was busy in the dining room watching her chance to pick things up as if to put them away

25 Very troublesome this morning but after the work was done managed to keep her still by putting her in a chair and watching her constantly

" 26 Silly in manner. Very restless Seems to be in good bodily health

Feb 10 Very mischievous Needs watching all the time to keep her out of mischief - Appetite good - Sleeps poorly - At times dirty in habits

Feb 22 Patient has a silly, demented but pleasant look & rather unpleasing in appearance Does not talk English

March 30 Appetite usually good Has been in seclusion so has this month Behavior mischievous Does not speak English -

April 29 - Very mischievous - Requires constant watching

May 13 Needs watching all the time to prevent her turning up the ward and beds - Dirty in habits

June 12 Has improved quite markedly during the past month More quiet Not in seclusion - Talks quite readily in German - Works some and habits neater

June 30 93 Good Appetite Clean habits Good behavior Works on the hall Talks some. Past monster. Seems growing more bright. July 2893. appetite good. Does not seem as well as first part of the month Dirty in habits. Works some on ward. Aug 3093 Appetite good. Dirty in habits Talks & prays a good deal Works some on the ward Rides walks. Takes other patients clothes & puts them on her bed.

Personal and Medical History of Belemina F. Baller.

Sept 2993. Appetite good Dirty in habits usually. Works some on the ward Behavior very quiet Talks & prays a good deal. Remains about Oct 3093 Appetite good Habits dirty Behavior quiet. Seems some better last month. Nov 2993 Appetite good Behavior mischievous Talk very silly. Untidy in habits Dec 2993 Appetite good Behavior quiet Talks sometimes of want to go home Works some on the ward Dec. Transf to Annex Jany 10 94 Is very stupid. Is quiet. Appetite fair. Habits untidy. Jany 1994 Transf to B3 Jany 20 94 Is dull very stupid Appetite poor Feby 20 94 Appetite good Has been fed now and then during the month. May 2 94 Is fed well. Very restless and Cross, would not keep anything on or off her. Put in restraint Seemed much disturbed all night. Did not sleep any May 4 Taken out of restraint Singing. May 6 94. Quite restless all night Out of bed twice & walked a good deal 6 94 Bowels reg. Out of bed. May 7 94 Quiet most all night. May 8 94 Bowels moved. Walked while Eating Breakfast. Out of bed one hour. May 9 94 Asleep most of the night. Bowels regular. Takes Out of bed several times. May 10 94 Patient rested quite well. Out of bed Sewing, destroyed one sheet Takes food. May 12 94 Quiet most of the night fell out of bed & cut head. For particulars see Nurses record Card. May 12 94 Transf to B3 May 27 94 Appetite fair Has to be fed. Habits untidy Talks very little, Lies in bed most all the time. May 29 94 Menstruating June 15. Appetite good. Behavior quiet Destructive to clothing. Dirty in habits. Lies in bed most of the time. June 30 94 Continues about the same. July 10 94 Continues very destructive. Put in restraint about 7-11 PM. July 20 94 Out of restraint. Very weak Transf to C2 July 24 94 Failed gradually day by day until the

Died July 24 1894 at 2.15 P.M.

See nurses record for daily report.

Personal and Medical History of Olive M. Crane



Whole No. 3239
Residence, Austin
Date Admission, Jan 20 - 1893
Admitted by Dr Kellam Hour, 7
How Sent, Co of Prob. Ld. Wa
Sex, Female
Age, 36
Civil Condition, Single
Children, Nan
Age Youngest Child,
Occupation, Nane
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Ohio
Physicians Committing, Emma L. Washburn & O. W. Tibbetts
Correspondents, Mrs Laura C. Crane
Austin Minn

ear, 1891
latives, Aunt an Epileptic short time
iting, Unknown
disposing, Previous attack
hanic Mania
ying Bodily Disorder, None
r Not, Not
is Attack, 1885
7 yrs
ack, Continuous
No. of Admissions, 2
Age First Attack, 28
Time of Leaving,
Time in Hospital,
Result,
Mrs J. S. Connor,
2816 Nicollet Ave,,
Minneapolis, Minn,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Jan 24 '93 Dr Phelps —

MENTAL ACTIVITY:
Clear or Confused, Quick but
Quick or Sluggish, erratic
MEMORY:
Past Events, Probably good
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Quick
Correct or Illusive,
REASONING POWER: Fair
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Rather
Exalted,
Depressed,
DELUSIONS:
Systematized or Not, None noted
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Seems slightly in-
Voluble or Reticent, coherent Rather reticent
in speech - Does not see any
reason for her staying there

Personal and Medical History of Olive M Crane

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1 in WEIGHT, 105 lbs NUTRITION, Fair
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, None Promptness Movement, Good
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Equal Normal
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Good but rather shrinks from notice
SENSIBILITY,
HEART,
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Normal conditions
MENSTRUATION, Regular No trouble in any way
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Normal RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Olive M. Crane

Whole No. 3239
Residence, Austin
Date Admission, Jan 20 - 18
Admitted by, Dr Kilbourne Hour,
How Sent, In charge of Prof S.S. Washburne
Sex, Female
Age, 35
Civil Condition, Single
Children, None
Age Youngest Child,
Occupation, None
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Ohio
Physicians Committing, Emma A. Washburne & O.W. Eiken
Correspondents, Mrs Laura C. Crane
Austin Minn



ear, 1891
latives, Mr Count an Epileptic short time
citing, Unknown
Cause Predisposing, Previous attack
Form, Chronic Mania
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, 1885
Duration, 7 yrs
No. of Attack, Continuous
No. of Admissions, 2
Age First Attack, 28
Time of Leaving,
Time in Hospital,
Result,
Mrs J.S. Connor,
2816 Nicollet Ave,
Minneapolis, Minn,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Jan 24 '93 Dr Phelps—

MENTAL ACTIVITY:
Clear or Confused, Quick but
Quick or Sluggish, erratic

MEMORY:
Past Events, Probably good
Recent Events,
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Quick
Correct or Illusive,

REASONING POWER: Fair
Ordinary Subjects,
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Rather
Exalted,
Depressed,

DELUSIONS:
Systematized or Not, None noted
Special Subjects,
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Seems slightly in-
Voluble or Reticent, coherent Rather reticent
in speech - Does not see any
reason for her staying there

Personal and Medical History of Olive M Crane

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1 in WEIGHT, 105 lbs NUTRITION, Fair
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, None Promptness Movement, Good
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Equal Normal
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Good but rather shrinks from notice
SENSIBILITY,
HEART,
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Normal conditions
MENSTRUATION, Regular No trouble in any way
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Normal RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Aline M. Crane

1893 This woman was brought here by H. M. Crane her Nephew. She was in the Rochester Asylum in 1886 and was discharged Demented unimproved. But never resented and has been under restraint since she left. Her suit here before insanity was organized by Insanity of Mommy and a violent temper. Mumbles and talks about herself and every one else being killed. She is obstinate and much crossed is disposed to be ugly.

Jan 21 Quiet and nice in behavior. Talks quite sensibly. Bowels regular. No trouble as to injuries of the body. Eats well.

" 22 Appetite good. Very quiet. Talks very little.

" 23 Very neat and clean in appearance. Makes no complaint.

" 24 Sits quietly on the ward. Goes out riding with the ladies.

" 25 Will talk quite sensibly when addressed.

" 26 Appetite good. Sleeps well and seems in good bodily condition.

" 30 Says Menstruation regular and never has much pain.

Feb 7 Appetite good. Clean in habits. Works in dining room. Quiet. Sleeps quite well.

March 30 Appetite good. Habits clean. Very quiet. Seldom speaks unless addressed. Menstruating at present.

April 29 Does not vary in behavior in any way. Quiet and dull. Reserved. A half bashful manner.

May 31 Appetite good. Habits clean. Very quiet and talks but little. General health has been good.

June 12 Does no work. Sits in a quiet dull manner upon the ward. Manifests very little interest in anything. Neat in her appearance and pleasant in her manner. Sent Dog 3. Appetite poor. Untidy in habits, behavior timid, talks little. Menstruated about 8th. July 2 1893. Appetite fair. Careless habits, Althe. flighty in behavior. Fell pieces at times misdiscovered. Menstr. about 6th. Aug 5. Menst. February Oct 4 93. Appetite good. Habits clean. Is neat and quiet. No work. Gen. health good.

Dec 2. Has been working a little in dining room for a few days. No other change. Transf to 2d

" 28. Appetite good. Sleep good. Mischievous in behavior. Not always tidy in habits.

January 4. 94 Went home. Was not so quiet as at previous times.

April 27 94 Returned. April 30 94 Appetite poor. Behavior quiet. Clean in habits. Menstruating.

May 2. Menstruating. May 16. 94 Transf to 2d. May 19 94. Removed to B.

May 22. Appetite very good. Sleeps well. Does not do any work. Is very careless in her personal appearance. Goes to school.

Personal and Medical History of Aline M. Crane

1894
June 28 Appetite good. Sleeps well. Is very incoherent in her talk. Careless in personal appearance. Goes out walking most every day.

July 28. Appetite good. Gen. health good. Menstr. about 25th. Aug 26 94 Gen. health good. Mental condition about the same. Menstr. about 20th.

Sept 20. 94 Behavior very quiet. Talks irrationally when spoken to. Helps in dining room. Appetite quite good. Sleeps well. Goes riding and walking. Bowels regular. Oct 30 94 Sleeps well. Appetite good. Helps some with wood work. Goes riding and walking. Sleeps some on organ. Menstruated last part of the month. Nov 27 94 Quiet. Appetite good. Menstruated. Bowels regular. No change otherwise. Jany 31. 95. Menstruates reg. Appetite fairly good. General health good. Bowels regular. Quiet and agreeable in behavior. Talk incoherent. Neat and clean in habits. Sleeps well. Goes riding and walking. Organ the organ at times. Feb 27. Menstr. Feb 28 to day Feb 27 95. Has not been well for the past 2 weeks. Complained of her teeth. Has a head-ache. Very restless and nervous. Appetite poor. Will not take her tonic. March 21 95 Menstruating. March 29 95 Quiet and agreeable in behavior. Talk incoherent. Neat in habits. Appetite good. Sleeps well. Bowels reg. Goes walking & riding. Does no work. April 24 95 Talk incoherent. Quiet in behavior. Neat in habits. Sleeps well. Appetite fairly good. Bowels regular. Goes riding and walking. Does no work. Transf to 2d. April 30 95 No change. Works in dining room.

May 20 95 Menstruating. May 25. 95 Visited by uncle. May 31. 95 No change.

June 29 Appetite good. Bowels regular. Sleeps well. Goes walking & riding. Incoherent. Clean. Works in dining room.

Sept 10. Menstr. Sept 29. Appetite fair. Sleeps well. Bowels regular. Neat in habits. Goes walking & riding. Does no work. Has delusions. Oct. 8. Menstr. Oct 27 Untidy in person. Bowels regular. Talks to herself a good deal. Sleeps well. Appetite poor. Goes walking & riding. Jan 1 Very untidy in personal appearance. Talks incoherently: Appetite good: Sleeps well: Bowels regular: Does no work. Seldom goes out of doors. Jan 8 Menstr. Feb 1 Menstr. Feb 14 Visited by mother: Feb 21 Menstr.

1896
March Untidy in appearance. Talks incoherently: Appetite fair: Sleeps well: Bowels regular: Does no work. Menstruates regularly.

June Summary Nurse's Notes by Dr. B. L. Phelps: Untidy in appearance: talks incoherently: Appetite quite good: Bowels regular: Sleeps well: does no work: Takes outdoor exercise: Sept 97 menst. regular: Dec 14 96 Bowels usually constipated: seldom takes out-door exercise: Jan 1 97 Gyn. examination: June 12 Gen. health good: very quiet: Does no work: will answer questions at times but usually is incoherent:

1897
May. No change: May 30 Gen. health seems rather impaired: June 16 Very quiet: Appetite poor: for some time: bowels constipated: Takes tonic & egg nog with brandy: Not so well mentally: Transf. to Inf.: Temp 100.6 P. 108. R. 20: June 17 (a.m.) T. 100.8 P. 102. R. 24. Appetite poor: bowels constipated: enema given: considerable blood discharged: Tonic given: alcohol bath. T. 101. P. 104. R. 22 (p.m.) June 18 (a.m.) T. 100. P. 98. R. 20: Egg nog given: also Tonic & Cascara: Alcohol bath: coughs some: Slept well (p.m.) T. 102.4 P. 100. R. 19. June 19 (a.m.) T. 100 P. 100 R. 22: Castor oil given: also tonic: movements quite free but considerable blood: looks quite pale: very emaciated: slept well: (p.m.) T. 101½ P. 109. R. 16. June 20 (a.m.) T. 101. P. 98 R. 22: Egg nog & tonic given: alcohol bath (p.m.) T. 100⅔ P. 106 R. 20. Slept well. June 21 T. 100. P. 100. R. 20. Appetite poor: Egg nog given: Went Home- (Cont'd by Dr. R. M. Phelps) Retd Oct. 8 97

Oct. 11 Weight 95 lbs: Seems quite poor, altho' much better than at the time she went home: June 14 98: Visited by brother: Feb 14 99 Weight 100 lbs: July 4 99 Visited by brother.

(Over)

Personal and Medical History of Minnie Hanson

Whole No. 3243
Residence, Cantan Tillman Co
Date Admission, Jan 23 - 1893
Admitted by, Dr. H. Phillips Hour, 3 P.M.
How Sent, Inf. Prof. E.J. Farrington
Sex, Female
Age, 21
Civil Condition, Single
Children,
Age Youngest Child,
Occupation,
Degree Education,
Profession Religion, Jus
Habits, Good
Nativity, Minn
Physicians Committing, J. H. Phillips & D. A. Love
Correspondents, Paul Hanson
Cantan Minn

No. for Year, 155
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing,
Form, Hypochondriacal Melancholia
Accompanying Bodily Disorder, Neuralgia, Rheumatism + head ache -
Suicidal or Not, Not
Date of this Attack, 1892
Duration, One year
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 20
Time of Leaving, June 5" '93
Time in Hospital, 5 mo, 12 ds.
Result, Recd.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Jan 24 1893 Dr Phillips

MENTAL ACTIVITY:
Clear or Confused, Somewhat confused
Quick or Sluggish, Rather sluggish
MEMORY: Says is "awful forgetful"
Past Events, for past 2 yrs
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,
REASONING POWER: Poor
Ordinary Subjects, Poor
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Rather
Exalted,
Depressed,
DELUSIONS: None determined except
Systematized or Not, she vaguely deluded
Special Subjects, ideas about bodily
Transitory or Not, ailments + a general
HALLUCINATIONS: feeble-mindedness
ILLUSIONS:
CONVERSATION: Says head Neuralgia all winter
Coherent or Incoherent, Back weak all summer
Voluble or Reticent, "Can't work"
Is full of vague feelings of weakness and sickness but can't give any definite symptoms

Personal and Medical History of Minnie Hanson

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 138 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, None Coatings, None Promptness Movement,
PUPILS, Equality, Equal Size,
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, "
REFLEXES, Patellar, Equal 6 —
Other Reflexes,
ARTICULATION, Hesitating, Fair Slurred,
FACIAL EXPRESSION, Depressed and dull
SENSIBILITY,
HEART, Has palpitation
LUNGS, Seems in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, Normal RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") Denies any heredity
Mother or Mat. Relations, Mother died of cancer
Father or Pat. Relations, Father is old and lame
Brothers or Sisters, Sister has Neuralgia

Personal and Medical History of Minnie Hansan

1893 This woman was brought here by Mr. C. S. Spencer. This attack began about one year ago when she became melancholy and depressed. Has practiced self abuse. Considered a Nymphomania. Has been under treatment for depression of mind but with no results.

Jan 23 Quiet in changes. Laughed to herself several times but said nothing. Talked a very little. Wished she might always stay here. Appetite good. Neat and clean. Nothing. Bowels regular.

" 24 Quiet but talked more than yesterday. Played on the organ some. Says she is not very strong. Makes

" 25 Seems to make her self at home and is quite contented. Plays on the organ. Tells strange stories about herself. Helped on the dining room with the work and did some mending. Wrote two letters.

" 26 Went to the laundry in the morning and wanted to stay and iron. Was busy until noon. In the P.M. was quiet.

" 27 Wandered up and down the hall a good deal, asked many questions about everything she saw. Appetite good.

" 28 Helped with the work on the ward. Played the organ. Asked many questions. Walked about the hall laughing to herself.

" 29 Says today she thinks it is too bad she ever came here. Otherwise acts as for the past few days. Health seems good.

Feb 9 Appetite good. Works some in laundry. Behavior somewhat dull and silly. Sleeps well.

March 8 Appetite good. Works in laundry. Does not seem very strong. Quiet and rather silly.

Mch 14 Same as ab. Very well behaved. Works in sewing room.

" 28 Appetite very good. Habits clean. Talks dull and stupid at times. Talks very well. Complains of pain in head and chest at times. Asks for medicine. Menstruated from 18th to 23. Has been under active treatment since admission and has improved considerably.

April 8 Complains at times but usually quite well.

" 29 At times silly in manner and rather dull. Rather careless in appearance. Complains a good deal of pain.

" 31 Appetite good. Cleanly habits. Talks well. Has not complained as much of late and is brighter.

June 6 Father called today and took her home.

Personal and Medical History of Olive M. Crane.

From Ward 8 1898

July 18 Transferred to A. Nov. 24 98 Visited by friends: Feb. 4 99 About the same in every way: since returning has sat most of time in a quiet, dull way, looking at the floor.

1899 Does not talk & takes no interest in anything. (Rept. by Dr. A. A. Eeke)

Mar 1 Appetite fancy good: bowels quite regular: goes walking & riding: quiet: seems demented & stupid: practices self abuse: Mar. 27 Transferred to A2.

Mar. 28 Receives massage every other day: at times very melancholy: Apr. 9 Trans to A

May 30 Patient seemed as well as usual to-day: ate supper & started to walk out of dining room: fell: was unconscious: put to bed: pulse very weak: limbs cold perspiration: temp 103. profusely: stimulants given: hot applications made to feet. At 11 p.m. temp 101 2/5: gradually reduced: pulse 90: most of time very weak & intermittent: June 1 Appeared much better: very restless during night: took a little nourishment: June 2 Seems decidedly better: slept most of time: At 3 p.m. temp 104: pulse still weak: transferred to Inf. Visited by brother: June 5 to 7 Temp 99 to 104 8: pulse 78 to 126. Resp. about normal: takes liquid diet: appetite poor: bowels constipated: sleeps quite well & appears very comfortable: June 7 to 14 Temp 99 2/5 to 101 4/5 Pulse 78 to 106: medicine & stimulants given regularly: June 7 Visited by sister: June 9 Pulse very weak: June 14 to 21 Rests quietly most of day: slight elevation of temp. continues: no other change: June 17 Commenced to sit up during day: June 19 Out of bed half an hour: June 27 Able to be up all day: taken out riding: appetite improving: sits down to rest quite often.

July 27: Trans. to D3. Aug 16 Trans. to A: Aug. 28: No change.

Sept. 1900 (Dr. Reynolds.) Sept. 18. Appetite fairly good: Behavior good: Bowels regular. Goes walking & riding: Quiet on ward: Sept. 15 Visited by brother: Jan 18 110 lbs. Feb 8 No change. March 31 May 31 Eats & sleeps well: Bowels regular. Behavior quiet May 4 Visited by brother: July 23 Vaccinated Sept. 1 - Nov 30 Appetite good: Bowels regular. Goes riding & walking: Quiet. Nov 16 Wt. 109 1/2 lbs. Dec 1 - Feb 8 1901 General health & appetite good: Sleeps well: Bowels usually regular: Does not menstruate: Is quiet & inoffensive. Never converses: does not answer questions intelligently nor understand what is said. Sometimes mutters to herself. Never violent or profane. Habits dirty at times. Jan 30 Visited by brother. Feb 8. Wt. 107 lbs.

March 1 - June 1 - 1901 no change. May 28 transferred to D1. May 30 Wt. 110 lbs.

June to Sept. July 17 June 26 menstruating. No change. Sept 3. Wt. 104 lbs.

Sept to Dec Shows no mental or physical change. Nov. 30 Wt. 110 1/2 lbs.

to Feb. 1, 1903 General health poor: appetite poor: bowels usually constipated: sleeps well: occasionally excursive: menstruates irregularly: quite stupid: sits quietly all day long: does not converse or answer questions. Dec. 12 Wt. 102 lbs. Dec. 15 Patient was put to bed because of continuous temperature: abdomen quite distended: given catharsis: lived on milk diet: Dec. 26 transferred to Infirmary: Dulness appeared in both apices of the lungs. This points with a continuous temperature to incipient tubercular condition.

Personal and Medical History of Mary Christianson

Whole No. 3249
Residence, St Paul Ramsey
Date Admission, Jan 30 '93
Admitted by, Dr Phelps Hour, 7 P.M.
How Sent, Jail Prob J B Olivier
Sex, Female
Age, 25
Civil Condition, Married
Children, One
Age Youngest Child,
Occupation, Housework
Degree Education,
Profession Religion, Yes
Habits, Unknown
Nativity, Sll-
Physicians Committing, C J Meade MD Talbot Jones
Correspondents, John Christianson (Husb)
308 Carroll St St Paul

No. for Year, 161
Insane Relatives, Mattson
Cause Exciting, Child-birth
Cause Predisposing, Hereditary
Form, Acute Mania
Accompanying Bodily Disorder, Consumption
Suicidal or Not, Not
Date of this Attack, At birth of child
Duration,
No. of Attack,
No. of Admissions, 1
Age First Attack,
Time of Leaving, May 22 '93
Time in Hospital, 4m 20 ds.
Result, Rec'd.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Patient was too
Quick or Sluggish, maniacal and
MEMORY: violent to examine
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Mary Christianson

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION,
WOUNDS OR ABNORMALITIES, No injuries on admission
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Mary Christianson

1893 This woman was brought here by Dep Shff Sick and Matron, Miss Acken. The first symptoms of insanity were manifested at birth of child when she says she had a great desire to kill her child. Has various delusions and hallucinations. Has been subject to violent fits of anger when she says she forgets everything. Yesterday (Jan 29) manifested a desire to kick things around. No filthy habits. At first she manifested opinions on Religion but now says she does not care for Religion. Has been cared for by the Catholic Sisters. Complained of dizziness and indigestion

Jan 31 Very noisy all day. Wild and fought some. At times silly. Talks a great deal in an incoherent way. Sings. Sewing. Appetite good. Bowels are constipated. No injuries or bruises noted on body. Has a plaster on her back. Has noisy during forenoon until about eleven. Was quite often until after 2 P.M. when she began to be violent and remained so the whole P.M. Appetite good. Bowels

Feb 2 irregular. Was quiet most of the day. Noisy during the evening

" Ate very little all day. Bowels constipated

" 3 Uses bad language. Fought some. Has some bruises on her body. Bowels moved some

" 4 Has been very violent and excitable at times during the day. Quiet this evening. Don't talk much. Appetite fair. Body is bruised from pounding around during the night

" 5 Quiet quiet most of the day. Will not talk much. Drinks milk but does not eat solid food. Coughs some

" 6 Has required constant attention. Held most of the time by two attendants. Very restless but not so noisy of late

Feb 24 '93 Has been noisy and restless and very violent in talk. Very hard to care for. Has needed constant watching and holding most of the time. Of late has been a little more quiet

" 28 Began to eat some solid food, about a week ago. Drinks milk all the time. Dirty in habits. Noisy, irritable. Has been quite

March 31 Appetite is good. Bowels some of late. Has not been in seclusion, noisy or violent the last week or so. Occasionally is dirty. Talks very incoherently. Burned the inside of her left leg on the heater. Has not menstruated

May 4 Moved to A 2. May 11 Has become quiet neat and clean

Personal and Medical History of

1893 Very anxious to go home. Talks of her little boy. Talks sensibly. Is very nice in her behavior. Is gaining in flesh

May 22 Husband came today and took her home. She had improved very much so that she was almost well.

Personal and Medical History of Mary Pritzel

Whole No. 3250

Residence, Stillwater Wash Co.

Date Admission, Jan 30 – 1893

Admitted by Dr Phelps Hour, 7 P.M.

How Sent, Jos Prob – Rudolph Schmucker

Sex, Female

Age, 29

Civil Condition, Married

Children, 4

Age Youngest Child,

Occupation, Housewife

Degree Education,

Profession Religion, R.C.

Habits, Good

Nativity, Germany

Physicians Committing, C. B. Marshall & E. P. Ryan

Correspondents, John Pritzel 729 S Stillwater

No. for Year, 162

Insane Relatives, None

Cause Exciting, Suppressed Menstruation

Cause Predisposing,

Form, Acute Melancholia

Accompanying Bodily Disorder, As above

Suicidal or Not, Not

Date of this Attack, 1892. Jan

Duration, 1 wk.

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 29

Time of Leaving, July 11 93

Time in Hospital, 5 mos 12 days.

Result, Rec'd

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Can not test

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive,

REASONING POWER: Can not determine

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Very still most of the time

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, Depressed

DELUSIONS: Imagines some of

Systematized or Not, her folk are here

Special Subjects, She hears them talk

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Incoherent

Voluble or Reticent, Talks very little

Says she feels sick

Personal and Medical History of Mary Pritzel

1893

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Fair

WOUNDS OR ABNORMALITIES, Small bruise on right arm

TONGUE, Tremors, Slight Coatings, Slight, Moist Prompt Movement,

PUPILS, Equality, Equal Size, Normal

Response Light, Good Accommodation, Good

SIGHT, Seems good

HEARING, Seems good

COORDINATION, Arms, Good

Legs, Good

TREMORS, Hands, None Tongue,

Facial Muscles, None General, None

REFLEXES, Patellar, Right + Left +

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, Sad and anxious

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Seem in good condition

EXAM. URINE,

GYNAECOLOGICAL EXAM., Very profuse thick discharge Endometritis and erosion

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Clean Careless,

BOWELS, Normal, Constipated, Constipated Irregular,

APPETITE, Good, Medium, Poor, Very

SLEEP, Good, Fairly well Poor, Irregular,

PULSE, 106 RESP., Normal TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

1893 This woman was brought here by Frank Gilpin Bro and Mr Tilley lady attendant. Symptoms of insanity were first manifested about a week ago by spraying and wanting to go to church all the time. No depression is upon other. No filthy habits. Has been kept in the house and watched to prevent her running away. Has taken Bromo Potass. thy past few days
Jan 31 Violent in behavior. Talks a little on different subjects. Appetite good. Bowels an am clean in habits. Bowels regular
Feb 1 Very restless, appetite not very good. Gums coated. Bowels constipated. Talks same. Walks around the ward
" 2 Appetite poor. Bowels regular. Talk is full of delusions
" 3 Bowels constipated. Appetite poor. Walks and stands around the ward in a restless way. Talk delusional.
" 4 Appetite very poor. Put up on tonic. Cries and said wants to go home to children. Cries a good deal.
" 6 Bowels regular. Sits many and is more quiet in behavior
" 6 Appetite fair improved. Takes her medicine regularly. Behavior quiet. Talks an different subjects
" 27 Appetite usually good. Behavior quiet. Sleeps well. Is an active. Cries a good deal. Talks but little but mostly about family matters
March 14 Have given her same uterine treatments. Very quiet and sad. Takes no interest in anything. Stands around or sits and looks down in a listless way.
" 23 Dull lethargic indifferent and inactive. Not markedly improved. Appetite not very good. Talks very little. Usually sleeps well. Bowels regular and clean in habits
" 24 Gave uterine treatment. Mar 26. Hot douche given to day
" 27 Gave uterine treatment. Mar 28. Hot vaginal douche
" 28 Uterine treatment given to day. Has a very profuse & foul discharge
" 31 Uterine treatment given April 1st. Hot douche given
April 7 Gave ordinary treatment. Apr 8 Hot vaginal douche.
" 14, 17, 19, 21, 24, 28. Gave local treatment followed next day by hot douche
May 2. Local condition does not seem to improve much. To-day washed out vagina with 1/4 os Bi-chloride sol and packed with Iodoform gauze. Moved her to sick ward.
" 4 Curetted and washed out uterus. Also repaired the cervix. Took Ether and came out of it nicely. Put to bed.
" 5 Very restless during the night. Temp 99.2 Pulse 84. R. 19. Somewhat better today but not hard to keep in bed.

May 6 Passed a good night. Was quiet all night. Temp 98.2 P. 84
" 8 Very quiet during the day. Takes her regular meals
" 7 Rested quite well all night. Temp 99 Pulse 84 R. 18
" 18 Has been very quiet and done very nicely. Appetite is good. Sat up today upon the ward.
" 19 Today had vagina Bi-Chloride douche 1:4000 given. Good union and result of operation is in every way satisfactory. Upon ward
June 30 Appetite good. Very quiet, about the ward at times. Helps in the dining room.
July 11 1893 Visited by her husband who took her home. She had been quite quiet but on conversation mental condition was still impaired. Weak and somewhat incoherent. Appeared well

Personal and Medical History of Tillie Gavin

Whole No. 3251
Residence, Red Wing
Date Admission, Jan 30 - 1893
Admitted by Dr Phelps Hour, 7 P.M.
How Sent, In charge of Prof. A. D. Anderson
Sex, Female
Age, 20
Civil Condition, Married
Children, None
Age Youngest Child,
Occupation, Lives at home
Degree Education,
Profession Religion, Lutheran
Habits, Good as far as known
Nativity, Wis
Physicians Committing, P E Jones and P Dearborn
Correspondents, Fred Seyback (Father) Red Wing Minn

No. for Year, 163
Insane Relatives, None
Cause Exciting, Unfortunate Marriage relation
Cause Predisposing,
Form, Subacute Insanity
Accompanying Bodily Disorder, None
Suicidal or Not, Yes
Date of this Attack,
Duration,
No. of Attack, 1
No. of Admissions,
Age First Attack,
Time of Leaving, Feb 14th 93
Time in Hospital, 14 ds
Result, Recd.

EXAMINATION ON ADMISSION.

Examined Jan 31st 93 Dr L. Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear
Quick or Sluggish, Quick
MEMORY: Very Good
Past Events, Good
Recent Events, "
Special Subjects, "
PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct
REASONING POWER: Good
Ordinary Subjects,
Own Mental State, Good
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Says she can not agree with her Mother. Says she quietly keeps finding fault and picking at her

EMOTIONAL STATE:
Normal, Calm, Normal
Indifferent,
Exalted,
Depressed,
DELUSIONS: None
Systematized or Not, "
Special Subjects, "
Transitory or Not, "
HALLUCINATIONS: None
ILLUSIONS: None
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent, Talks willingly and well

Personal and Medical History of Tillie Gavin

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in WEIGHT, 124 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, None Promptness Movement, Good
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Normal Ton scale of 10
Other Reflexes,
ARTICULATION, Hesitating, Prompt + Good Slurred,
FACIAL EXPRESSION, Normal Pleasant
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Regular and never has any trouble from it
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, 60 Slightly irregular RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") Family not very congenial
Mother or Mat. Relations, No heredity Mother irritable + hot tempered on the
Father or Pat. Relations, " " dark side
Brothers or Sisters,

1893 This woman was brought here by Chief Anderson Son and daughter - Symptoms were manifested over a year ago Eloped and married against her parents wishes - Husband left her soon after and she became Melancholy and tried to suicide by drowning also by taking laudanum at one time Wants to destroy the life to get relief from her trouble - Has been under medical treatment for Menstrual trouble Two years ago - She cannot agree with her mother and thinks her parents are prejudiced against her

Jan 31st Upon examination she seemed bright and intelligent Talked well and coherently on every subject - Says she ran away and married because it was so disagreeable at home Her Mother in the first place was angry with her because she would not go to English or Public school when they told her she would be put down two grades lower Thus she helped her Father in the Post Office - Her oldest brother & sister sided with her Mother and were always hateful toward her -

Answered all questions promptly and well - Cheerful in manner - Says her Father put her here When she told him she wanted to go to Hudson and get work but she knew he would be sorry for it for it would hurt the name of the family and she was not insane -

Very quiet neat ladylike Acts in every way sensible - Nothing out of the way in her behavior during the day - No bruises and bodily condition clean and good - Appetite is

Feb 1 good Bowels regular Talks sensibly on any subject Behavior good. Bowels regular Appetite good Sleeps well

" 2 Appetite good Sleeps well Walks quietly about the ward

" 3 Appetite good Sleeps well Went to sewing room Behavior quiet

" 4 More restless, asking to go from one place to another

" 6 Talks pleasantly Conversant and sensible Behavior Good Works on the ward Not so restless today Bowels regular

" 6 Has been very quiet and pleasant Has written several letters Sleeps quietly - Appetite good Clean and neat in appearance Friendly with the other patients

" 8 Went to the Masquerade and entered into all the fun with considerable zest

" 13 Went to a Progressive Euchre party this evening

1893 Feb 14 Her Father came today and took her home

NOTES ON EXAMINATION OF MISSTILLIE GAVIN,

Examined about Feb.8'93.

Describes herself as not having had any severe sickness, although some poor health. Said she could not agree at home, and that there was some faulse play about her going home.

Describes her meeting the young man whom she married at LaCrosse when she was visiting there for a week, he being in a theater there at the time. She then ran away, or come home to Hudson to marry him.

She describes her Mothers annoying her , as the cause of all of her trouble, says that she has five brothers, a mother and father. That her father had dropped the subject, but her mother keeps worrying her about it. Asked if it was so before she was married, says yes; about going to parties and socials; says she meant to do what was right, her mother did not think she ought to go. Says also that her oldest brother likes to find fault with her; wants to see her letters, &c., seems to be suspicious of her.

Asked c-ncerning suicide, sadd that she jumped the 16th of July from the ferry into the river, had seen her Attorney on Friday, and jumped into the river. Describes herself as only being discouraged, having had a suit against her husband for $1,ooo. and board. Asked if she did not leave her h usband, says no; he left her after a few days to his parents in Detroit, who would not, when she reached there, have anything to do with her. She then started for home, did not have money enough and worked in Chicago for several months, until her father sent for her.

This conversation she denies suicidal attempts, except the one in the river, does not manifest any delusion or hallucination. Seems to have been somewhat forward and impru dent in all of her ways, and is probably very impulsive. Seems to not be anxious concerning anything except in a trivial way, concerning her law-suit, and whether it comes out all right or not. It would seem as if the $1,ooo was more attractive to her than anything else. She evidently has no feeling with regard to any other phase of the subject.

Personal and Medical History of Annie Jensen

Whole No. 3360

Residence, Lyle Mower

Date Admission, Feb 9 1893

Admitted by, Dr Phelps Hour, 9.9. M.

How Sent, J. of Prob L.L. Washburn

Sex, Female

Age, 16

Civil Condition, Single

Children,

Age Youngest Child,

Occupation, Domestic

Degree Education,

Profession Religion, Yes

Habits, Temperate

Nativity, Denmark

Physicians Committing, J. H. McKinnon & E. H. Washburn

Correspondents, M. D. McConnell Lyle Mower J. C. Jensen (Step father) Ruthven Iowa



No. for Year, 172

Insane Relatives, Unknown

Cause Exciting, Unknown

Cause Predisposing, Unknown

Form, ~~Chronic Mania~~ Puerperal Insanity

Accompanying Bodily Disorder, Unk

Suicidal or Not, Yes

Date of this Attack, 1893

Duration, 1/4

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 14

Time of Leaving, Oct. 8. 94

Time in Hospital, 1 Year 8 month

Result, Recovered

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined March 17 Dr L. Phelps

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish,

MEMORY: Can't tell

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY: Will not answer

Alert or Dull, questions

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Has been very much excited

Depressed, Maniacal until recently

DELUSIONS: Has delusions and re-

Systematized or Not, fuses

Special Subjects, to

Transitory or Not, talk

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

Refuses to talk

Personal and Medical History of Annie Jensen

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 1/2 in WEIGHT, 114 lbs (coat + hat) NUTRITION, Good

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, Coatings, Slight Promptness Movement,

PUPILS, Equality, Equal Size, Normal

Response Light, Good Accommodation, Good

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Good

Legs, Good

TREMORS, Hands, None Tongue, None

Facial Muscles, General,

REFLEXES, Patellar,

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION,

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Seem good

EXAM. URINE,

GYNAECOLOGICAL EXAM., Normal condition

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Dirty Clean, Careless,

BOWELS, Normal, Constipated, Constipated Irregular,

APPETITE, Good, Good Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations, Will not answer questions

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Annie Jensen

1893 This patient was brought here by Dep Shf. M. D McDermott and her daughter. At police lunch she had been employed as domestic during the past year. Symptoms manifested almost a year ago by destruction of clothing etc. She was placed at the hotel Dec 17-1892 says she lived in Ia- and ran away from home

Feb 9 In the forenoon was very quiet but became very excited on religious matters in the afternoon delusions and incoherent in her talk thinks her friends are doomed to eternal punishment and she is trying to save them Appetite good Bodily condition clean Bowels constipated Had to hold her but willing to undress for bed and was violent.

" 10 Was excited upon or two all day Struggled in dressing and undressing her. Appetite good- Does not sleep well Very noisy and violent at times when it is necessary to hold her to prevent her from hurting some one

" 11 Very excited this morning Has good deal of trouble in dressing her Took her clothes off twice during the morning and became so excited and violent was obliged to give her hypodermic to quiet her

" 12 Was very noisy, excited and violent Had two patients Had to quiet her by hypodermic which quieted her until twelve

" 13 Was very much excited and violent all the morning 10 cc gave her a hypodermic Was quiet and slept part of the time up to seven o'clock P.M. Appetite good Bowels moved and seem to be all right now

" 14 Was more quiet More noisy toward night Appetite good

" 15 Very much excited all the forenoon Had hypodermic at noon and was quiet until bed time Then very noisy until 10 P.M. When another hypodermic was given

March 31- Appetite usually good- Generally cross and willful- Does not talk much when she does manifest delusions June 30 93. Appetite good Habits careless. At times talks very careless & vulgar. Works a little in dining room. July 29. 93. Appetite good Is somewhat tidier in general appearance Behavior quiet most of the time Complains of headache. Aug 31 93. Appetite good Talks very careless Works in center dining room Menstr about 19th Complains of headache. Sept. 30. 93 Appetite good Clean in habits Behavior quiet most of the time. Has crying spells occasionally. Uses very vulgar language Talks quite rarely. Complains of headache a good deal. Works some on the ward Oct. 5. 93 Rec'd to C 3 W.

Oct 30 93. Works Every day in center dining room. Bothers the other ladies a good deal.

Personal and Medical History of Annie Jensen.

Oct 30. 93. Appetite good Behavior very irritable and annoying. Delights in bothering other ladies. Works in center dining room. Complains of headache. Talks quite sensibly Has a habit of spitting on floor on other ladies Nov. 22. 93 Trans. to B 1.

Nov 30. 93. Appetite better than when she first came a week. Sleeps fairly good. Has crying spells Menstr. about the 26th Dec 93 Appetite good Is noisy a great deal of the time at night. Cries a great deal. Menstr. about the 19th. Jany 3. 94 Appetite good Sleeps well. Dirty in habits Menstr. about the 17th. Febry 13 94 Removed to Annex May 10 94 Appetite good Habits dirty Very obstinate Works in laundry. Goes riding & walking. Gen. health good

July 9 94 Appetite fair. Habits dirty Is noisy. Works in laundry. Goes riding & walking. Gen. health good Aug 27 94 Dress and work in laundry. No other change. Oct 4. 94 Appetite good. Clean and tidy in habits. Has been working in dining room for some time. Talks quite sensibly. Goes riding and walking. General health good. Oct. 8. 94. Went home.

Discharged Nov. 9. 94

Personal and Medical History of Annie Fassen



Whole No. 3261

Residence, Adams Mass

Date Admission, Feb 9- 1895

Admitted by, Dr Rulloss Hour, 9-

How Sent, J. Prob. St. Ho

Sex, Female

Age, 16 yrs

Civil Condition, Single

Children,

Age Youngest Child,

Occupation, Domestic

Degree Education,

Profession Religion, Yes

Habits, Temperate

Nativity, Norway

Physicians Committing, N. G. McKennot E. H. Vankleeck

Correspondents, John J. Fassen
Adams Mass

No. for Year, 173

Insane Relatives, None

Cause Exciting, Unknown

Cause Predisposing, Unknown

Form, Imbecility

Accompanying Bodily Disorder, Eruption over body

Suicidal or Not, Not

Date of this Attack,

Duration, From birth

No. of Attack,

No. of Admissions, 1

Age First Attack,

Time of Leaving, Sept 4. 94

Time in Hospital, 6 mos. 26 days

Result, Impr

EXAMINATION ON ADMISSION.

Examined Feb 13-95

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Somewhat confused

Quick or Sluggish, Rather sluggish, dull

MEMORY:

Past Events, Fairly good

Recent Events, " "

Special Subjects, " "

PERCEPTIVITY:

Alert or Dull, Rather dull

Correct or Illusive, Partly correct

REASONING POWER:

Ordinary Subjects,

Own Mental State, Fairly good

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm, Calm

Indifferent,

Exalted,

Depressed,

DELUSIONS: None determined

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Talks willingly and

Voluble or Reticent, quite coherently in

Swedish seems to realize that she

is sick and that she came

here to get well.

Says has always been sick

Personal and Medical History of Annie Fassen

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3/4 in WEIGHT, 146 lbs NUTRITION, Good

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, None Coatings, Promptness Movement, Normal

PUPILS, Equality, Equal Size, Normal

Response Light, Sluggish Accommodation, Sluggish

SIGHT, Some good

HEARING, Good

COORDINATION, Arms, Good

Legs, Good

TREMORS, Hands, None Tongue, None

Facial Muscles, None General,

REFLEXES, Patellar, + Equal-

Other Reflexes,

ARTICULATION, Hesitating, Rather Slurred,

FACIAL EXPRESSION, Dull and dreamy

SENSIBILITY,

HEART, Very quick but normal Sounds

LUNGS, Seem in good condition

EXAM. URINE,

GYNAECOLOGICAL EXAM., Small erosion of os. with endometritis

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Clean Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Good Medium, Poor,

SLEEP, Good, Poor, Poorly Irregular,

PULSE, 125 RESP., 22 TEMP., 101-2-

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Says last 9 —. ONSET GRADUAL OR SUDDEN,

Has always been sickly Never felt well

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations, Father always sickly

Brothers or Sisters, Small

1893 This woman was brought here by W. D. McCammell Dep. Sh. Mental condition impaired from birth. Has had a contagious bodily eruption. History unknown

Feb 7 Has inclined to walk about the ward. Cries a good deal. Talks of her friends, history of her life and sickness. Appetite good. Has sores all over her body. Keeps scratching them and causing them to bleed. Bowels constipated.

" 10 Appetite good. Bowels constipated. Restless in behaviour.

" 11 Appetite good. Bowels constipated. Passes small quantity of urine. Put upon diuretic treatment. Very restless. Rises

" 13 Appetite good. Complains of the eruption on her body. Ordered sol. to apply. Does not sleep well.

" 13 Appetite good, still restless day and night. No work.

" 14 Appetite has not been as good. Gums spongy. Sent to bed. Temp. 101 – P 125 – R 22. Complains of pain all over.

" 15 In bed. Menstruating. Complains of pain. Face flushed.

" 16 Still in bed and complains of pain. Appetite good.

" 24 Up on the ward for the first time. Appetite good. Talks quite well in Swedish though seems puzzled. Does no work. Sleeps usually well. Wanders about the ward. Bowels regular. Menstruated from 16 to 19th inst.

March 30 Appetite good. Habits clean. Behavior quiet. Talks when addressed. Complains of pain in the stomach.

April 30 Remains quiet in behavior. Does not seem well.

May 10 Stupid in manner. Does not seem to fully realize things. Careless about her person unless watched. Never has any spells of excitement. Eats very well. Has an eruption on her body. Has improved some under treatment. Does some work on the hall. Appetite very good.

May 31 Seems somewhat brighter. Has not complained so much of pain in her stomach.

June 15 Works every day on the hall. Always good natured. Quiet and rather disposed in her manner. Has not complained of late. June 30. 93. Appetite very good. Careless in personal appearance. Behavior quiet. Complains quite often of pain in abdomen. Is a dull patient, a half imbecile dullness seems to be her steady mental state. July 29. 93. No change. Aug 31. 93. Appetite very good. Behavior quiet. Works a little on ward. Talks quite sensibly, has crying spells occasionally. Wants to go home. Sept. 29. 93. Appetite very good. Habits clean. Behavior quiet. Has crying spells occasionally and wants to go home. Talks quite sensibly. Complains of headache. Menstruated about 5th.

Oct 30. 93. Appetite good. Menstruated about 10th. Otherwise about the same. Transf to Annex Nov 4th 93. – Febry 94 Works on sleeping flat. Goes to the laundry sometimes in the afternoon. Is growing very fleshy. Is quiet, speaks quite often of going home. Clean in habits. Rather untidy in her personal appearance. Appetite good. Likes riding and walking. Gen. health good. May 12. 94 Appetite very good. Clean in habits. Untidy in her personal appearance. Is quiet. Works on sleeping flat and in the laundry. Is growing very fleshy. Seems anxious to go home. Likes riding and walking. Gen. health good. May 16 94 Transf to C 2. May 28 94. Appetite good. Sleeps well. Behavior quiet. Works in the laundry. June 7. Transf to Annex. June 30. 94. Appetite good. Cleanly in habits. Untidy in personal appearance. Is quiet. Works in laundry. Likes riding. Walking. Gen. health good.

July 3. ~~Appetite good. Clean in habits. Is quiet. Wants to be on the floor all the time. Is dissatisfied. Looks pale. Does not seem to feel well, but does not complain of being sick. Will go walking occasionally. July 8 94 Visited by a friend. July 28 94 Transf to C 2. Aug 94 To~~ Sept. 4. 94 Went home to day with a neighbor. Was quiet and inoffensive. Rather demented and feeble minded. Able to work quite well. Talk was childish –

Disch: Nov. 9. 94.

Personal and Medical History of Ann Peters

Whole No. 3257
Residence, St Paul
Date Admission, Feb 8-1893
Admitted by, L. Phelps Hour, 2 P M.
How Sent, Jail Prob. J. B. Olivier
Sex, Female
Age, 61
Civil Condition, Married
Children, None
Age Youngest Child,
Occupation, Housemaid
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, England
Physicians Committing, F. Baker W. Davis Talbot Jones
Correspondents, Thomas Peters Husb. 96 E. 6th St. St Paul Minn.
1215 West 7th St St Paul Minn

No. for Year, 169
Insane Relatives, None known
Cause Exciting, May be financial trouble
Cause Predisposing,
Form, Acute Mania
Accompanying Bodily Disorder, No
Suicidal or Not, Not
Date of this Attack, Feb 2-1893
Duration, About 1 wk
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 61
Time of Leaving, Aug. 27" '93
Time in Hospital, 6 mo 19 ds.
Result, Died

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Came here in re-
Quick or Sluggish, straint. Very mild
MEMORY: and Manacal-
Past Events, Unable to make
Recent Events, any examination
Special Subjects, of admission

PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,

REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,

DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Ann Peters

1893

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 1/2 in WEIGHT, 108 1/2 lbs NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1893 This woman was brought here by Dep Shff Conteau and Miss Acker, Matron of jail. The attack began about Feb 6-1893 Manifested by great excitement and violent behavior Has shown a dispostion to injure others. Was in sudden passion - Destructive and filthy in habits - Was brought down in a restraint jacket. Has very violent turning off clothing etc

Feb 8 Was quiet part of the P.M. the remainder she was very noisy talked a great deal. Used same profane language. Has not eaten anything since she came. Cough a little. Bodily condition as seen at batte good. No bruises. Bowels are regular

" 9 Was noisy all forenoon. Violent at times. Quiet in the afternoon. Drinks milk but eats no solid food. Cough same. Bowels irregular. Language the same

" 10 Very noisy and violent all day. Talks constantly - Profane language - Does not eat well. Bowels irregular

" 11 Noisy part of the day. Quiet at times. Eats some and drinks milk. Cough same -

" 12 Has been quiet all day. Ate a little this morning

" 13 Has been quite noisy and violent at times. Has not eaten anything. Bowels constipated

March 14 General health has been good. She is more quiet yet requires almost constant watching - mental. Talk is incoherent. She seems dull in manner

" 31 Appetite poor. Occasionally dirty in habits. Has been mischievous and destructive. Noisy and incoherent. Complains of her stomach. On 24th was scratched on the nose by another patient and on 29th was cut above the eye

April 30 Appetite poor. At times dirty. Requires constant watching as she is very mischievous and destructive

May 27 General health very good. Continues very troublesome

June Has been on E ward since admission. Requires constant watching and holding to keep from striking and destroying. Very incoherent in talk. General health is good

Aug 21 93. Was brought to bed room, on C2. After having passed a very restless night, seemed to improve on Aug 23. but slept about only during the following night. Became gradually quieter & weaker, but rallied again and died Aug 27 93. (For details see Nurse's record.)

Personal and Medical History of Betsy Carlson

Whole No. 3266
Residence, Ramsey Co.
Date Admission, Feb 10 - 1893
Admitted by, Dr Phelps Hour, 4:30 P.M.
How Sent, In charge J. B. Chase
Sex, Female
Age, 57
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Domestic
Degree Education,
Profession Religion, ~~Lutheran~~ Unknown
Habits, Good
Nativity, Sweden
Physicians Committing, P. J. Hanley and Orin Martel
Correspondents,

No. for Year, 178
Insane Relatives, Unknown
Cause Exciting, Unknown
Cause Predisposing, Unknown
Form, Dementia
Accompanying Bodily Disorder, Paraplegia
Suicidal or Not, Not
Date of this Attack, Unknown
Duration, Unknown
No. of Attack, Unknown
No. of Admissions, 1
Age First Attack, Unk -
Time of Leaving, April 29 - 1902 -
Time in Hospital, 9 yrs 2 mos 19 ds
Result, Died: Pulmonary Tuberculosis

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Can not test - Refuses
Recent Events, to answer questions
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects, Poor
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Very feeble minded & one not realize much of anything

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent, Indifferent
Exalted,
Depressed,
DELUSIONS: Talks in a delusive
Systematized or Not, way to herself -
Special Subjects, Seems to have many
Transitory or Not, delusions
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Will not talk only
Coherent or Incoherent, to self - Incoherent
Voluble or Reticent, Reticent

Personal and Medical History of Betsy Carlson

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Poor
WOUNDS OR ABNORMALITIES, Paraplegia Right foot deformed
TONGUE, Tremors, Will not show Coatings, Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Accommodation,
SIGHT, Seems good
HEARING, Seems good
COORDINATION, Arms, Resists so can not test
Legs, Can not stand or walk
TREMORS, Hands, Can not test Tongue,
Facial Muscles, None noted General, None
REFLEXES, Patellar, Absent
Other Reflexes,
ARTICULATION, Hesitating, Imperfect Slurred,
FACIAL EXPRESSION, Dull
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Lungs in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Seems in normal condition aside from
MENSTRUATION, slight anteflexion -
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Medium, Poor, Poor
SLEEP, Good, Slept well Poor, Irregular,
PULSE, 88 RESP., 20 TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Unknown ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Betsy Carlson

1893 This patient was brought here by Dep. Sheriff Mack & Miss Ackerson Has been confined in the Randolph Co Poor House for the last seven years Has been under Medical care during the last two years She is very stupid quiet man Seems to be paralyzed in both legs so that she can not walk

Feb 11 Very good in behavior Talks some when addressed Appetite poor Bodily condition clean Bowels constipated

" 12 Appetite poor Sleeps quite well Bowels constipated

" 13 Sits quietly on the ward in the Wheeled chair Can not walk Does not seem to notice much Dull

" 14 Very quiet Talks some to self - Incoherent -

" 15 Appetite continues poor Bowels constipated

" 16 Talks same when addressed but otherwise sits very quietly

" 28 Appetite poor Sleeps quite well Habits neat - must be attended to Very noisy at times Bowels constipated

March 6, 1894 Was sick in bed - Nothing of importance Was up on the ward the remainder of the month

April 30 Quite noisy at times Sits and scolds to herself Appetite good Sleeps well Tries to care for herself Bowels are constipated

May 20 Appetite good Talks to herself a good deal - At times becomes quite excited and scolds as if talking to someone

June 13 Menstruated about the 6th General health seems fair Can not walk but sits in the wheel chair and helps herself from one place to another Talks in a delusional way - Acts as if she imagined there were people all around her to whom she was talking -

June 30. Appetite good. Always dirty in habits. Quite helpless + has to be lifted from her chair when she gets out, she can not use her limbs Talks + sings quite a good deal Does not talk any English. July 31. 93. Habits dirty Eats well Sings + talks to herself a great deal - Has to be lifted in + out of her chair, as Aug. 12 93 Same.

Sept. 4. 93 Same in habits Sits all the time in her chair Eats well.

" 14. Sings + talks at times. Sits in wheel chair. Oct 2 93 Destroyed a sofa pillow.

Nov 20 Scolds at times. Appetite good Neat in habits. Dec 1. 93 Sits in wheel chair Takes her meals in the dining room. Has good appetite Dec 23 93 Transf to Co

Jan 31. 94 Appetite fair Behavior noisy at times Sits in wheel chair. Sleeps well.

Feb 28. 94 Appetite poor. Habits clean Sings a good deal. Sits in wheel chair. Mch 31. 94 Appetite fair Behavior quiet Habits clean. Sits in wheel chair Apr 30 94. Appetite fair Behavior noisy at times Clean in habits Bowels regular. May 31. 94. Appetite good. Noisy at times. June 1. 94 Appetite good. Behavior noisy. July 1 94 Appetite poor. Behavior noisy at times, Clean in habits. Sits in wheel chair. Has delusions. Sings a good deal. Aug 1 94 Behavior very noisy at times. Appetite fairly good. Sleeps well. Habits dirty at times. Does not go out. Bowels regular. Gen. health good. Has delusions.

Personal and Medical History of Betsy Carlson.

Aug 27 94 Transf to Infirmary

Sept 1 94 Noisy at times. Untidy in habits. Appetite good. Sept 24 94 Transf to Co.

Oct 3. 94. Appetite good. Sleeps well Noisy at times. Untidy in habits Bowels usually constipated Nov 3. 94

Nov 3. 94. Appetite fairly good. Sleeps well Very noisy in behavior Untidy in habits. Bowels constipated

Feb 5 1895. Appetite quite good Sleeps well Bowels regular. Untidy in appearance Very noisy at times Mch 4 95 Appetite very poor. Bowels reg: Sleeps well Very noisy. Bowels constipated. Mch 19 95. Transf to Bd Mch 25 95 Appetite poor. Very noisy at times Apr 6. 95 Appetite good. Very noisy. Bowels reg; Sleeps well. Apr 20 95 Appetite fairly good Bowels reg. Noisy at times. May 11. 95 Eats and sleeps well. No change otherwise May 20 95 Extremely noisy at times.

May 30 95. Appetite fairly good Bowels reg:

June 15 Appetite fair. Bowels regular. Very noisy at times. Goes riding + walking. July 20 No change.

Aug 5 Put on tonics but refused to take it. Aug 28 no change. Dec. 12 Appetite fairly good: Bowels regular: Noisy at times. March 10 Appetite poor. Noisy at times: Dirty in habits Bowels regular - Takes out door exercise

1896 June Summary Nurses Notes by Dr. B. L. Phelps: - Appetite fair: bowels regular very demented: Oct. '96 no change: Jan '97 At times very noisy: talks to self a great deal: wheels herself around in chair: Apr. '97 no change:

1897 June Eats + sleeps well: very demented. (Cont'd by Dr. F. M. Phelps) Sept. 20 '97 General health fairly good: takes considerable care of herself in spite of paralysis Wheels herself about in chair: Jan. 5 '98 weight 93 lbs. Jan. 7 '99 Intervening notes show no change of any kind (Cont. by Dr. P. A Webb.) Mar 8 Sept '99

1899 Mar 13 Appetite fair: bowels regular very untidy in habits: extremely noisy Struck on side of head by J. Meanwald, causing slight wound

Sept - 78 78 1900 (Dr Heyerdale) Sept 18. Noisy at times: Appetite fair. Sleeps well: Bowels regular: Habits untidy. 78 78 no change Mch 1 - Aug 31 No change in behavior: Health good. July 23. Vaccinated. Sept - Nov 30 Appetite good. Sleeps well: Bowels regular: At times noisy Nov. 16 Wt. 97 1/2 lbs. Dec 1 - 78 78 Does not speak English. Noisy + profane at times. understands when spoken to: Is confined to wheeled chairs

May 1 - June 1 - 1901 no change. April 14 feet and limbs much swollen; put to bed and remained there for a week. became much better.

June to Sept. Taken no exercise, does no work because she is crippled, Wt not taken.

Sept to Dec. No change in mental or physical condition. Dec. to June 1902

Apr. 16 Patient was in bed coughing and expectorating considerably; Tem. 101.2; Tem. continued also expectorations: Apr. 24 trans. to Inf: tubercular bacilli found in sputum, patient isolated: failed rapidly and died April 29 at. 12:15 A. M.

Dead

Personal and Medical History of Bridget Cannay



Whole No. 3267
Residence, St Paul
Date Admission, Feb 10 - 1895
Admitted by, Dr Plylpe Hour,
How Sent, [illegible] of Prob J.[illegible]
Sex, Female
Age, 40
Civil Condition, Married
Children,
Age Youngest Child,
Occupation, Housework
Degree Education,
Profession Religion, R-C
Habits, Bad
Nativity, Ireland
Physicians Committing, A B Ancker and Ovid Martel
Correspondents,

No. for Year, 179
Insane Relatives, Unknown
Cause Exciting, Probably neglect and bad habits
Cause Predisposing, Unknown
Form, - Chronic Mania
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack,
Duration, Several years
No. of Attack,
No. of Admissions,
Date First Attack, Unknown
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Weak minded
Clear or Confused, Somewhat confused
Quick or Sluggish,

MEMORY:
Past Events, Fairly good
Recent Events,
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Partly correct

REASONING POWER:
Ordinary Subjects, Fair
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Usually but excitable
Indifferent,
Exalted, Somewhat-
Depressed,

DELUSIONS:
Systematized or Not, None determined
Special Subjects,
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION: Talks very much
Coherent or Incoherent, Mostly coherent.
Voluble or Reticent,

Says feels well unless she gets excited then she has headache

Personal and Medical History of Bridget Cannay

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 1/4 in WEIGHT, 150 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None but Coatings, tongue denuded Promptness Movement, to and left side
PUPILS, Equality, Slight inequality Size, abt normal
Response Light, Normal Accommodation, Normal
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Normal
Legs, Normal
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Equal 5 —
Other Reflexes,
ARTICULATION, Hesitating, Normal Slurred,
FACIAL EXPRESSION, Pleasant
SENSIBILITY,
HEART, Sounds are good
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Retroversion of uterus adherent behind cervix
MENSTRUATION, Irregular
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, Clean	Careless,
BOWELS, Normal, Normal	Constipated,	Irregular,
APPETITE, Good, Good	Medium,	Poor,
SLEEP, Good, Well	Poor,	Irregular,
PULSE, 85	RESP., 17 —	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1893 This woman was brought here by Mrs Aiken and Dep Sh. Irish. She has been regarded as insane for several years. Has been in the Mass Insane Hospital etc.
She and her husband were found half frozen and almost starved in a filthy shanty several weeks ago. He was sent to the Poor Farm and she to the Hospital. She is considered harmless but utterly incapable of caring for herself.
Feb 11 Walked up and down the hall, talking in an excited manner. Appetite good. Dirty and lazy. Bowels regular. Says her ribs have been broken but that does not pain much now.
" 12 Talks considerably but not as much as yesterday. Nervous and primary in her actions.
" 13 Repeats the same thing over and over in rapid succession. Eats well.
" 14 Has been more quiet but worries about her husband and a feather bed she had.
" 15 Has been quiet. Will not look at one while talking but folds her apron and hand kerchief over and over.
" 16 Has talked very little today. Sits in the bay. quietly. Eats well.
" 17 Still quiet and rather neat in appearance.
March 3 Appetite good. Went to the mending room. At times acts quite peculiar. Sleeps well.
April 7 Helps in the mending room. Talks in a silly way. Appetite good. General health good.
May 9 Very careless in her appearance. Quite anxious to go home. Gets quite excited when she talks. Often complains of headache. Appetite good. Looks strong and well.
May 13 Moved to Annex.
June 12 Very anxious to go home. Gets very much excited and cries when she talks about going. Health has been good.
June 93 Appetite good. Sleeps well, untidy in habits. behavior noisy has shown some violence. Talks very silly. Does no work. Rec'd upon D ward June 20th. Is restless in her
July 11 93. Visited by husband. Very noisy of late, has shown more violence. July 24 93 Has fought, very noisy. July 27 93. Has grown more quiet. Aug 12 93. Is very noisy & talks very silly. Eats poorly, has delusions. Aug 28 93. Has grown more quiet.
Sept 1 93. Appetite good. Untidy in habits. Sleeps well. Behavior quiet, talks quite rational. Does no work. Bowels regular. Sept 7 93 Been very untidy in habits of late. General health good. Sept 11 93. Fought with Jennie Peterson, but neither received any marks.

Oct 16 93 Has delusions, been quite noisy this afternoon.
" 30 Has many delusions but is more quiet of late. Is excitable. Appetite very good. Does no work. Nov 5 93 Talk very silly. Went to chapel, was very excited when she returned. Nov 14 93 Talking silly & incoherently. Nov 21 93 Has delusions, general health good. Nov 28 93 Been very irritable all day.
Dec 93. Appetite good. Sleeps well. Untidy in habits. Menstr. absent. Has delusions.
Dec 11. Went to work in laundry today. Dec 20 93. Complains of being sick. Talks very silly and incoherently at times. Dec 30 93. Noisy and irritable one hour this morning. Jany 10 94 Has delusions. Very quiet in behavior most of the time. Jany 31 94 Keeps asking to go to bed. Careless in habits. Febry 16 94 Has delusions. Very irritable all day. Febry 22 94 Been working in laundry 2 days. Febry 26 94 Transf. to Annex. April 10 94 Is very quarrelsome with the patients. Is picking at some one most of the time. Appetite good. Habits clean. Quite noisy. Gen health good.
May 11 94 Is more quiet. No other change. June 2 94 Has been standing in almost the same place for several days. Does not want to go to meals or to bed. June 23 94 Appetite good. Clean in habits. Is quiet most of the time. Has delusions. Been riding and walking. General health good. Oct 6 94 Appetite good. Is quiet in behavior. Clean in habits, but untidy in personal appearance. Has delusions. Talks incoherently. Does riding and walking. Gen health good.
Jany 31 95. Appetite good. Clean in habits but untidy in personal appearance & the same in every respect as last note.
March 5 95. Still in bed. Complains of headache and has a cold. T. 101 P 100. March 6 95 Is feeling a little better today. March 8 95 Has a cord
March 20. Appetite fair. Clean in habits but untidy in personal appearance. Is rather noisy at times. Talks incoherently and has delusions. Gen health good fair. Does riding & walking.
June 30 Appetite good. Clean in habits. Rather noisy. Gen. health good. Aug 2 No change.
Sept 5 Visited by a friend. Sept. Oct. & Nov. Appetite good. Clean in habits but untidy in appearance.
1896 Talks incoherently & has delusions. Gen health good. Does riding & walking.
Jan 28 Appetite good. Clean in habits & untidy in appearance. Noisy. Talks a good deal & incoherently. Has delusions. General health good. Mar. 7 3 Appetite good. Clean in habits. Untidy in personal appearance. Noisy & restless. Talks incoherently. Has delusions. General health good. Takes out door exercise. May 19. Is working in laundry.

July Summary Nurse's Notes by Dr. B. L. Phelps: Appetite good: Habits clean: talks incoherently: Gen health good: Oct '96 no change: Feb. '97 Growing slowly more demented: somewhat more talkative and restless: physically about the same: April '97 no change. Lungs & Heart examined:- Gen nutrition good: Chest well developed: chest expansion fair: Resp. 14: Some flatness on percussion over anterior surface of right end: Otherwise normal: Heart bounds weak: 2nd sound blurred & indistinct: Pulse 72. Very weak. (Cont'd by Dr. R. W. Phelps) Oct. 15 '97 General health good: rather untidy in habits: incoherent in talk: Feb. 9 '98 Weight 124 lbs. Dec. 23 '98 Intervening notes show no change: always inclined to be somewhat noisy & incoherent but usually making little trouble. (Cont. by Dr. R. A. Babb).
1899 Sept. Appetite good: general health good: sleeps well: takes out door exercise: untidy in habits & appearance: incoherent & has many delusions.
March 4

(see p. 288)

Personal and Medical History of Josephine Houle

Whole No. 3268
Residence, St Paul Ramsey
Date Admission, Feb 13 1893
Admitted by, Dr Phelps Hour, 7 P M.
How Sent, Col Prob J. B. Alwin
Sex, Female
Age, 43
Civil Condition, Widow
Children, 6
Age Youngest Child,
Occupation, Housework
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Canada
Physicians Committing, Dr B. Cogswell J. M. A. Evans
Correspondents, Narcisse Maillaux (Father) Centreville Anoka Co Minn

No. for Year, 180
Insane Relatives, None
Cause Exciting, Epilepsy
Cause Predisposing, Unknown
Form, Epileptic Dementia
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, Unk
Duration, Unk
No. of Attack, Unk
No. of Admissions, 1
Age First Attack, Unk
Time of Leaving, Sept 20. 93
Time in Hospital, 7 mos 7 days.
Result, Impr.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Dull
Clear or Confused, Confused
Quick or Sluggish, Very sluggish
MEMORY:
Past Events, Not good
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects, Not good
Own Mental State, Not good
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent, Rather
Exalted,
Depressed,
DELUSIONS: None determined
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Partly incoherent
Voluble or Reticent, Reticent - Slow to comprehend - very ignorant Can not express herself very well in English

Personal and Medical History of Josephine Houle

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1 1/2 in WEIGHT, 136 1/2 NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Pale and dry Promptness Movement, veers to left
PUPILS, Equality, Equal Size, Normal
Response Light, Well Accommodation, Well
SIGHT, Good
HEARING, Somewhat impaired in right ear
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General,
REFLEXES, Patellar, Equal
Other Reflexes,
ARTICULATION, Hesitating, Slow & Hesitating Slurred,
FACIAL EXPRESSION, Indifferent
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Found pregnant - about 6 mos
MENSTRUATION, Yes
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean, Clean		Careless,
BOWELS, Normal,	Constipated, Constipated		Irregular,
APPETITE, Good,	Medium, Irregular		Poor,
SLEEP, Good,	Poor,		Irregular,
PULSE,	RESP.,		TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Has had fits ever since She was married - Man after the last yr ONSET GRADUAL OR SUDDEN, about 12 or 14 yrs
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Grandmother had fits
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Josephine Hauk

1893 This woman was brought here by Dep Sh Kinney and Miss Aikens. Has had Epileptic fits for some time. Last duration not given. Has become Melancholy. Has no distinctive or Epileptic habits. Has been under treatment for Epilepsy. Age unknown. Age very poor.

Feb 13 Very quiet and demented. Talked very little. Appetite good. Bodily condition as seen at this date good. No complaints. Complains of pain in her left shoulder.

" 14 Very quiet. Appetite good. Talked some. Bowels regular.

" 15 Did some work on the hall. Very quiet. Night clean.

" 16 Still works. Pleasant but rather indifferent in manner.

" 17 Complains of feeling bad. Constipated. Gave cathartic.

" 18 Complains of being sick at the stomach.

" 19 Very quiet but complains some. Not feeling well.

Feb 28 Appetite poor. No mark. Bowels regular. Sleeping quite well. Eating occasional crying spells. Keeps still. Complains of headache and pain in stomach.

April 15 Taken in pain 11 P.M. during the night. Baby born at 4.30

" 16 Labor normal and easy. Child doing well. During the day patient had severe fits and became quite wild. Needed constant watching & keeping in bed.

" 17 During the night required constant attention. Put baby to nurse. The bottle Mother had very little milk.

" 27 Up on ward today and ate in the dining room. Has done nicely well.

May 19 Nurse on E3. Has been very quiet. Helps with the mending. Talk is incoherent. Her baby was taken away by friends and she says it is dead. Talks a great deal about going home. May 31 Appetite good. Behavior quiet. Menstruated from 2nd to 6th of the month.

June 10 Very quiet and well behaved. Neat and clean in her habits and personal appearance. In health has been good.

July 31 93. Appetite good. Clean in habits. Behavior quiet. Talks coherently, 2 fits during month. Works on hall every day. Rides & walks. Gen health good.

Aug 30 93. Appetite good. Behavior quiet, talks sensibly, wants to go home. Works on ward. Sept 30. Appetite good. Behavior quiet. Talk quite sensible & very much get along with. Had 3 fits during month. Went home during the 16th. Has been quite deluded during whole of stay. No special change at the last.

NURSES NOTES IN THE CASE OF Mrs. Hauk.

MO.	DATE.	PULS.	TEMP.	RESP.	NOTES BY NURSE	NOTES BY PHYSICIAN.
April	11				Pain & Ex. D.C. 2	At 2.30 A.M.
	12				Gave 1 oz Bicarb Water Enema. Baby Born.	Mother doing nicely.
	6	11		17	gave 1 oz Coffee	two.
	11	"			" "	" & a little toast.
	3	76			" "	" "
	5.00 PM				Head & Ex is	Turned from side to side
	P.M.				Has been very restless	Took two to sleep
	9.				has slept well.	since 4 PM
					Put in restraints	Put on Bed down stairs
					& Still tossing	from side to side. Drank
					a cup of tea.	
Night	11				Was very restless tore the straps off. Worked	
					did not sleep at	all night - is feeling
					very little.	
	12					
	4	Am	71	19	is some Quieter this morning	unmarried.
	7.	76			Is sleeping very	little.
					ask for breakfast	½ slice of toast &
					a cup of tea	
	8	*			took off the restraints - is getting along	
					nicely.	
		PM			Ask for Dinner	Drank ½ pint of tea
					and ate about	½ breakfast.
	4	70		19	Drank a cup	of tea for Drink of cocoa
	6				& some slops	of bread.
	8				Has rested very	good this P.M. is not sleeping
					except for	
Night	11					
	12					
	4					
	7	Am	66	19	Ate some bread	bits and a little bread.
	12				Drank a cup	of tea
					Gave an Enema	Bowels moved freely
					Is sleeping	is very easy. about 8 this morning
					since 4 this	
					morning. Quietly	
		12 PM			At Dinner	
					At supper is	Very Quiet and good
	11	7	Am 63	19	Complains of	pain in left side of
					head &	Skin is rubbed off and ap-
					very much.	
					Take an Enema	Bowels moved freely
					At Dinner	
					At supper is	
	1	20	7		Ask for Breakfast	one slice toast, boiled Egg
					Drink a portion of	one slice of bread &
					cup of tea	glass of milk

Personal and Medical History of Josephine Howe

1893

Feb 13

" 14
" 15
" 16
" 17
" 18
" 19
Feb 28

April

" 11

May

June

July

Aug

guite deluded during whole of stay No special charge at the last,

MEDICAL NOTS IN THE CASE OF J. Howe.

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
April	10	12m				Ate Dinner	Wish 1/2 pudding Slice of
						Bread. Drank	Cake 1/2 cup tea And glass of
		1.30m				Milk	Milk
						Gave Cas Enema	Bowels moved freely
		6				Ate supper	
"	11	7am	67		19	Ate Four oz Mk.	Head is getting larger
						toasts one Egg	sides are all symtoms
						Complains of	pain in head & neck
						Ate as good	Breakfast
		12				Ate Dinner	Urinated
		2 Pm				Gave ass Enema	Enema. Bowels moved
						pudding Ate	Took 1/2 Downstairs pudding
		6				Ate Supper	
"	12	7am	67		19	Head as Cooking	no better still Complains
						& Pains neck	but Complains as much to
						Lays Ate	Breakfast unurinated
		12				Ate Dinner	
		2 Pm				Gave ass Enema	Bowels moved
		6				Ate supper	unurinated.
=	13	7 am	67		19	Ate Breakfast	Sat up in bed 1/2 hour
		12				Dinner	
		2 Pm				Gave Enema	Bowels moved freely
		6				Ate supper	
"	14	7 am				Sat up in Bed	Combed her hair and
						washed	also ate Breakfast
		12	68		19	Ate Dinner	
		2 Pm				Gave Enema	Bowels moved freely
		6				Ate supper	Sat up in Bed 1/2 hour this (P m)
=	15	7 am				Ate Breakfast	
		12	67		19	" Dinner	
		3 Pm				Bowels moved	without Enema.
=	16	7	69		19	Ate Breakfast	Appetite good. Looks fair
		12				Ate Dinner	
		2.30 Pm				Got up and Dressed	was Quite ill
						Vomiting	when first got up ate Supper
						in the Dining room	
						Bowels have	not moved today
		7.30				Had a fit	just after going to bed
						lasted 1/2 an	hour
"	17	7 am				Had a fit	at noon lasted 1/2 an hour
		12	68	98	19		
		12				Ate Dinner in	Dressing room
						" Supper	" "

Personal and Medical History of Josephine Hawle

1893

Feb 1

" 14

" 15

" 16

" 17

" 18

" 19

Feb 2

Aug 1

"

" 17

" 27

May

June

July

Aug

guite deluded during whole of stay No special charge at the last,

Personal and Medical History of Bridget Conway

From p. 284

Quite restless & noisy at times: attends entertainments: Dec. 18 107 118½ lbs. Sept 1- Feb 28 1900 Nov 23 untidy & careless: expresses delusions freely: talks to herself most of time. Very troublesome: Eats & sleeps well: General health fair: Takes out door exercise Jan 1st. 117th Feb 1st. Obstinate at times. Mch 1- Nov 30. General health fair untidy: expresses delusions: Does not change from month to month. Nov 30- Feb 28 1901. Takes outdoor exercise: Very dirty in habits: Usually quiet but at times incoherent & destructive, Mch 3- 100th. Mar 1- Nov. 30-1900. Untidy, careless, restless and troublesome and at times obstinate. Talk incoherent. Has delusions. General health good: appetite fair: bowels inclined to be constipated, takes carthartics; sleeps well: takes out door exercise. July 23 vaccinated. Dec 1- Feb 28-1901 Physical health good; eats and sleeps well. bowels regular; takes out door exercise. Untidy in appearance and dirty in habits. Usually quiet. Nov. 16 received slight cut on side of head inflicted by Ida Bourquin. Mar 1- June 1-1901 Mentally confused. condition unchanged. May 30 patient slipped on the floor and sprained her wrist. Has been receiving massage with liniment applications, arm and wrist kept bandaged. Expectorates a great deal. May 30 Wt. 102# June to Sept. Takes exercise, does no work, attends no amusements occasionally. Sept. 3 Wt. 109#. Sept. to Dec. Has gained some in flesh during Oct. and Nov. mental condition unchanged. Nov. 30 Wt. 123#. to Feb 1, 1903. General health good. sleeps well takes exercise: does no work: attends chapel and amusements: rather untidy and careless in habits and appearance: is quiet: talks at times incoherently: sometimes answers questions intelligently: Dec 1st. 107 133#. Jan 28 th transferred to Infirmary on account of abscess of right breast. This was bandaged and dressed twice daily.

Personal and Medical History of Mary Ploska (Plevka)



Whole No. 3270
Residence, Oakland
Date Admission, Feb 13 - 1893
Admitted by, Dr. Kuhlmann Hour, 7
How Sent, In Charge Attendant
Sex, Female
Age, 28
Civil Condition, Married
Children, 4
Age Youngest Child,
Occupation, Housekeeper
Degree Education,
Profession Religion, R. C.
Habits, Good
Nativity, Bohemia
Physicians Committing, Dr. L. M. Todd & A. C. Wedge
Correspondents, John Ploska (Husband) Glenville Trubow

No. for Year, 182
Insane Relatives, None
Cause Exciting, Puerperal
Cause Predisposing,
Form, Chronic Mania
Accompanying Bodily Disorder, None Known
Suicidal or Not, Not
Date of this Attack, 1892 - 1 yr ago
Duration, about a year
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 27
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
- Clear or Confused,
- Quick or Sluggish,

MEMORY:
- Past Events,
- Recent Events,
- Special Subjects,

PERCEPTIVITY:
- Alert or Dull,
- Correct or Illusive,

REASONING POWER:
- Ordinary Subjects,
- Own Mental State,
- Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
- Normal, Calm,
- Indifferent,
- Exalted,
- Depressed,

DELUSIONS:
- Systematized or Not,
- Special Subjects,
- Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
- Coherent or Incoherent,
- Voluble or Reticent,

Personal and Medical History of Mary Ploska

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 148 lbs NUTRITION,

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coatings, Promptness Movement,

PUPILS, Equality, Size,

Response Light, Accommodation,

SIGHT,

HEARING,

COORDINATION, Arms,

Legs,

TREMORS, Hands, Tongue,

Facial Muscles, General,

REFLEXES, Patellar,

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION,

SENSIBILITY,

HEART,

LUNGS,

EXAM. URINE,

GYNAECOLOGICAL EXAM.,

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor,

SLEEP, Good, Poor, Irregular,

PULSE, RESP., TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Mary Pleska

1893 This woman was brought here by her Pleska Bro-in-law. Her symptoms were first manifested soon after the birth of her child one year ago and have gradually increased. Manifest general delapidation. No filthy or destructive habits. Has been noted for the fact that she seeks to prevent her from running away. Has had medical treatment but no results.

Feb 14 Restless & walks up and down the hall. Talks a great deal but incoherent. Appetite good. Breasts full and caked. Filthy in habits. Constipated. Menstruated yesterday.

" 15 Appetite poor. Very noisy and restless in manner, wandering about the hall. Sleep is restless. Breasts some what better.

" 16 Appetite good. Very violent, fighting & biting. Required five or six attendants to manage her. Put her in seclusion six hours.

" 17 Moved down to D4. Very ugly could not take pulse.

" 23 Has become quiet and takes Marked signs in dining room. Breasts have been rubbed and bandaged.

" 24 Very quiet. Has not offered to fight for some time.

" 25 Neat in appearance. Very quiet.

March 3 Has caused no trouble of late. Very quiet. Breasts are well. General health seems good.

April 30 Has been very quiet and well behaved this month. Has caused no trouble. Goes out walking. Sits quietly on the ward ordinarily.

May 24 Very quiet and pleasant. Will not talk but always smiles when addressed. Helps carry clothes to the laundry. Husband visited her yesterday. Eats only bread and butter.

June 13 Of late past week has been more dull and not as pleasant in manner. Careless in her habits. Her general health has been very good. Is flashy and has good color. July 15.93. Appetite good. Very dirty in habits. Bowels regular. Never speaks. Gen health apparently good. July 30 No change. Aug. 28.93. Very untidy in habits, quiet even to stupidity, never speaks & moves only when told to.

Sept. 29.93. Untidy in appearance. Habits dirty. Makes no trouble, seldom, if ever, speaks. Goes riding & walking. Appetite good.

Oct 31. 93 Habits dirty. Is very quiet in behavior. Goes riding & walking.

Nov 30 " Habits very dirty quiet in behavior. Goes riding & walking, usually has to be taken in to meals, bowels constipated.

Personal and Medical History of Mary Pleska.

Dec 26 93. Quiet in behavior. Appetite good. Bowels constipated, very untidy in appearance but makes no trouble. Is confined to ward. Feby 16 94 Appetite good. Very quiet. Habits dirty. Very untidy in personal appearance. Goes riding & walking. Gen health good.

Apr 20 94. Appetite good. Dirty in habits. Untidy in her personal appearance. Is very quiet. Never speaks. Goes riding & walking. Gen health good. May 16 94 Visited by her husband & daughter.

July 9 94 Appetite good. Dirty & untidy in habits. Is quiet. Never speaks. Goes riding & walking. Gen health good. Oct 10 94. Appetite good. Dirty & untidy in habits. Is quiet. Does not talk any. Goes riding and walking. Gen health good. Oct 19 94 Quite restless for the last few days.

Oct 20 94 Was very restless and violent during the night. Broke the window and another some. Transfd to C[2] Nov 30 94. Appetite good. Habits dirty. Quiet most of the time. Bowels regular. Dec 31 94 Quiet most of the time. Appetite good. Habits dirty. Is destructive & violent at times. Bowels regular. Is in restraint at night. Jany 3 95 Very quiet. Appetite good. Sleeps well. Habits dirty. Bowels regular.

Feb 6 95 Habits dirty. In restraint at night. Quiet. Appetite good. Mch 30 95. Appetite good. Sleeps quite well. Habits dirty. Bowels reg. Apr 20 95 No change. May 22 95 Eats and sleeps well. Habits dirty. Goes riding & walking. Is very quiet. Bowels constipated. June 30 95 Quiet most of the time. Eats and sleeps well. Habits dirty. Bowels constipated. Goes riding & walking. July 20 95 The same.

Sept 30 Oct & Nov. Eats & sleeps well. Habits dirty. Quiet most of time. Goes riding & walking. Bowels regular. Dec 11 Appetite good. Sleeps quite well usually. Habits dirty. Is destructive & violent at times. Very seldom speaks. Jan 10 Arm & hands burnt on stove in room. Feb 29 Arm nearly healed. March 3 Violent at times. Eats & sleeps well. Habits very dirty day & night. Is very destructive.

1896 Bowels regular. Goes riding & walking.

July Summary Nurses Notes by Dr. P. L. Phelps:- In restraint at night: very dirty day & night: noisy at times: violent & destructive: quit health good: Nov. 96 Eats & sleeps well: Habits dirty: Jan. 16 97 Quite violent at present: Appetite not good: bowels constipated: very demented: never talks: Mar. 97 No change: July 97 Appetite good usually: Habits dirty: no mental change. (Report by Dr. P. M. Phelps) Oct. 13 97 General health has been fairly good: Has at present several boils upon her body.

1899 Behavior rather unruly: rather dirty in habits: Feb 20 98 Weight 156 lbs. Intervening notes show no change: Health has been fairly good: Behavior the same. (Report by Dr. P. A. Pelt) Mar. & Sept 1899: Appetite good: bowels constipated: usually sleeps well. Habits untidy: Takes out door exercise. Is very dull & stupid. Sept. 1 - Feb 28 1900 Appetite good: Sleeps well: Habits dirty: Takes outdoor exercise: Jan 17. Wt 170[#]. March - Nov 30 1900 Very stupid: Sleeps well: Is quiet. Nov 20. Wt 161[#]. Dec. 1 - to Feb 28 1901 - Feb. 15 Wt. 161. No change. Habits dirty. General health good. Mar. to June 1901 Apr. 17 visited by relatives, no change in general condition May 30 Wt. 160#.

June to Sept. Patient has not shown any change in either mental or physical condition. Aug. 31 Wt. 157 1/2#. Sept. to Dec. Patient is physically well, has a good appetite, menstruates regularly, dirty in habits, stupid, does not converse, kept in bed. Nov. 23 Wt. 152#.

Transferred to 2 W.

Personal and Medical History of Lena Tangea

Whole No. 3273
Residence, Minneapolis
Date Admission, Feb 14 1893
Admitted by, Dr Phelps Hour, 7 P.M.
How Sent, Jas Prot John H Steele
Sex, Female
Age, 43
Civil Condition, Married Not living with husband
Children, 2
Age Youngest Child,
Occupation, Housework
Degree Education,
Profession Religion, R.C.
Habits, Intemperate
Nativity, Canada
Physicians Committing, M. Knellor H Snow
Correspondents, Lizzie Tangea
1904 Park Ave N Minneapolis Minn

No. for Year, 184
Insane Relatives, None known
Cause Exciting, Excessive drinking
Cause Predisposing,
Form,
Accompanying Bodily Disorder, None
Suicidal or Not, Not given
Date of this Attack, 8 yrs ago
Duration, 8 yrs
No. of Attack, Has had several attacks
No. of Admissions, of delirium tremens
Age First Attack,
Time of Leaving, April 26 1893
Time in Hospital, 2 mos. 9 ds.
Result, Recovered

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined Feb 17 1893
Dr R. Phelps

MENTAL ACTIVITY:
Clear or Confused, Clear
Quick or Sluggish, Quick

MEMORY: Says never very good
Past Events, but is no worse than
Recent Events, usual - Forgets names
Special Subjects, and numbers easily

PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct

REASONING POWER:
Ordinary Subjects, Good
Own Mental State, Fairly good
Special Subjects,

EMOTIONAL STATE:
Normal, Calm, Normal but quite nervous
Indifferent,
Exalted,
Depressed,

DELUSIONS:
Systematized or Not, None
Special Subjects,
Transitory or Not,

HALLUCINATIONS: None

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Talks well and
Voluble or Reticent, willingly

GENERAL DESCRIPTIVE REMARKS:
Says has taken beer & but drunk at times when going out washing Has drunk since she had trouble with her husband about 7 yrs ago - He was drunkard & worked but did not support the family She supported them by going out washing

Personal and Medical History of Lena Tangea

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1/2 WEIGHT, 135 1/2 NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Very slight Coatings, None Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Well Accommodation, Well
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Some tremor
Legs, Some difficulty in standing on one foot
TREMORS, Hands, Some Tongue, Slight
Facial Muscles, Some General, Some
REFLEXES, Patellar, Equal & —
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Normal
SENSIBILITY,
HEART, Very quick Rather tumultuous in action
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Generally Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, 112 RESP., 21 TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, About 7 yrs ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Lena Tangsea

1893 This woman was brought here by Deputy Sheriff and Medical attendant Began drunkard about eight years ago and has had delirium tremens several times Despondent when she has a chance No family history given - Upon examination she talked quite rational - Says she has two children are dependent upon her for support - that she has supported them for seven yrs by going out washing & Sup is anxious to get home as soon as possible She claims she was sent here through a man whom she formerly boarded and because she refused to board him any longer he became angry with her and had her arrested as a drunkard -

Feb 15 Asked for work & do to pass away the time Helped on the ward - Quiet Talked considerably about her home and children Appetite good Bodily condition dirty - Clothes were soiled No bruises on the body Bowels Regular

" 16 Helps on the ward - Talks some Cries at times Thinks she will send her boy to the Reform School

" 17 Works on the ward Quite social and pleasant most of the day - Eats well Bowels regular

" 18 Eats well Works on the ward Talks freely -

" 19 Talks at times silly Worked on ward Cried some

" 20 Thinks she will soon go home Works on the hall -

" 21 Asked to go to the sewing room in the afternoon Quiet but has rather a bold manner -

March 3 Appetite good Works on the ward Cries a great deal Seems anxious to go Says an account of her children Quiet, Neat in personal appearance Sleeps well -

" 28 Has been very quiet and quite well behaved of late

April 7 Helps with the work on the hall - Complains of pain in her left side Appetite is good and is quiet.

" 13 Quiet and always pleasant Health is good Has never craved & suffer from lack of liquor or narcotics

" 25 Left today for home.

Discharged May 3rd 93.

Personal and Medical History of

Mary Plocka.

Dec. to Feb. 28 No change: Wt 147#. Nov. 26 Wt 135# No change.
Dec. 31-02 Genl health good: eats & sleeps well: untidy in habits: dirty in appearance: kept in bed most of the time. Violent at times: usually stupid & resistive: masturbates regularly.

Personal and Medical History of Ingra Tenderman



Whole No. 3276

Residence, Lyle Minn

Date Admission, Feb 6th 1893

Admitted by, Phelps Hour, 5 P.

How Sent, Dept Ind. War

Sex, Female

Age, 36

Civil Condition, Single

Children,

Age Youngest Child,

Occupation, Domestic

Degree Education,

Profession Religion, Unknown

Habits, Good

Nativity, Norway

Physicians Committing, Emma F. Washburn + O. V. Gibson

Correspondents, Ole Samson
Lyle Minn Co

for Year, 188

he Relatives, Her child

se Exciting, Over work

se Predisposing, Unknown

m, Acute Melancholia

ompanying Bodily Disorder, None

idal or Not, Not

e of this Attack, About Nov. 92

ration, 3 mos

of Attack, 1

of Admissions, 1

First Attack, 35

Time of Leaving, July 4. 1895

Time in Hospital,

Result, Died

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Sluggish

MEMORY: Seems good

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Dull

Correct or Illusive, Illusive

REASONING POWER: Poor

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

Very timid. Sits looking down. Seems afraid when questioned and tries to get away

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed, Depressed

DELUSIONS: Seems to have delusions

Systematized or Not, but none determined

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent, Reticent. Only answers questions.

Personal and Medical History of Ingra Tenderman

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Poor

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, None Coatings, None Promptness Movement,

PUPILS, Equality, Equal Size, Normal

Response Light, Good Accommodation, Good

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Good

Legs,

TREMORS, Hands, None Tongue, None

Facial Muscles, General, None

REFLEXES, Patellar,

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, Depressed + dull

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Seem in good condition

EXAM. URINE,

GYNAECOLOGICAL EXAM.,

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Clean Careless,

BOWELS, Normal, Constipated, Constipated Irregular,

APPETITE, Good, Medium, Poor, Poor

SLEEP, Good, Poor, Irregular,

PULSE, 72 RESP., Normal TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

1893 This woman was brought hr by acquantance Mr Samsan and lady attendant That attack began about three months ago manifested by her wandering away and subbing hallucinations No deposition to injury others No fitting habits Worked out by the day Had a child which is an idiot No relations Keeping a cousin at Lyle who lately came over.

Feb 21 Wakes up and dances the hall crying - Asks for her father Talks quite a good deal incoherently Ate no supper Bodily condition good Bowels constipated Pulse 88-

" 22 Ate tea breakfast or dinner but when talked to and prompted by an attendant Mrs Tatlow Sunde she ate her supper Pulse 89- Resp 21-

" 23 Ate nothing during the day In evening drank some tea and ate slice of bread Pulse 90- R 20-

" 24 Pulse 89- Resp 20 Bowels have not moved-

" 25 Ate some bread and drank some tea this morning Pulse 92- R 21- Could not take temp Was very ugly Bowels moved-

" 26 Has changed much for the better Ate her meals & seems more quiet Pulse 90- Resp 20-

" 27 Has been very quiet-

March 3 Moved up from B4 to B2 March 1- Last night was quite restless during the night Did not sleep well- Sits in a listless manner with head down Very quiet Does not seem to notice much- Does not like to go to the dining room but when taken there eats her meals-

" 23 Very thin and anaemic Haggard in appearance Seems very much depressed- Eats and sleeps well- Wanders about the ward in a listless manner-

April 30 Has been sitting on the ward in a dull stupid way all the month Never manifest interest in anything

May 12 Appetite poor. Has been sick in bed three days Complained of pain in her left side May 22 Very thin and pale Eats very little Seems to be failing Is in a terrible Very stupid Never talks-

June 3 Continues very dull Sits with eyes cast down toward floor from day to day Will not talk- Health very poor Manifests no interest in anything

June 30 Appetite fair. Wants to sit on bed part of the day. Does not talk

any & will not wear her shoes at any time. Does not go out of the ward.

July 18. 93. Same, July 27 93. Keeping shoes on without much trouble

" 31 " Appetite fair, Sleeps well & wears her shoes without any trouble. Does not talk any English. Tidy in habits. Aug. 6 93. Moved to Annex.

Sept 14. 93 Visited by her sister. Did not talk but very little. Oct 6. 93 Appetite good. Is quiet most of the time. Habits clean Gen health good. Feb 9 94 Appetite good Habits clean. Untidy in her personal appearance. Refuses to go walking or riding. Is very quiet. Seldom speaks. Gen health good. April 26 94 Came on sick ward. Very restless, seems to be in pain. April 29 94. Quiet all night & slept very well. Bowels moved. Was very restless after part of day. April 30 94 Quite restless at times, but slept quite well during the night. May 1 94 Quiet all night slept well. Moves around quite easily, does not complain of any pain. May 2 94 Rested well at night seems better this a.m. May 3 94 Quiet all night. Seems to be improving Quite noisy 2 hours

1894 For particulars See Nurses record Case. Transfd to B3 May 3 94 Appetite & Clean in habits.—

Sept " Menstruating. Sept 28 94 Appetite good. Occasionally tidy in habits. Is very noisy at times Talks incoherently. Does not go walking or riding. Oct 30 94. Appetite good. Untidy in habits. At times extremely noisy. Talks incoherently. Sleeps well. Tries to get away when taken out of doors. Nov 24 94 Appetite good At times extremely noisy & restless Talks incoherently Gen health good. Menstruated 13-17. Dec 28 94 Thinks Mrs Cain in the Eye is more noisy than usual.

1895 January 9 95. More quiet in behavior. Appetite good Bowels regular. Clean in habits. Removed to Annex. Feb 4/95 No change

Feb 23. Left limb swollen very badly and somewhat inflamed. Transfd to B3. Apr 15. Patient has been failing rapidly of late but refuses to go to bed. T. 102.6 P. 102 R. 26. Appetite is fairly good. Apr. 17 Patient remains in bed. T. 102 P. 100 R. 32 Sponge bath given: Ate her regular meals. Apr. 20 T. 103.4 P. 100 R. 30. Apr. 25 Stays in bed T. 102 to 103.6: Sponge bath given - Appetite fair: Sleeps very well. Apr. 26 T. 103 P. 112 R 36 Quite restless most of night. Does not seem as well. Sponge bath given: Ate fairly well: Apr. 29 Temp. 104 P. 114 R 36 Slept fairly well.

May 1 8.30 A.M. T. 101.4 P. 104 R 28: P.M. T. 102 R 36 P. 116: Slept greater part of night: is coughing & expectorating some. May 13 Temp. ranges from 101 in morning to 103 in afternoon: Remains constantly in bed: Appetite fairly good: Sleeps fairly well.

June 7 Patient remains in bed: Gradually failing - is rather restless at night: Coughs & expectorates - June 19. Coughs a great deal this morning: Very weak: bowels moved freely. T. 101 P. 115 R 39. June 25 Coughs a great deal: Very restless: pulse weak & rapid T. 104 - P 140 - R 44. June 26 T. 103.6 P 140 R 40 - Seems very weak this morning. Ate very little. July 3 Bowels very loose - boiled milk given; very restless - July 4 5 A.M. T. 100 P 120 R 38. Boiled milk given: Slept only 3 hrs. during night. Very weak.

July 4 Died July 4 '95 8:30 A.M.

Personal and Medical History of Margaret Johnson

Whole No. 3282

Residence, La Ray Manner Co

Date Admission, Feb 24-'93

Admitted by, Dr Phelps Hour, 9 A. M

How Sent, Dep Prob. D.S. Washbu

Sex, Female

Age, 31

Civil Condition, Single

Children,

Age Youngest Child,

Occupation, Domestic

Degree Education,

Profession Religion, No

Habits, Good

Nativity, Norway

Physicians Committing, H.L. Knight and G.M. Alderdyce

Correspondents, Henry Thompson or John Morgan (Relative but would take no responsibility)
La Ray Minn



No. for Year, 194

...tives, Unknown

...ing, Unknown

...sposing, Unknown

...Aunt Marie

...ng Bodily Disorder, None known

...Not, Not

... Attack, About last of July 1892

... Unknown

...k, Unknown

...issions, 1

Age First Attack, Unk

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION.

Examined Feb 25 '93 by Dr. Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Mind acts slowly

Clear or Confused, but seems to be quite

Quick or Sluggish, clear & correct

MEMORY:

Past Events, Good

Recent Events, Good

Special Subjects,

PERCEPTIVITY:

Alert or Dull, Good as to questions

Correct or Illusive, Correct

REASONING POWER:

Ordinary Subjects, Quite good

Own Mental State, Fair

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

a little hesitation in collecting thoughts

EMOTIONAL STATE:

Normal, Calm, Calm

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, None determined

Special Subjects, " "

Transitory or Not,

HALLUCINATIONS: " "

ILLUSIONS: " "

CONVERSATION: Talks willingly and

Coherent or Incoherent, Coherently

Voluble or Reticent, Seems correct but slow

says does not feel strong Has backache

most of the time Feels weak

Can not work as she used

to do.

Personal and Medical History of Margaret Johnson

1893

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 3/4 in WEIGHT, 123 NUTRITION, Good

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, Slight Coatings, Slight and indented Promptness Movement, Slow

PUPILS, Equality, Equal Size, Normal

Response Light, Sluggish Accommodation, Sluggish

SIGHT, Says good but eyes ache at times

HEARING, Good

COORDINATION, Arms, Fair Some difficulty in reaching and some eyes shut

Legs, Good Stands on one foot readily

TREMORS, Hands, Slight Tongue, Slight

Facial Muscles, None General, Some in arms

REFLEXES, Patellar, 9 both Some ankle Clonus

Other Reflexes,

ARTICULATION, Hesitating, Rather hesitating Slurred, and thick

FACIAL EXPRESSION, Good

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Some in good condition

EXAM. URINE,

GYNAECOLOGICAL EXAM., Found uterus displaced toward right side

MENSTRUATION, Regular

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,		Clean, Clean	Careless,
BOWELS, Normal, Normal		Constipated,	Irregular,
APPETITE, Good, Good		Medium,	Poor,
SLEEP, Good,		Poor,	Irregular, Irregular
PULSE, 88	RESP.,		TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Unknown ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations, Living and well

Father or Pat. Relations, Dead Had three strokes of paralysis and last killed him Always had headache & Apoplexy.

Brothers or Sisters, One Bro died of Brain Fever

Personal and Medical History of Margaret Johnson

1893 This woman was brought here by Henry & Betsy Thompson. Symptoms of mental trouble manifested first about the last of July 1892 – During the last week has been worse – Has destroyed clothing. She lived in that neighborhood for years. Came to Mt Johnson home last fall became sick. Has been kept since end of July. Yesterday began to throw off her clothes

Feb 24 Refused to dress this morning. Rather wants to get out of the hall. Talks a great deal on different subjects. Appetite good. Badly conditioned as to habits. Bowels regular. Appetite good. Temp 98 P. 86 –

" 25 Appetite good. Sleeps well. Wants to walk about the hall. Temp – 98 3/5 – P 76 –

" 26. More quiet in manner. Pulse 79. Temp 97.

" 27 Appetite good. Behavior quiet. Talks some. Sleeps well. T 97.3 P. 76.

" 28 Behavior good. Appetite good. Sleeps well. Inclines to be fussing and fussing at her clothes. Temp 98.6 P. 78 –

Mch 1 " 4 Appetite good. Sleeps well. Usually Behavior rather wanders about the ward. Does no work. Talks rambly. Temp 98.6. P. 76 –

Mch 2 Very quiet in behavior. Neat in appearance. Talks quite well when addressed. Temp 98 – P. 76 – Does no work.

July 21. 93. Appetite good. Very untidy & stupid. Quiet. Rides & walks. Gen. health good.

Sept 28 " Appetite fair. Habits dirty. Is rather stupid. Has to be dressed & quiets.

Oct 1. Transf to B 2. Oct 30. 93 Appetite poor. Habits dirty. Looks stupid. Talks very little. Stands up most of the time with her dress unbottoned.

Nov 29. 93 Appetite good. Dirty in habits. Sits at one place all the time. Rather stupid. Has to be dressed undressed. Dec 29 93 Appetite good. Usually dirty in habits. Behavior quiet. Never talks. Feby 28. 94 No change. Mch 30 94. Appetite pretty good. Quite dirty in habits. Behavior quiet. Never talks. Menstr Mch 4. May 29. 94. Appetite poor. Has to be urged. Sits alone while eating. Personal appearance untidy. Habit dirty. Behavior quiet. Goes riding & walking. Menstr. 29th. June 30 94 Appetite good. Behavior quiet very stupid. Untidy in appearance. Dirty in habits. Goes walking. In bath Sat.

July 30 94. No change. Has to be fed on tray out on hall. Talks incoherently. Will at times, strike patients. Aug 30 94 No change. Bowels regular.

Sept 14 94 Sick at stomach & vomiting. Has diarrhoea. Gave cathartic & medicine as directed. Sept 15. 94. On the ward & diarrhoea better.

" 24. Appetite good. Usually dirty in habits. General health good. Stupid & quiet in behavior. Don't talk. Oct 29 94. Appetite good. Very untidy in personal appearance. Usually dirty in habits; in behavior mostly quiet. At times violent. Sits on hall. Does not rocking & walking.

Nov 29 94. Patient continues about the same. Stupid & untidy in habits. General health good. Appetite good.

Jany 28 95. General health good. Violent during the night. Bowels reg. To fed in the hall. Feb 28 95. Appetite good. Dirty in habits. At times. Quiet. Does not talk any. Gen health good. Is fed on hall. Mch 28 95. Appetite good. Is fed on the hall. Untidy in habits. Bowels regular.

Apr 28 95. Gen health good. Behavior the same. May 28 95 Gen health good

Personal and Medical History of Margaret Johnson

June 29 Gen. health good. Appetite good. July 1st Visited by a friend. Did not seem to recognize him.

Aug 31 Gen. health good. Occasionally dirty. Does not menstruate.

Sept 1st Appetite good. Bowels regular. Does not talk any. Habits dirty.

Nov. 29 Patient very stupid no other change. Feb 29 General health good. Habits dirty. Does not talk: Sleeps well. Appetite good. Does not work any. Mar 17 Very untidy in habits. Bowels regular – Goes walking & riding. Eats on hall.

May 1. Very dirty in habits: Takes out door exercise: Eats on ward. General health good. Summary Nurse's Notes by Dr. E. L. Phelps: July '96 Very untidy, eats on ward: Appetite good: bowels constipated: Very demented: Nov '96 Fed on tray on ward: Very destructive & untidy: Very demented. Mar '97 Very dull & never talks: dirty & careless: Gen'l health good: Apr '97 no change: June 3 '97 Seemed to be sick: Drink taken: found to be 104. P. 114. R. 18. Transf. to Inf July 15 Has been sick in bed since last note. Better & out again on ward: Appetite Good at present: Aug '97 Up on ward: no Special change: (See sick room for daily notes) (Cont'd by Dr. R. M. Phelps) Nov. 29 '97 Rather dirty in habits: Health fairly good: At times quite destructive: Feb. 27 '98 Still quite dirty in habits: General health has remained about the same as usual. Behavior also. (Cont. by Dr. P. A. Bell) Mar 1 Sept 1 '99 Appetite good: bowels regular: sleeps well: habits dirty: usually quiet: at times violent: Takes out door exercise: Has delusions: Sept 1 – From Dirty kicked another patient today. Eats & sleeps well: Takes out door exercise: Talks very little. Jan 18 151 #. Kept in bed & fed on tray: Destructive of clothing at times & occasionally strikes others. Jan 1st Trans. B 2. Mch 1 – Nov 30 Dirty in habits. Expresses many delusions. Is incoherent. Bowels regular: Eats & sleeps well. Nov 30 Wt. 142 #. Dec. 1 – to Feb 28 – 1901 Wt. 143 1/2 #. At times violent. Habits dirty. Mar. to June 1901 No change in either mental or physical condition. May 29 Wt. 157 #.

June to Sept Patient shows no change in general condition. Aug. 30. Wt. 137 #.

Sept. to Dec. Kept in bay, fed on tray, general health good, eats and sleeps well, taken out door exercise, at times noisy and destructive, and throws dishes at other patients. Nov. 30 Wt. 137 1/2 #.

Dec. 31st, 1901 No change: Wt 142 1/2 #. May 24 02 Wt 140 # No change. Nov 24th 139 # Dec 31st 02 – Gen'l health good: more or less noisy. talks to herself: is incoherent and strikes others: takes regular out door exercise: unoccupied: habits dirty.

Personal and Medical History of Charlotte Haupt

Whole No. 3283
Residence, Maund Prairie Houston
Date Admission, Feb 24 1893
Admitted by, Dr Mann Hour, 10 30 P M.
How Sent, by Prof. Thomas Ryan
Sex, Female
Age, 58
Civil Condition, Married
Children, 1
Age Youngest Child,
Occupation, Housework
Degree Education,
Profession Religion, Yes
Habits, Temperate
Nativity, Germany
Physicians Committing, F. H. Whitney and E. L. Wells
Correspondents, Adolph Haupt
Maund Prairie Minn

No. for Year, 195
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, Unknown
Form, Paranoia
Accompanying Bodily Disorder,
Suicidal or Not, Not
Date of this Attack, Abt Nov 26 '92
Duration, Abt 3 mos.
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 58
Time of Leaving, Apr 14 '93
Time in Hospital, 1m 20 d.
Result, Improved

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined Feb 25 93
E. L. Phelps

MENTAL ACTIVITY:
Clear or Confused, Clear
Quick or Sluggish, Quick

MEMORY:
Past Events, Good
Recent Events, Good
Special Subjects, Good

PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Seems correct

REASONING POWER:
Ordinary Subjects, Seems good
Own Mental State, Says she is not sick
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Calm but easily excited
Indifferent,
Exalted,
Depressed,

DELUSIONS: None determined
Systematized or Not, " "
Special Subjects, " "
Transitory or Not, " "

HALLUCINATIONS: " "

ILLUSIONS: " "

CONVERSATION:
Coherent or Incoherent, Talks coherently and
Voluble or Reticent, very much
Thinks she has injurity [illegible]
lung

Personal and Medical History of Charlotte Haupt

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 in WEIGHT, 203 lbs NUTRITION, Very fleshy
WOUNDS OR ABNORMALITIES, None - Sore on throat when says small tumor
TONGUE, Tremors, None Coatings, White Promptness Movement, Normal
PUPILS, Equality, Equal Size, Quite small
Response Light, Good Accommodation, Good
SIGHT, Good - Wears glasses in the evening for reading & sewing
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Both +
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Good
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Fluid normal condition Never had any trouble
MENSTRUATION, Ceased
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Well Poor, Irregular,
PULSE, 100 RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,") None
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Charlotte Haupt

1893 Mental symptoms were first manifested about Thanksgiving time 1892 - Drove the children from the house and attempted to kill them Hostile to husband and children Tries to injure others when in sudden passion -

Feb 25 Thinks she ought not to have come here - Says her husband is a drunkard and ill treats her -
Says she was very sick last winter with the Grippe and they thought she was going to die and asked her to whom she was going to leave her farm and when she said she would give it to her married daughter her husband was very angry and has been angry and ugly to her a good deal since that she has been married twice -
Says she may always will until she had the Grippe Has had headache at times - Denies that she ever drove the children out of the house or threatened them

" 25 Restless on the ward Talks a great deal on different subjects Appetite good - Bodily condition clean Bowels regular Restless during the night Temp. 98.1 - P. 86 -

" 26 Appetite good Sleeps fairly well Behavior quiet T. 97 P. 80

" 27 Appetite good Sleeps well - Not so restless Sits in about the same place most of the day

" 28 Appetite good Bowels constipated Behavior quiet Talks of her home and children Temp 98.6 - P. 76 -

March 1 Talks sensibly on different subjects Bowels more regular Behavior quiet Appetite good Temp 100 P. 79 -

" 2 Appetite poor Complains of not feeling well Pain across forehead Sleeps restless Very quiet Says that is sore Soreness of nose Temp 102 - P. 79 - Left to bed Face continued to swell and has developed into Erysipelas Moved to C 3 and put in single room -

" 3 On bed Face badly swollen, involving nose lips, cheeks and around eyes Temp - 100 P 88 Says never had Erysipelas before

" 4 Temp 102 - P. 82 P.M. Temp 103.6 - P. 83 - Appetite good Bowels constipated

" 5 Temp. 101-6 - P 82 -

" 6 Temp 100 - P. 78 - Appetite good -

" 7 Temp 98.6 - P. 76 - Says feels well Very lonesome Face much better - Has removed and moved last back to B 7

" 16 Moved to A 1 - Very quiet and well behaved

" 31 Has been working the last week - Seems in good bodily condition

Personal and Medical History of

1893 April 14 Left ward to Dakota to her daughter today - Was very anxious to go - Just before she left found that she had considerable money concealed about her person She had said that she had none Proud to be quite deceptive -

Personal and Medical History of Hedwig Talbert

Whole No. 3284
Residence, Fairbault Rice
Date Admission, March 3-1893
Admitted by Dr. Pfeiffer Hour, 3 P. M.
How Sent, by Prob.
Sex, Female
Age, 27
Civil Condition, Married
Children, 2
Age Youngest Child,
Occupation, Housework
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, West Prussia
Physicians Committing, C. W. Ward & D. M. Cool
Correspondents, Husband Louis Talbert Fairbault

No. for Year, 196
Insane Relatives, None
Cause Exciting, Lacerated cervix & pemeneum
Cause Predisposing,
Form, Acute Melancholia
Accompanying Bodily Disorder, Nervous prostration
Suicidal or Not, Yes
Date of this Attack, About Oct - 1892
Duration, 4 mos
No. of Attack,
No. of Admissions, 1
Age First Attack,
Time of Leaving, Aug. 26 93
Time in Hospital, 4 mos. 23 days.
Result, Imp.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY: Seems good
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,
REASONING POWER: Unimpaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Says 3 yrs ago was sick in bed for 3 months with inflammation of bowels

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Much Cries a good deal
DELUSIONS: How many
Systematized or Not, Thinks she is
Special Subjects, very wicked and
Transitory or Not, ought to die
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Reticent

Personal and Medical History of Hedwig Talbert

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Good
WOUNDS OR ABNORMALITIES, Cut off little finger of left hand just before came
TONGUE, Tremors, None Coatings, Slight Promptness Movement,
PUPILS, Equality, Equal Size, Dilated
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, General Says gets dizzy while walking at times Especially in the dark
REFLEXES, Patellar, Left + Right +
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Depressed
SENSIBILITY,
HEART, Tumultuous action
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Found laceration of cervix and examined as Says has had uterine trouble since boy was born 6 yrs ago
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Constipated Irregular,
APPETITE, Good, Medium, Poor, Very poor
SLEEP, Good, Poor, Irregular, Irregular
PULSE, 74 RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother was sickly
Father or Pat. Relations, Father healthy
Brothers or Sisters, Sister sick in bed for some time with "Nervous Fever" Was out of her head

1893 She was brought here by her husband and Dr. Stewart - She attack began about last Oct. Had nervous prostration. Gave birth to a child before she was married and has worried about it ever since. Yesterday was the child's birthday and she went to the barn and chopped off one of her fingers as a penance for her sins - Has delusions & hallucinations. Has been treated for local trouble and for neurasthenia + mental alienation

March 4 Pulse 86. Temp 98 - Crying most of the day wanting her husband and children. Worries about her hand. Wanders up and down the ward. Talks sensibly at times on different subjects. Appetite poor. Bodily condition clean. Bowels constipated. Complains of hand paining her - Restless during night -

" 5 Appetite poor. Sleeps none. Complains of hand. Wants her arms & legs bound. Wanders about the ward crying - Pulse 84. A. M. P. 84. P. M.

" 6 Restless and does not sleep. Cries a good deal. Complains of hand. Wanders about the ward. Pulse 76 - 80 -

" 7 Still restless. Wanders about talking of her children and of going home. Pulse 90. 10 A. M. 96 - 6 P. M.

" 9 Appetite poor. Very restless, crying and noisy. Talks incoherent. Bowels constipated. Pulse 74. at 11 A. M. 80 - 8 P. M -

" 10 P 80. A. M. 86 P. M. Still restless. Wanders around crying.

" 13 Internal examination made. Found in a bad condition locally - Excretion of urine, faeces, mucus and pus. Profuse discharge

" 22 Have given local treatment and hot douches

April 7 Discharge continues very profuse and offensive. Today gave Bichloride douche and inoculation of Rodogenn

" 14 Gave ordinary treatment - Apr. 16 Antiseptic douche

" 19 Gave local treatment 20th Gave hot antiseptic douche

" 24 Internal treatment given today. Local condition improving

" 26 Curetted uterus today. Washed out with Bichloride Sol. 1 to 4000 and packed with Iodoform gauze. Put to bed. Came out of ether nicely - Passed restless. Gave a sedative

" 27 Rested quite well most of the night - Ate small piece of milk toast and drank some coffee. Temp 98. P. 72. R. 20

" 28 Slept well until 4 o'clock. Has been restless during morning

1893 April 29 Restless the first part of the night. Slept quite well the latter part. Ate for breakfast, sliced bread, oatmeal milk and coffee. Temp normal. Pulse good

Apr 30 Temp normal. Ate a good breakfast - Bowels constipated -

May 1 Very restless all night. Took bandage off and tried to choke herself with it. Ate breakfast this morning. Iodoform packing removed. Uterus in good condition

" 2 At breakfast. Temp + pulse normal. Had douche -

" 3 Up and dressed. Ate her meals. Very quiet.

" 4 Sitting up on the ward. Ate her three meals -

" 5 Appetite good. Up on the ward all day. Doing well.

" 6 Ate well as usual. Removed to B - by and by. Mental condition continues depressed - Has spells of crying. Cries a good deal. Very depressed. Appetite good. Talks very little

" 30 Appetite not very good. Talk is incoherent. Cries a good deal during the day. Habits clean. Menstruated from 18 to 21st. Husband came and took her home much against our advice. Very excitable & noisy.

June 3 Was returned to-day - Husband could do nothing with her. Very excitable. Cries and goes on

" 7.93 Very noisy & incoherent. Stays in one room mostly all day. Appetite poor. Sleeps well. Bowels constipated.

" 10.93 Very noisy at times & crying for her home. Appetite & sleep very good. Kept pretty well. June 6.93 Readmitted.

June 30.93. Appetite good. Very noisy at times & again talking to herself & asking to go home. Helps some in dining room. Rests well & sleeps. June 22.93. Crying & talking to herself most of the time. Aug 31. 93 Appetite good. Always talking to self. Does nothing with the woodwork. Tidy in habits. Aug 21. 93. Seems to be improving. Does not talk to herself & around as before, more quiet on ward, but likes to stay in her room most of the time. Aug 28 93 Very restless in habits & appearance. Much more quiet. Remains in her room most of the time. Appears to go home. Aug. 28 93. Visited by husband & returned home with same.

Personal and Medical History of Virginia Eastman

Whole No. 3287.

Residence, Minneapolis

Date Admission, March 6 8 10 P M. 1893

Admitted by, Dr Mann Hom,

How Sent, Dr Prof John A Stule

Sex, Female

Age, 32

Civil Condition, Married

Children, 1

Age Youngest Child, 2 mos

Occupation, Hand Reaper

Degree Education,

Profession Religion,

Habits, Good

Nativity, U. S.

Physicians Committing, S. E. Dean & A. P. Williamson

Correspondents, Mr Chester Eastman Husb Mr. F. H. Yates Father
Minneapolis Minn Chatfield Minn

No. for Year, 199

Insane Relatives, Mattern'l and Maternal Uncle

Cause Exciting, Puerperal

Cause Predisposing, Heredity

Form, Acute Melancholia

Accompanying Bodily Disorder, None

Suicidal or Not, Not

Date of this Attack, 1893 March

Duration, 5 days

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 32

Time of Leaving, Apr. 18" '93

Time in Hospital, 1 mo 12 ds

Result, Unimproved

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish,

MEMORY:

Past Events, At times seems good

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive, Illusions at times

REASONING POWER: Correct

Ordinary Subjects, Very much impaired

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent, Very active, excitable

Exalted, Cries and is noisy

Depressed,

DELUSIONS: Seems to have many

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Incoherent generally

Voluble or Reticent, At times talks sensibly and seems to realize partly -

Per... ...tman

...NICAL NOTS IN THE CASE OF E Eastman

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
April	10	7				Ate no Breakfast	not at Breakfast Time
						Left room at	ate afterwards
		12				Ate nt Dinner - Ate pease pudding	
						room finish dinner Left room at 2 o'clock. Had	
						company dressing	
		6				pole supper	Had to fight with
						Has to part	her to eat Ate cold
						she was in her room	
night		10				seated quite well	
April	11	1				Not up and	dressed herself - eat
						a little breakfast - has been	
						her room all morning	
		12				Ate no dinner has been	dressed
						all the forenoon	
		6				Ate no supper - had to fight	
						with her to get her to eat.	
						Slept well & arrested.	
	12	7½				Ate hearty breakfast	only up bed - stayed
						up bed until	about 8 30 - then got
						dressed & went	
		12				Has been up	dressed herself
						most of forenoon	about to attempt to
						sent away to	and Cameron & clothing
						is between	company -

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Virginia Eastman

Whole No. 328

Residence, M

Date Ad

Person

tman

NICAL NOTS IN THE CASE OF V. Eastman.

	MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
April		3	7				Ate breakfast	Gave dose of medicine
			12				Ate no dinner	
			6				Ate no supper.	
Night							restless all night	
	"	4	7 30 A.M.				Ate Breakfast	Taught all the time she
							was a dressing Pinched and scratched
							Miss Nichols.	
			9 P.M.	11	98	17	Ate Quarter glass of	
			12				Negus	
			3 P.M.				Ate supper	
			6 P.M.				quite restless,	
	"	5	7				Ate breakfast	
			10	74	97½	19	Taught up part of	Ate veal cake Tuesday
							the night ate some fruit about three	
							o'clock	
			3 P.M.				Drank a glass of	Commenced Septmop
			6	92	100	17	has not sat up	all day Rare attack
			7				Slept well.	
			8				Assisted	
			6				Ate supper.	gave dose of medicine
							very restless	out of bed most of night
	"	6	7				Ate Breakfast	is all Dressed with
							Blotches. Taught all the time she	
							was a dressing Could not comb	
							her hair She struggled as to fought	
							to bite and scratch and Kick	
			10 A.M.	18	98	20	Ate glasses glass of negus about the	
			12				same Could not swallow Eats for company	
							all the afternoon Seems better than	
							morning Lights well	
Night			6				Ate Supper	
							rested well	
	"	7	7				Ate Breakfast	Complains of pain
							on her head	Back Bowels a
			10	80	99	19	good deal like morning Bowels	
							Costly voided	
			5 P.M.				Gave two ounces Broth to eat Ruby	
							Ate a bowl of chicken broth and	
							and quite a little chicken	
							Had company for almost two hours	
Night			7				rested well	remained.
	"	8	7				Ate Breakfast	
			2 P.M.				Got her self up	She struggled all the
							time we were	dressing I was called
							in Miss Elias	
							Ate Dinner	Refused to take her
							med.	
Night			6				Ate Supper	
			8				Slept well	
			7				Ate breakfast	Was glad to be dressed.
			10 A.M.				Ate Dinner	Has been secluding her-
	"	10	7				got up and dressed herself this morning	

HEREDITY (Specify— Insanity, Hysteria, Epilepsy, Paralysis, or Tuberculosis.)

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Virginia Eastman

Whole No. 32[illegible]

Residence, M[illegible]

Date Ad[illegible]

Person[illegible] Eastman

CLINICAL NOTS IN THE CASE OF V. Eastman

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Mar	24	7				Ate Breakfast	Refused to take Tea
						Insist Taylor to Force ab-	Thing I was Done for
						Peraptest Evening	
						Her Temperature	
		8	66	78½	21	Stand at Room	P. Physician Drank Glass of Egg nog
						Gave an Enema	Bowels moved
		10				Pinched Hard	a Tramp in night Got
						Complained for	up an hour with Ice
						Frightened it will	Warm water and
						Put a water	bottle to her feet
		11	100			Ate Dinner	Dose of Med.
						is talking	Come to-day
		6				Ate supper	Dose of Insist
						unirritated.	
						Restless moved	sleeping most of
		1	76	98	20	the night a	restless
		10				Ate Breakfast	Gave a dose of med.
		11:30				Gave a bath	Brother is not so well
						as yesterday	Does not talk as clearly
						Gastle as Glass	I Expect
						rested well, urinated twice.	
		25					
		5				Ate Breakfast.	Gave dose of med.
		5:10	76	98°	19	Glass of Egg nog	
		10				Ate Dinner	Dose of medicine
		12				urinated	Bowels moved
		4				Ate Supper	med
		6				Slept very little	Latter part of night
		8:30	74	99	20	Ate breakfast -	Gave dose of Medicine
		10				Ate Dinner	Dose of Med.
		12				Does restless	this Afternoon was out
						Rode one Hour	twice Taking Exercise
		6				Ate supper	Dose of Med
Night		7				Slept very little	Latter part of night
		8				Ate Breakfast -	Gave of Medicine
		8:30	72	98	19		
		12				Ate Dinner	" " " urinated.
		6				Ate Supper -	Gave dose of medicine
						Urinated	
Night						rested well all night	
April	25	7				Ate Breakfast	Gave dose of medicine
		7:30	74	98½	20		
		10				Gave an enema	a Bowels moved
		12				Ate Dinner	Gave dose medicine
						Gave bath	
		6				Ate Supper	urinated
Night						rested well Urinated	11 o'clock has been
						only Bed since	
		7				Ate Breakfast	Dose of medicine
		7:30	76	98	20	Ate Dinner	Dose
		12					
		6				Supper	Gave
Night							

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Virginia Eastman

Whole No. 320

Residence, M...

Date A...

Person... Eastman

CA...

MICAL NOTS IN THE CASE OF V. Eastman.

						NOTES BY NURSE.	NOTES BY PHYSICIAN.
March	24	10				Glass of Eggnog	Teast Glass of
		12				ate	Ounce Dose of Mud
		3 Pm				Gave a Salt Bath and	½ a Douche
						2 Glass of Eggnogs	
		6				Glass of Beef Tea & supper	
night						Rested most of the night- undisturbed	
"	25	7 am	74	95	18	Ate Breakfast-	Dose of Mud Water
						douche	
		12				ate Dinner	Dose of Medicine
		6	80			2 Glass of Eggnog	" " "
						Vomited	
						Rested good Night Undisturbed	Sleeping most of the
"	26	7	78	98½	19	Ate Breakfast Bowels Constipated gave 2 Pills	
						Dose of Mud	refused to be Dressed
						douche as to the	Coarse and Struggled
						a good deal,	
Mar	27	7				Ate a heart of [illegible]	
						head a [illegible]	
		8	86	98		Gave Result	Dose of Mud
		9				" Tea of	Brandy & in Water
						Rested good	sleeping most of
						the Night undisturbed	
"	28	7		96		At Breakfast	Gave one Ounce
		8				Bowels	ed freely Some
						in Question this	morning Gave Douche
		7				Glass of Eggnog	
				96			
Mar	29	12				Ate Dinner	Gave Dose of Med Water
						Rested good	sleeping most of the
						Night Undisturbed	
"	30	7	74	95	18	Ate for Breakfast	Some Milk Toast-
						Steak Cup of	Potter & glass of milk
						Good deal of	Toast
		9				Gave a	Douche & Dose of Med-
		12				Ate Dinner	
		4 20				Glass of Eggnog	Slept all the afternoon
						We did not	walk because of her
						Bath	sore
						Ate supper	Dose of medicine
		6				Vomited	
		7					
Night						Rested good	Sleeping most of the
						Night Undisturbed	
"	31	7				ate Breakfast	is beginning to help herself
		8	80	99	18	is some	Dissolved this morning gave 2 Doses
						Of Med. as Directed	

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of *Virginia Eastman*

Whole No. 320

Residence, M

Date A

Personal [illegible] Eastman

CA

NICAL NOTS IN THE CASE OF V. Eastman.

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY NURSE	NOTES BY PHYSICIAN.
Mar	19	7				Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.	Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.
		8				Dare Ber C.	
		8 20	76	97		Visit two hours.	
		12 3/4				At Dinner Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.	Gave one Dr Medicine
		1 P.M.				Dare Ber C.	
		6				At Supper Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.	
						Rested quite well after 11 P.M.	
Mar	20	7				Ate a slight breakfast. Refused Eggnog & Toast. Refused Cocoa & Toast. Refused Milk & Toast.	Ordered Cracked wheat & Milk & a glass of milk & coffee & Toast & Blanche
		8 30	78	98		Gave	
		11				Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.	
		12				At Dinner Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.	Bowels moved. Very Constipated. Gave Dose of Med. Omit
		1 P.M.				Gave	
		6	87	98 4/5	21	Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.	Ordered One Pint of Eggnog & One Cracker & Blanche. Urinated. 1/2 Dr of Quinine
		7				At Supper Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.	
		7				Slept quietly	Urinated. 1 4. A Dr Urinated
						Slightly Noisy	Noisy this morning
Mar	21	7				Ate a short breakfast. Refused Eggnog & Toast. Refused Cocoa & Toast. Refused Milk & Toast.	Ordered a glass of Eggnog & Toast & a cup of coffee
		8	86	98		Gave	Gave 1 Dose of Medicine
		9				Dare Ber C.	Urinated
						Rested good. Sleeping most of the Night Urinated	
		12		96		At Breakfast Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.	Gave one Dose of Medicine
		1 P.M.				Bowels moved freely	Noisy this morning
		2				At Dissection this morning Glass of Eggnog & Toast.	Gave Blanche 1 Dose of Med
		7				Dare Ber C.	Urinated
						Rested good. Sleeping most of the Night Urinated	
Mar	22	7				At Breakfast Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.	Gave one Dose of Medicine
		8				Dare Ber C.	
		12				At Dinner Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.	
		1 P.M.				Dare Ber C.	
		6				At Supper Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.	
						Rested quite well after 11 P.M.	
Mar	23	7	74	98	18	Ate Breakfast Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.	Rolls, Milk toast, Coffee & glass of milk
		8				Gave	Gave 1 Dose of Medicine & Blanche & dose of Med
		9				Dare C.	
		12				At Dinner Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.	
		4 P.M.				Glass of Eggnog	Slept all the afternoon
						We did not make bed	
						bath	
						At Supper Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.	Dose of medicine
		7				Urinated.	
		7				Rested good. Sleeping most of the Night Urinated	
Night							
		7				At Breakfast Ordered Eggnog & Toast. Refused. Ordered Cocoa & Toast. Refused. Ordered Milk & Toast. Refused.	Is beginning to help herself
	24	8	86	99	20	In room	Dissector this morning gave 1 Dose of Med. as directed

(Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of *Virginia Eastman*

Whole No. 320

Residence, M[illegible]

Date A[illegible]

[illegible] Rested good deep sleeping most of the night

Person[illegible] of *Virginia Eastman*

MEDICAL NOTS IN THE CA[illegible] ON ON

MO.	DA.	HR.	PULS.	TEMP.	RESP.	NOTES BY [illegible]	NOTES BY PHYSICIAN.
March	15	12 PM	110	98 4/5		Has eaten nothing for dinner as	
"		1 PM	114	101 1/2		Fussed medicine Pent to relieve the heart	
		3:30				Tr FR tonic and cough medicine	
		5:30				Drank one Egg nog	
		6 PM				Ate one cracker. 1/2 cup of tea. piece	
						toast and sauce	
						Rested at times quite restless Bowles	
						moved once. Got bath. Bed made up	
						retiring at 9 PM	
						Tr FR 2 gtts	
						some Buttermilk and drank a glass	
						with flaxseed a Buckwheat douche	
						Tr FR medicine and tonic	
						one salt bath and cough medicine	
						Given Buttermilk Gave 2 glass Egg nog	
						Given a Buckwheat douche.	
						Rested quite well during	
						night. Had to get up	
						several times. Urinated	
						freely. Drank 2 glasses of	
						milk gave 2 teaspoons of	
						Tr FR 2 gtts	
						Drank glass of milk & a little coffee and	
						a little oatmeal. Ate 3/4 of a slice of bread	
						Gave a buckwheat douche & dose of medicine	
						very restless strangled a good deal	
						in evening Sex at dovetail.	
						Gave Quietus	
						Given Temperature & urination were both	
						taken by nurse. Patient	
						the coughs & whining & troublesome	
						Egg dish of Ate breakfast a glass of	
						milk and 2 cups of tea.	
						Ate some for supper. Rested	
						of bread & butter & glass of milk. Gave	
						a glass of Buckwheat	
						Coffee. douche. some med.	
	5:10	90	99			P. M. Retires at 9 P.M. Drank glass of milk	
						Medicine Slept until 4:30	
						sleeping A.M. Drank glass of milk	
						urinated	
	8-7					Is trying to vomit this morning raising	
						and passes to bring up quite	
						Ate glass Oatmeal Drank Cup of	
						Coffee & glass of milk Gave Buckwheat	
	8:30	7	99			douche Urinated	
	12					Ate dinner Gave medicine	
						Quiet	
	4					Gave a rest Drank 2 Buckwheat douche	
	6					Ate supper Gave not urinated today	
						Gave medicine	
						P. M. Retires at 9 P.M. Gave med. 10 P.M.	
						sleeping A.M. Urinated	
						but refused to suffer Pain while	

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Virginia Eastman

Whole No. 320

Residence, M...

Date A...

Restless night sleeping most of the

Personal ... Virginia Eastman

...NICAL NOTS IN THE CA...

...ON ON A...

MO:	DA:	HR:	PULS:	TEMP:	RESP:	NOTES BY ...SE	NOTES BY PHYSICIAN.
March	15	12 M.	110	98.2		Has Eaten Nothing for dinner or	
"		2 PM	114	101½		tuned medicine Sent to relieve the heart.	
		5:30				Gave tonic and cough medicine	
		5:30				Drank ass eggnog	
		6:00				Gave ass pudding. He cup of tea. piece	
		7:00				of Cake and Sauce	
						Had a free movement of bowles	
						and gave a hot bath. Restless	
						Quietly at 8 PM	
		9:00					
	16	2:30	MH.	100½		Took an eggnog	
		10:30				Ate some pudding and drank a glass	
		12 M				of milk Gave a Bichloride douche	
		12:30	114			Took medicine and tonic	
		2:30				Gave salt bath and cough medicine	
		4:30				Gave a Bichloride douche.	
		7				Gave a glass Epsom Salts	
	18		112	99½		Gave a dose of medicine	
						Rested quietly all night	
						Ate some Pudding and drank a glass	
						of milk at 10 AM	
						Douche given at 12 M	
						Took medicine and tonic	
						Ate some pudding and drank a glass	
						of milk at 4 PM	
						Douche given at 4:30 PM	
						Took medicine and tonic	
						Ate some pudding and drank a glass	
						of milk at 7:30 PM	
						Douche given at 8 PM	
						Took medicine and tonic	
						Ate some pudding and drank a glass	
						of milk at 10 PM	
						Douche given at 10:30 PM	
						Rested quietly all night	
						Ate some pudding and drank a glass	
						of milk at 7 AM	
						Douche given at 8 AM	
						Took medicine and tonic	
						Ate some pudding and drank a glass	
						of milk at 12 M	
						Douche given at 12:30 PM	
						Took medicine and tonic	
						Ate some pudding and drank a glass	
						of milk at 4:30 PM	
						Douche given at 5

Whole No. 306

Residence, M

Date

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 102½ NUTRITION,

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coatings, Promptness Movement,

PUPILS, Equality, Size,

Response Light, Accommodation,

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Seems good

Legs, Seems good

TREMORS, Hands, Tongue,

Facial Muscles, General,

REFLEXES, Patellar, Cant test

Other Reflexes,

ARTICULATION, Hesitating, Hesitating Slurred,

FACIAL EXPRESSION, Dull & dreamy

SENSIBILITY,

HEART,

LUNGS, Seem good

EXAM. URINE,

GYNAECOLOGICAL EXAM., Laceration cervix & Simple Hemorrhage over

MENSTRUATION, Since admission Left baby 2 weeks old

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Careless, Careless

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Medium, Poor, Very poor

SLEEP, Good, Poor, Very poor Irregular,

PULSE, Very irregular & weak RESP., V TEMP., From 99 to 101 sub

CRANIAL MEASUREMENTS, admission

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

1893 This patient was brought here by her husband and Deputy Sheriff
This attack began about five days ago - Manifested maniacal behavior, delusions, and hallucinations. No disposition to injure others. No destructive habits
March 7 Ate breakfast Behavior very restless During night and part of time Did not sleep Talked Quite rambling
" 8 Refuses to eat Did not sleep last night Tears up bedclothes Talk is incoherent Tries to bite and tears herself around
" 9 Moved to C.H. Struggles all the time Requires constant holding Talks most of the time incoherently Has many delusions Appetite better Has bruises about face and arms Very destructive to clothing Bowels regular Dance of Jeanne at 2 P.M. Slept all afternoon and evening Roused most natural in the evening Washed out her mouth four times
" 10 Still very restless and destructive Appetite poor today Was held apart of the day Bowels did not move
" 11 Gave a hot salt bath at 11 A.M. which quieted her until bed time Appetite poor Bowels have not moved Incoherent, noisy and destructive Has a cough
" 12 Still refuses all medicine Was on the bed part of the day crying a good deal but complains of no pain Seems hungry Ate fair very little More quiet Bowels have not moved
" 13 Flowing upon today Gave enema Was on the bed during the afternoon Very restless and feverish Bowels moved in evening
" 16 Temp 101.4 Gave enema and bowels moved freely Gave a Bichloride douche March 17 Gave Bichloride douche Kept in bed
" 17 Temp 99 - Salt baths & Bichloride douche -
" 19 Temp normal - Restless and noisy Have hot cloth
" 30 Restless and was out of bed at times during the P.M.
April 4 Fought all the morning Very cross and irritable
" 6 Very restless during night Fought during morning Refused food tried to bite & scratch
" 8 Nursed her with a good deal of struggling - Ugly on the ward
" 18 Husband came to-day and took her home - She was very cross & stubborn Had not improved any mentally but physically was much better. For daily record see Clinical Chart

Personal and Medical History of Mary Allison



Whole No. 3288

Residence, St Paul Ramsey

Date Admission, March 6 – 1893

Admitted by, Dr Moore Hour, 8.15

How Sent, Ex. of Prof. J. B. Alli

Sex, Female

Age, 25

Civil Condition, Single

Children,

Age Youngest Child,

Occupation, Tamester

Degree Education,

Profession Religion, Lutheran

Habits, Good

Nativity, Sweden

Physicians Committing, A. B. Anderson and Dvid Martell

Correspondents, A. P. Allison Bro. 723 Jackett St Paul

No. for Year, 2nd

Insane Relatives, None

Cause Exciting, "Probably a love affair"

Cause Predisposing, Unknown

Form, Chronic Mania

Accompanying Bodily Disorder, None

Suicidal or Not, Not

Date of this Attack, 1892.

Duration, 1 yr

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 24.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Somewhat confused

Quick or Sluggish, Sluggish

MEMORY:

Past Events, Seems good

Recent Events, " "

Special Subjects, " "

PERCEPTIVITY:

Alert or Dull, Fairly alert as to questions

Correct or Illusive, Quite correct

REASONING POWER:

Ordinary Subjects, Not good

Own Mental State, Not good

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm, Calm

Indifferent, Rather

Exalted,

Depressed,

DELUSIONS: None determined

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS: None determined

ILLUSIONS:

CONVERSATION: Answers questions quite

Coherent or Incoherent, well

Voluble or Reticent, Reticent Only answers questions. Very quiet

Personal and Medical History of Mary Allison

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2 3/4 in WEIGHT, 128 1/2 lbs NUTRITION, Good

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, slight Coatings, Pale and coated Promptness Movement,

PUPILS, Equality, Equal Size, Normal

Response Light, Good Accommodation, Good

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Good

Legs, Good

TREMORS, Hands, None Tongue,

Facial Muscles, None General,

REFLEXES, Patellar, Normal Equal - About 0

Other Reflexes,

ARTICULATION, Hesitating, Rather hesitating Slurred,

FACIAL EXPRESSION, Restless

SENSIBILITY,

HEART, Sounds are normal

LUNGS, Seem in good condition

EXAM. URINE,

GYNAECOLOGICAL EXAM.,

MENSTRUATION,

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Clean Careless,

BOWELS, Normal, Constipated, Irregular,

APPETITE, Good, Good Medium, Poor,

SLEEP, Good, Sleeps well Poor, Irregular,

PULSE, 78 RESP., Normal TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations, Mother died of Phthisis

Father or Pat. Relations, Father died of Typhoid Fever

Brothers or Sisters, One bro. healthy

Personal and Medical History of Mary Allison

1893 This woman was brought here from St Paul where she has been working and as a domestic She has been acting strangely for about a year About one year ago the man to whom she was engaged left her and it was thought this had something to do with it She imagines she has property for which she said $5,000 had deeded she was God fearing She has always been a hard working, industrious girl until within a year She has been sleeping for the last three months in rooms in a tenement house by herself When demand was made for the rent she said the prophet was her that she had paid $5,000 for it said that she was God and that she could not be dispossessed When the Sheriff entered the house to take possession she became violent

March 7 Very quiet and natural in behavior Likes to have her own way Does not talk unless addressed Answers all questions sensibly Appetite good Bodily condition seems at both good No Urine Bowels regular Makes no complaints

" 8 Tangles in a silly way at times Otherwise about as yesterday

" 10 Helps a little in the dining room Neat and clean

" 11 Seems a little cross if anything happens that does not exactly suit her.

" 12 Very quiet Does not walk around as much Talks easily when addressed Bodily health seems good

April 14 Moved to Annex Very quiet and talks very little

May 19 Neat and clean in appearance Generally sits quietly but talks quite sensibly Does very little work

June 12 General health good Quiet and well behaved

July 19. 93. Appetite good. Very quiet, neat & clean Goes riding & walking. Gen. health good

Sept 14 " Habits clean & neat. So quiet. Appetite & general health good

Oct 16 " Visited by her brother. Did not talk much to him. Oct 19 93 Has worked in the dining room a little for several days. No other change

Nov. 7. 93. Stoped work in dining room. Febry. 9. 94 Works in dining room occasionally. Gets quite angry at times. Appetite good. Habits clean. May 9. 94. Appetite good. So quiet, clean in habits. Worked in the laundry for a few days, but soon got tired of it. Goes riding & walking. Gen. health good. June 21. 94 Appetite good. Is quiet. Clean in habits. Will work a little in dining room occasionally. Goes riding & walking. Gen. health good. Sept. 19. 94 Appetite good. Clean in habits. Is quiet, works in dining room most of the time. Goes riding and walking. Gen. health good. Oct 9. 94 Sick. Did not get up this a.m. Complains of head and limbs aching. P 84 T. 100 4/5 Oct 4. 94 Some better to day Oct 5. 94 Up on ward

Personal and Medical History of Mary Allison.

1895. Jany 28: Appetite good. Clean in habits. but untidy in personal appearance. Works in laundry. Is rather quiet in behavior Is growing more fleshy. Talks but little and then in an incoherent manner. General health good. Sits riding & walking

March 14 95: Appetite good. Clean & tidy in habits. Quiet in behavior Works in laundry talks but little & then incoherently. Gen health good Menstr. Mch 23., Apr 16 + May 11. 95:

June 27 Appetite good. Clean & tidy. Quiet. Occasionally becomes excited & incoherent. Works in laundry daily. Gen. Health good.

Aug 6 No change. Sept. 11 Menstr. Sept 27 Appetite good - Clean & tidy in habits. Quiet in behavior Talks incoherently. Works in laundry. Gen. health good. Goes riding & walking

Oct 10 Menstr. Nov 27 Appetite fair. Gen. health good. Tidy in habits. Talks incoherently. Jan 6 Menstr. Jan 20 Appetite good. Clean & tidy in habits. Quiet in behavior

1896 Works in laundry - General health good. Color pale. Goes riding & walking

March 10 Appetite good: Clean in habits: Is not noisy but restless at times. Works in laundry. Talks incoherently: General health good: Takes out door exercise. Apr 9 Has not been feeling well for several days. Complains of headache P. 94. Tgg. 98 R 24 Apr 20 Came from laundry sick. Had been vomiting. Complained of slight headache. P. 80. Tgg. May 8 Menstruates regularly

Summary Nurse's Notes by Dr S. L. Phelps: Menstr. regular: appetite good: works in laundry: gen. health good: Oct 96 no change: Feb 97 Gradually failed mentally: keeps himself less neat & is less intelligent in appearance: Apr 97 Habits clean: Gen. health good: July 27 97 Lungs & Heart examined: somewhat anaemic: Gen. nutrition good: Chest expansion fair Resp. 22: percussion note normal: Heart - no murmur: Second sound weak: otherwise normal: Pulse 76 & full. (Recorded by Dr. R. M. P.)

1897 Oct 30 1898 Feb 9 General health fairly good - behavior constantly quiet: usually neat: Weight 157 lbs.: Dec. 6 98 Intervening notes show no change in condition or behavior: Works in laundry. Is quiet & well behaved: talks intelligent in appearance: Tho will not talk much (Recorded by Dr. R. A. Babb)

Mar 6 to Sept 99 Gen. health good: appetite good: menstr. regular: sleeps well: untidy in appearance: very quiet, seldom speaking but appearing to understand what is said: works in laundry - attends Chapel and entertainments. Aug 8. Wt 156#

Sept 1 - Feb 28 1900. Neat in habits but careless about appearance: Works in laundry: quiet does not converse: Eats & sleeps well. Takes out door exercise: General health good. Jan 1 Wt. 155.# March 1 - Aug 31 Restless when not at work. Answers questions but rarely talks. General health good. Attends chapel & amusements. Assists in laundry. July 25 Vaccinated. Sept 1 - Nov 30 Appetite good: Bowels regular: neat & clean. Nov 24. Wt 148# Dec 1 - Feb 28 1901 No change mentally or physically. Mch + Wt 146. Mar 1 - June 1 1901 No change. assists with work in laundry. May 31 Wt. 155 1/2#

June to Sept. Works in the laundry, takes out door exercise, attends amusements, Sept. 3 Wt. 111#. Sept to Dec. works every day; attends chapel and amusements, menstruates regularly. Dec. 1. Wt 154#.

Continued Page 324

Personal and Medical History of Charlotte E. Robinson

Whole No. 2293
Residence, Clyde Winona Co
Date Admission, March 11 1893
Admitted by, Dr Kellam Hour, 3 P.M.
How Sent, In Prof Shaw Train
Sex, Female
Age, 22
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Lived at home
Degree Education,
Profession Religion, —
Habits, Good
Nativity, Minn
Physicians Committing, E. W. & E. C. Crane
Correspondents, Sidney H. Robinson Bro St Charles Minn. / Jamie Robinson Clyde Winona Co

No. for Year, 206
Insane Relatives, None
Cause Exciting, Getting last on train
Cause Predisposing, Nervous temperament
Form, Acute Mania
Accompanying Bodily Disorder,
Suicidal or Not, Not
Date of this Attack, 1893 March
Duration, Quick
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 22
Time of Leaving, June 26th '93
Time in Hospital, 3 mo 16 da.
Result, Recovered.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Quick
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Fair
Alert or Dull,
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Very much
Depressed,
DELUSIONS: Many
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Very incoherent
Voluble or Reticent,
Valuable Nurse & needs constant attention

Personal and Medical History of Charlotte E. Robinson

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 138 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, [illegible] Coatings, Slight Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Equal about 4
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Sounds are regular
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Poor Irregular,
PULSE, Normal RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Sudden

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Charlotte E Robinson

1893 This woman was brought here by her brother and two lady friends. Symptoms of insanity have been manifested within one week. She went down to New Orleans to visit a brother and when starting for home took the wrong train and was last spot to Galveston. Her relatives have found her in her present condition. Very incoherent. Slightly Profane. Has shown some disposition to strike. No filthy habits.

March 11. During the P.M. was restless crying and asking for her friends. Talks very incoherent. Appetite good. Slight cough. Bowels constipated. Slight bruise under body. Temp. 95. P 70.

" 12. Very restless at night. Slept badly. Fighting and noisy most of the day. Noisy in talk. Temp 96. P 76.

" 13. Slept better last night. Appetite good. Inclined to run around and turn up things. Inward if not watched. Is noisy most of the day. P 73.

" 14. Still noisy, mild and troublesome in seclusion most of the time. Bowels constipated. Sleeps well. Destructive & noisy in talk.

" 15. Appetite good. Restless at night. In seclusion during the day. Crying & noisy. Destructive & noisy at times. P 74.

" 16. Appetite not as good. Still restless & incoherent. P 76.

" 17. Behavior quite hysterical. Talk is incoherent and incoherent. Inclined to make trouble. Noisy and cries a great deal.

" 23. P. 76. Runs out on the hall. Much more quiet and not destructive but still very incoherent in her talk.

April 7. Very mild, noisy and incoherent. Moved to E 4 today.

May 15. Appetite good. Very noisy day and night. Incoherent and silly in talk and behavior. At times violent. Menstruated June the 8th to 13th. Bowels regular. May 18. Visited by her mother. Could have nothing to say to her. Very excitable, noisy and incoherent. May 22. Was extremely noisy most of the night. Destroyed a sheet. Came sleeping down but slept only three hrs. May 30. Was quiet, asks about her friends at times. Wanders about the ward. Mischievous in behavior.

June 13. Has improved a good deal. Says she wants to go home as soon as she can. Now quiet and talks quite sensibly. Neat and clean. Dental health good.

Discharged Nov. 8" 93,

Personal and Medical History of Mary Allison

Up to Feb 1st 1903. General health good: appetite good: bowels regular: sleeps well: takes exercise: attends chapel and amusements: works in laundry: neat in habits and appearance: quite agreeable on the ward: answers questions freely.
Sept 1st Wt 102#

Personal and Medical History of Margaret Tast

Whole No. 3295
Residence, Tamhantt Rice Co
Date Admission, March 15 1893
Admitted by, Dr Phelps Hour, 2 P.M.
How Sent, Of Prof. P. A. Matt
Sex, Female
Age, 22
Civil Condition, Married
Children, 1
Age Youngest Child, 3 mos.
Occupation, Housework
Degree Education,
Profession Religion, R.C.
Habits, Good
Nativity, Minn
Physicians Committing, D. M. Cook & N. Jackson
Correspondents, R. Tast Husb
Tambantt Minn

No. for Year, 207
Insane Relatives, None
Cause Exciting, Puerperal
Cause Predisposing, Unknown
Form, Acute Mania
Accompanying Bodily Disorder, Recent child-birth
Suicidal or Not, Not
Date of this Attack, Feb 1893
Duration, 3 weeks
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 22
Time of Leaving, Sept 23. 1893.
Time in Hospital, 6 months 8 days.
Result, Improved

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused Very much
Quick or Sluggish, Excited & noisy
MEMORY: Seems good
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Very much
Depressed,
DELUSIONS: Has many
Systematized or Not, Ha
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent
Voluble or Reticent, Voluble
Very noisy

Personal and Medical History of Margaret Tast

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Poor
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Broad Coatings, Some inactive Promptness Movement,
PUPILS, Equality, Equal Size,
Response Light, Good Accommodation,
SIGHT, Seems Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, Slight Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, Equal and about 0
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Irregular quick and rather tumultuous
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Poor Irregular,
PULSE, 100 to 110, irregular RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, 3 months ONSET GRADUAL OR SUDDEN, Sudden

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother living
Father or Pat. Relations, Father "
Brothers or Sisters,

1893 This woman was brought here by her husband and sister Dep Shf. J. A. Stewart. This attack began immediately after child birth, about three weeks ago. When she began to talk incoherently and tried to get out and run away. Never had any sickness or attack of this kind before. Had a very hard childbirth. Placenta was retained for two hrs after the birth. She does not sleep well. Appetite is very ravenous. She is very noisy but not violent. Katatonic hypodermic of Hyoscine & morphine given

March 10 Wanders about the ward, crying, wanting her friends. Talk is very incoherent. Ate very little. Bodily condition clean. No hyperpyrexia. Bowels constipated. Breast hard and red attention June 98 P. 74-

" 16 Talks wildly and in a wandering way. Difficult to get her to take medicine. During the morning the pulse was rapid and thready. One dose of Valerian & Hyoscine ordered to relieve it. Much more quiet during the P.M. though mild hyperpyrexia. Remains in a mild acute maniacal state.

" 17 Seems to be improving. Talks more rational. No appetite. Sleeps restless. Noisy & talkative. Fights at times. Inclined to wander about the ward. P. 76- Refuses to eat

" 18 Appetite poor. Noisy and restless at night. More quiet afterward during the day. Does no work. Asks for her clothes and her baby. P. 70- R. 18-

" 19 Much more quiet. Refuses to eat or to take any medicine

" 20 Sleeps well. Bowels regular. Behavior quiet. Both contented and talks sensibly. Beginning to realize her condition. Made internal application of Hoyt and found same location and some hemorrhage. Cleansing douche given

" 21 Appetite now good. Sleeps well. P. 73- R. 18-

" 23 Very quiet and lady like. Pleasant and talks well. Appears to go home to her baby & seems so well enough

April 6 Husband called and took her home today. She had quieted down and was about well though a little excitable in her manner.

June 5 Returned today by her sister.

" 7 93. Patient mischievous & behavior. Talk incoherent. Appetite good. Sleeps well. Cleanly in habits. Bowels constipated.

June 8th 93. Appetite good. Sleeps well. Noisy at times. Behavior about the same.

" 9 " Behavior about the same. Talk silly at times. Bowels regular. Slept well during the night

June 10. 93 Removed to B. 4. July 5 93 Appetite good. Bowels regular. Violent & behavior. Is very noisy at times. Destroys her clothing. July 14 93 Somewhat quieter & behavior. July 28 93. Noisy at times, Very untidy in appearance, usually becomes violent if spoken to about keeping her dresses buttoned or being noisy. Aug 28 93. Has been very quiet for about 3 weeks. Sings a word, says she would like to go home.

Sept 1 93. Removed to B1 Sept 10. 93. Appetite good. Sleep good, behavior quiet, clean in habits. Talks very sensibly. Sept 28. 93. Went home on trial very much improved. While her condition was very unstable seemingly, it was still quite well at times of going.

Personal and Medical History of Celia Klein

Whole No. 3296
Residence, St Paul
Date Admission, March 16 - 1893
Admitted by, Dr Kellam Hour, 2 P.M.
How Sent, in Prof J. D. Olivers
Sex, Female
Age, 32
Civil Condition, Married
Children, 2
Age Youngest Child,
Occupation, Housewife
Degree Education,
Profession Religion, R.C.
Habits, Tendency
Nativity, Germany
Physicians Committing, J. Stamm & E. H. Whitcomb
Correspondents, P. J. Kleine
602 Jackson St St Paul Minn

No. for Year, 308
Insane Relatives, An Aunt
Cause Exciting, Unknown
Cause Predisposing, Previous att
Form, Dementia
Accompanying Bodily Disorder,
Suicidal or Not, Threatened
Date of this Attack,
Duration,
No. of Attack, 2
No. of Admissions, 2
Age First Attack, 26
Time of Leaving, Oct 7. 93.
Time in Hospital, 6 mos 21 days
Result, Rec'd

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY: Fair
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Fair
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Says has no headache

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Indefferent
Exalted,
Depressed,
DELUSIONS: None determined
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: of hearing
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Reticent
Spark & Schanion that of dulled and weakened mental state

Personal and Medical History of Celia Klein

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 3/4 in WEIGHT, 132 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation, Good
SIGHT, Seems good
HEARING, Good
COORDINATION, Arms, Seems good
Legs, Seems difficulty in standing on one foot
TREMORS, Hands, Seems swaying as standing with eyes shut Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Equal to mite ankle clonus
Other Reflexes,
ARTICULATION, Hesitating, Pattern Slurred,
FACIAL EXPRESSION, Cross and rather sullen
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Poor Irregular,
PULSE, 80 RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Celia Klein

1893 This woman was brought here by Dep. Sheriff Kirk and Mr Acken Matron of jail - Was born in 1856 May and left in May 1887 - Has hallucinations and used violence toward her children Has attempted to commit suicide - Suitable and habits filthy & destructive Has been under Physicians care and is committed as beginning Paresis

March 17 - Mischievous and troublesome in disturbing and tearing things up on the hall Talked sensibly at first but talks irrelevant & incoherent Dirty habits Bowels regular

" 18 Laughs and talks to herself Wanders about and threatens violence

" 19 Stuffs wanders around in the ambers way and gets into mischief

" 20 Helped work in dining room to day - Restless & nervous

" 21 Works in the dining room - Stuffs mischievous and wanders about

" 22 Struck one of the ladies in the face at last time - Restless & silly -

" 23 Cried some and asked to go home - Cries at table - Restless

" 28 Has been quiet though was thought to be violent

" 31 Has been groaning moany and threatened when moved to Ward

May 10 Caused no trouble on the ward - Appetite is good Talks very little and only when addressed -

" 19 Very quiet Her talk is silly and incoherent General health is good Does no work -

May 23 Sent to the Annex Has been quiet and caused no trouble - General health has been good

June 12 Does no work Manifests no interest in anything General health good - Stupid and dull in mind

July 21. 93 Works on sleeping flat. Is quiet, clean, eats appetite good, rides walks. Gen health good Aug 1. 93. Visited by her husband Oct. 4. 1893 Works on ward. Is quiet habits, neat and clean. Appetite good. Is very anxious to go home. Gen health good Oct 7. 1893. Went home. Had been quietly improved for 3-4 weeks at Annex, in an unnoticed way. Went home quite well and in a reasonable frame of mind.

(from p. 364)

Mary Johnson

No change: Feb. 98 Gen'l health good. Very cross & silly in manner often cries loudly & noisily for hours at a time: has many delusion: talks incoherently: May '97 No change: July 97 Habits clean, but careless about appearance: Often violent at night: gets up & strikes other patients: Is quite thin in flesh appetite not very good (Exam'd by Dr R. M. Phelps) Nov. 27 97 Cries somewhat noisily at times & at times is violent: General health good: condition shows little variation:

Personal and Medical History of Mary Johnson

1898

Feb. 7 Weight 95 lbs.: Feb. 26 '99: Bowels hat noisier of late: Has spells of crying very loudly: General health about the same. (Continued by Dr. T. E. Babb)

Mar. to Sept. Appetite good: bowels & menses regular: does not always sleep well: untidy in appearance & habits: takes out door exercise occasionally very much disturbed: extremely noisy so that it is necessary to exclude her: During these hysterical spells she puts her fingers in her ears, screams & kicks & becomes very angry and cries in the face. Has many delusions. Is always incoherent at times cries.

1899 Aug. 29 Wt. 100 #. Sept. - Feb 28 1900 Extremely noisy & violent at times Sept Struck M. Ward. Put in seclusion - Oct 4. & Nov 22 extremely noisy & violent. Appetite good Menstruates regularly. Takes outdoor exercise: Cathartics given at times Nov 22. Noisy attacked nurses: held one hour - in seclusion 6 hours

March - Nov 30 1900 Dec 22 Extremely noisy & excited after 6 P.M. Bit her arms & struck herself: Nov 8 14. Talks incoherently appetite good: Does not sleep well: Takes outdoor exercise Requires cathartics: Menstruates regularly. Nov 20 Wt. 104½ #. Dec. 1 - Feb 28 - 1901. Feb. 15 Wt. 104. At times violent. General health good, otherwise no change.

Mar. to June 1901 No change in either mental or physical health. May 29 Wt. 100 #.

June to Sept. Patient shows no change in general condition Aug. 30 Wt. 104 #.

Sept. to Dec. General health good, takes out door exercise, dirty in habits, uses vulgar language, at times throws dishes and strikes other patients, Wt 102 3/4 #.

December 31 - 1901 Wt 102½ #. No change.

March to Dec '02. Genl health good: Patient scolds and is cross a great deal: is very profane & violent striking other patients, vulgar in language: eats & sleeps well: dirty in habits: unoccupied. &

Personal and Medical History of Ella Tilbert

Whole No. 3297
Residence, St Paul Ramsey
Date Admission, March 16- 1893
Admitted by, Dr Phillips Hour, 7 P. M.
How Sent, Clerk of Court Grand Robert Jr
Sex, Female
Age, 28
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Domestic
Degree Education,
Profession Religion, Protestant
Habits, Good
Nativity, U. S.
Physicians Committing, A. B. Aucker & E. X. Amoss
Correspondents, Simon Tilbert (Father)
Osage Iowa

No. for Year, 209
Insane Relatives, Unknown
Cause Exciting, Unknown
Cause Predisposing, Unknown - Previous Attack
Form, Acute Mania
Accompanying Bodily Disorder, Abuse of jaw
Suicidal or Not, Is Suspected
Date of this Attack, 1893 Feb.
Duration, About 4 weeks
No. of Attack, 2
No. of Admissions, 1
Age First Attack,
Time of Leaving, Nov. 23. 1896
Time in Hospital, 3 yrs. 8 mo 7 da.
Result, Died. Tuberculosis Pulmonalis.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Will not answer any
Recent Events, questions
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive, Illusive
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Weak and lies quietly in bed most of the time

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Indifferent but at times
Exalted, Exalted & quite violent
Depressed,
DELUSIONS: Seems to have many
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Will not talk only
Voluble or Reticent, by spells then she is very incoherent, noisy & rest-less

Personal and Medical History of Ella Tilbert

1893

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Poor
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, [illegible] Coatings, Promptness Movement,
PUPILS, Equality, Equal Size, Mdely dilated
Response Light, Could not test Accommodation,
SIGHT, Seems good
HEARING, Seems good - Will not talk
COORDINATION, Arms,
Legs,
TREMORS, Hands, None noticed Tongue, Can not examine
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Regular
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM. Endometritis, Slight erosion and discharge Right labia majora Vestibule Considerably
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 88 RESP., TEMP., 99
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Ella Tilbert

1893 Their woman was brought here by Dept Sly and Mr Winkleman Symptoms first manifested about few weeks ago Was admitted at City Hosp St Paul Feb 12 with erysipelas of face and which then developed symptoms of insanity treated by cleaning, purging and sleeplessness Has been under Dr C. E. Riggs treatment since admission to hospital Is thought to have had a previous attack though no definite history can be obtained

Mch 17 Quiet in bed all day Seems quite weak & pale Appetite poor Has an abscess on right side of jaw Will not talk Bodily condition clean

" 18 Temp 100 during the night Lying quietly in bed this morning Will not take any food Will not talk

" 19 Habits untidy Refuses food Moved to sick ward Dressed face and put her to bed Temp 99 Pulse 88 R 21 P.M. 110

" 20 Same to day may run very noisy for an hr in the morning Temp 99 P 98 A.M. P.M. 110 R 21

" 21 Appetite very good Beginning more noisy and excited Bowels constipated Refused to take medicine Temp 99 P 116

" 22 Very noisy at times Temp 97 2/5 P. 90 A.M. P.M. 100

" 23 Has been very noisy and restless Temp 98 P 116 Moved to 34

" 24 Requires constant watching and holding Noisy & incoherent

" 25 More quiet to day At times will talk sensibly but her mind wanders Requires watching Face dressed daily

June 30 93. Appetite good Sleep good Behavior quiet Talks little Thinks she has hidden delusions. Menstr about 28th July 28 93. Appetite good Sleep good Behavior quiet Talks little Spoke of herself once, said she knew she was not well, but time would effect a cure. Menstr: about 15th.

Aug 31 93 About same, menstruated the 28th.

Sept 29 " General treatment given. Appetite fair Sleep good Behavior quiet Talks little Laughs to herself Never Complains Menst about the 4th

Oct 31 - Nov 2 93 Appetite fair Sleep good Behavior quiet Has been sick in bed 3 days Complains of feeling weak. Menstruated 2nd 30th

(Oct 29 Local treatment given, Hot douche given, Uterine treatment given 12, hot douche, 13, treatment given 16, 20)

Nov 24 93 Has had treatment given 3 times a week with hot douche the next day. Tonic given She is gaining in strength Menstruating now. Nov 30 93 Appetite fair Sleep good Taking tonic No treatment since menstruated. Dec 15 93 Has been sick in bed 10 days Complained of headache and feeling very weak but is considerably better now. Sat up about 3 hrs yesterday and a short time to day. Dec 30 93 Appetite fair. Sleep not very good. Was sick in bed from 24 to 28. Seems to be all run down. Takes tonic continually. Menst about 22nd

Personal and Medical History of Ella Tilbert.

Complains of stomach not right. Jany 31 94. Appetite fair Sleep good most of the time Has been feeling better this month. Menstruated about 20th but was in bed part of 2 days at that time. Febry 28 94 Appetite fair Sleeps quite well Does not talk much Complains of headache occasionally Menstruated about the 22nd Mch 28 94 Appetite good Sleep good Cleanly habits Behavior quiet. Talks sensibly Apr 27 94 Massage by Edmonberg. Apr 18 94 Not very well this morning. Complains of bad stomach Med ordered Apr 17, 21 23, 25 27 Massage

Apr 30 94 Has been in bed to day. Did not complain of anything special. May 7 94 Massage May 14, 20 Massage. May 22 94 Has had local treatment about every other day Discharge is much less. May 25 94 Massage. May 30 94 Appetite poor Sleeps quite well Complains of being tired and of headache. June 1 94 Massage Appetite poor Very quiet & melancholy at times Bowels Constipated, pr double

June 25 94. Menstruated. Massages: June 27 & 30. July 3, 5, 8, 11, 14, 16, 18, 20. July 22 Menstruating July 30 94 Appetite poor Is very quiet Talks quite sensibly, but very little Is now in bed Complains of a headache and feeling weak At times bowels constipated. Massages Aug 2 4 7 & 30.

Aug 4 Retd to Infirmary Ward. (See nurse record case No 2) Sept 1, 5 Massage. Sept 8 94 Menstruating Sept 9 Assists some with ward work Appetite good Seems somewhat brighter Sept 11 13, 15, 18 21 Massage Sept 24 Menstruating Sick in bed 2 days Obtained urine Urine examined Oct 9 94 Mendr: Complains of backache Appetite poor Helps a little with ward work

Oct 26 94 Seems to be fading Lies down a good deal Complains of backache. Nov 3 94 Appetite very poor Very quiet on ward Seems to get weaker Complains of backache, does not do any work. Ordered Menstruating.

Nov 9 94 Appetite fairly good. Sick in bed one day, quite weak & lies down part of each day. Mendr. Dec 26 94 Bowels regular Taking tonic & urine Mendr. Jany 2 95 Clean and neat in habits. Very quiet. Talks very little. Jany 26 95 Complains of feeling weak lies down most of the day. Febr 26 95 Menstruating. Feb 27 95. Sick in bed: Mch 24 95 Very quiet, appetite good Sleeps well. Complains of feeling weak Tonic Takes tonic. Mendr. Mch 29 95 Sick in bed 4 days, has pain in back, head & feeling weak Appetite fairly good Takes tonic. Apr 11 95 Sick in bed, powder given every 2 hrs Apr 12 95 Sick in bed, complains of dull heavy headache and a sort of backache and ache, liniment applied. Apr 13 95 Complains of cold feet & Pain. Hot bottles applied. T. 99. P 120. R xx. Pills given to relieve the pain. Chloride Apr 20 95. Complains of pain in head & ache, also backache. Obtained urine, bowels reg. T. & P normal Apr 23 95 Menstruating. May 5 95 Sick in bed complains of dull headache and sore bowels Sore throat Apr 24 95 Menstruating Heavy and pain in side Appetite Good. Takes tonic May 8 95 Up on ward seems tired some better. May 13 95 In bed sick, complains of backache Appetite good. May 22 95 Complains of feeling weak, head ache, pain in back May 28 95. Up on ward, feeling better

June 7 Sick in bed. Complains of backache & headache. Seems very weak. June 14 Up on ward a little better - Appetite poor goes out walking. June 18 Sick in bed. Menstr. July 2 In bed sick with headache, pain in back. Takes tonic

July 25 Menstr. July 28 Sick in bed complains of headache. Aug 9 Menstr. Has been on ward two days.

Aug 27 Appetite good. Quiet. Talks little Complains of headache & backache a good deal. Bowels regular Takes tonic Electric treatment given about ten minutes.

Sept 10 In bed - Has pain in back & seems very weak. Menstr. Sept 12 Upon ward feels better Electricity given about 15 minutes Ditto - Sept 14, 24th, 26th

Oct Menstr. about 2 nd - Oct 11 Some better Has not complained of any pain in back for some time. Behavior quiet. Appetite good - Does not walking - Takes tonic

Nov 3 - 14 Electricity given. Nov 21 In bed one day Head ache - 24 25 Electricity given

Dec 3 Menstr. Dec 6 Appetite fair - Behavior quiet Sleeps well. Takes tonic: does no work: Urine & B1.

Jan 14 Menstr. Jan 16 - 19 Sick in bed: Complains of stomach & pain in back.

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Personal and Medical History of Annie Neumann

Whole No. 3303
Residence, Baytown Washington Co.
Date Admission, March 20 - 1893
Admitted by, Dr Phelps Hour,
How Sent, Jo. Prob. Rudolph Lehmicke
Sex, Female
Age, 33
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Dressmaker
Degree Education,
Profession Religion, Prot Episcopalian
Habits, Intemperate Drinks & Suppose to Morphia
Nativity, N. Y. C.
Physicians Committing, Drs J. C. Rhodes & C. D. Marshall
Correspondents, William Neuman
Stillwater Minn

No. for Year, 214
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing,
Form, Paranoia
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, 4 yrs ago
Duration, 4 yrs
No. of Attack, Many during past 4 yrs
No. of Admissions, 11
Age First Attack, 29
Time of Leaving, May 29th '93
Time in Hospital, 2m 9 ds.
Result, Improved.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Fairly clear
Quick or Sluggish, Quick

MEMORY:
Past Events, Seems correct
Recent Events,
Special Subjects, Impaired

PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Fairly correct

REASONING POWER:
Ordinary Subjects, Fair
Own Mental State, Not very good
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:
Says has been suffering from indigestion for past 8 mos. Able to work only part of time

EMOTIONAL STATE:
Normal, Calm, Ordinarily calm but
Indifferent, easily excited
Exalted,
Depressed,

DELUSIONS: None determined
Systematized or Not,
Special Subjects,
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent, Coherent & rational
Voluble or Reticent, Talkable in voice & manner

Personal and Medical History of Annie Neumann

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 127 NUTRITION, Rather poor
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, None Promptness Movement, Normal
PUPILS, Equality, Equal Size, Dilated
Response Light, Accommodation,
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, None General,
REFLEXES, Patellar, Normal & Equal
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Fair
SENSIBILITY,
HEART, Normal
LUNGS, Seem good constitution Had Pleurisy on right side at one time
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Medium, Poor, Poor
SLEEP, Good, Good ordinarily Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Slow ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother ~~or Mat. Relations~~, Died when she was 8 yrs of age
Father or Pat. Relations, Father had paralysis five yrs ago
Brothers or Sisters, Family healthy.

Personal and Medical History of Annie Numan

1893 This woman was brought here by Deputy Sheriff and lady attendant. First symptoms were manifested about four years ago by uttering her Mother and would not eat with the family. She has been unbalanced mind at short intervals ever since Insanity manifested upon the subject of love and marriage. Shows a disposition to injure others when in sudden passion. No epileptic habits. Has been under the treatment of Dr. Rhodes Jones Dr. Pratt of Stillwater and Dr. Wheaton of St. Paul. Has taken Peruchs Formula

March 21 Restless, wandering up and down the ward. Asking for water etc. Talks quite well on different subjects. Appetite poor. No injuries. Bowels regular.

" 22 Rather silly in talk at times. Appetite poor. Moved to A. Ward with almost disgust at surroundings and things in general. Bright but rather unmanageable.

" 27 Dirty in bed most of the time. Petulant & cross about being here. Otherwise fairly neat clean and healthy. Behavior quite well.

" 29 Appetite poor. Habits clean. Behavior quiet most of the time. Talks quite silly.

" 30 Dirty in bed. Reading each morning. Says back is lame that was hurt by overturning of carriage when they brought April 1st her.

" 6 Sent from A2 to B1 - Was reported as trying to pick the screen lock on A2 during the night.

" 27 Behavior usually quiet. Sits in her room and reads much of the time. Complains always of lack of strength - Afraid of nervous exhaustion.

May 1 - Made her escape from the ward during the night. Cut herself down from stairs by means of blankets and carpet tied together. Managed to get away four or six miles but was overtaken and brought back.

" 12 Stays in room most of the time. Appetite good.

" 22 Very amiable. Talks a good deal about the injustice of her being kept here. Not truthful in her statements. General health fairly good.

" 29 Was sent to St. Paul today. Brother was notified. Was in an unstable mental condition.

Rochester Apr. 21st.

Dear Mr. Rogers:- I have been particularly unfortunate, and venture to write to you for advise. First I will say that I gained my suit against Mrs. Rose Sheran, and received $120 damages, although he did not get around to it until last month, and the collection has not yet been made. Meantime I have him stay in St. Paul, until a few weeks ago, when I went to Stillwater to attend to something. I had not been there but a few days when I went down to see my father, as I had been staying at the Hotel during my visit there. In had not been in the same house but one hour, when I was arrested and taken to the Court House The Warrant read that I was insane; what more it said I did not hear; I was so shocked that I did not hear anything more for I could not think what the insane act had been; when I got there, I found too physicians their views are of no account in Stillwater or elsewhere They asked me how I slept and I said that I usually slept 10 or 12 hs They asked me how my appetite was, and I told them that it was very good. They wanted to know if my eyesight was not very poor, and on the contrary it is very good. They asked me next if I knew what I was up at the court house for, and I told them that the warrant read that I was insane, but old them considering how my folks had been treating me, it would not be any wonder if I was, but that I was not insane. I was then told to go back to the hotel, and I thought that the other were convijced that I was all right; but some of my lady fiends told me that I had better go to St. Paul, that they did not intend that I should leave the city. So I did not take a train from the depot, but took an electric car to S. Stillwater, and from there I walked to Hudson and from there to St. Paul, but few days later they came to St. Paul and took me right to Rochester without seeing a y one; I had spoken to the Lawyer, and he told me not to keep out of their way, but if they came to send at once to him; but they would not let me see any one, but took me right to the train and before I was aware what they were going to do I found myself here. The first few days I thought it would be sure death, but some how I have managed to keep alive; there have not any of my relatives ever been insane, and I am sure I am not and the parties that send me here, did not think so. I have written to my Father but he knows nothing about all this, and am very much afraid that he never got my letter . And I know that my younger brother dont know what to make of it, and I know that most everyone that I know, that when one is sent here that is perfectly well, they are sent right back again. But somehow they do not do it here. They seem to be waiting to hear from some one that knows my circumstances, and I do not tell them to very many people. I know that I told you about it, or them, making me help to pay for that home, and their disinheriting me, and not returning a rent of money to me, when I wanted it so much. I dont think that any woman could ever have been more inhuman, than Mrs. D.M. Newman and it seems that my brother ~~and~~ William had something to do with it, for at the time that I asked him to pay you for me, until I receive my money, he told me that he did not care if I lost it all. Since then I have not felt very pleased toward him, and this has made him angry, and whatever the warrant reads, it is not true what they say about me. It says that I have been unreasonable, and would scold whenever I come home. This is not true at all, but I often cried for being treated so unkindly. What can be done? Please let me know what can be done for me, Miss Newman.

From Miss A.R. Newman,

Address Lock Box C.

Please answer at once and let me know what can be done, so I can see to the collecting of my money. For everything needs attention. There is no one to do anything for me.

A.R.N_.

Personal and Medical History of Annie Neuman

1893

Mch

" 2

" 29

" 31

April

" 6

" 27

May

" 12

" 22

" 29 Went out to St Paul today Brother was notified Was in an unstable mental condition

Personal and Medical History of Ella Gilbert.

Fr. P 336

Jan 24 Sick in bed. Has a cough. Complains of headache. Is quite nervous. Did not sleep well. Appetite poor. Bowels regular. Takes Tonic & Cough medicine

Jan 7 Menstr. Sick in bed Jan 3-97 - up today. Feb. Gyn. Treatments given 3-5-7 10 & 12 Mentally is very quiet Talks only when addressed. Takes no interest in work & never speaks of her friends (Hyp. note)

Feb. 14-17-19. Gyn. Treatments given. Appetite fair. Takes Tonic. Bowels regular. Sleeps quite well. Trans. to A.L. Feb. 21, 24, 26, 28, Gyn treatments.

Feb 27 Very quiet & agreeable. Appetite fair. Takes Tonic.

Mar. 2-4-6-18-19-21-23 Gyn. treatments Mar. 27 Complains of earache. Receives treatment for same.

" 27 Very quiet & agreeable on ward. Seems to lacks physical strength. Appetite poor: Sleeps well; treatments discontinued. Apr. 2 Complains of coughing a good deal during night. Takes medicine for same. Also takes tonic. Apr. 28 Lacks physical strength. Appears to be failing of late: Appetite poor: lies on her bed most of time. May 2 Sick in bed. Appears to be quite weak. Complains of head & back ache. Appetite poor. 8th Patient some better. Sat up in chair part of day. Appetite some better: Coughs considerably

May 10 Patient still quite feeble. Complains of sore throat & back ache. Appetite poor Trans. to Infirmary. May 30 Appetite fair. Complains of sore throat; bowels constipated: Takes tonic after meals: Heat in habits; Salt baths given daily. Lungs both exhibit physical signs - Respiration shallow. Rales over both lungs: Coughs & expectorates a good deal. Hot salt sponge baths ordered to be given daily. Summary Nurses Notes by Dr. E. L. Phelps: June 1st Has been steadily in bed since last note: Has been given Salt baths & massage treatment: wine & tonic given: Temp. has ranged from 98 to 100: Coughs & expectorates a good deal: Daily sick record kept: June 30 Still in bed: Has slight rise of temp: Pulse from 96 to 100: Resp. 26 to 30: Coughs & expectorates: Oct. 7th '96 Remains steadily in bed: Has been failing gradually from the first: Has become very weak & emaciated coughs & expectorates: Tonic treatment & liquid diet with gruels given: Failed gradually up to Oct 7th when she Died. (See Sick Record for Daily Notes)

Died

Whole No. 3304
Residence, Austin Mower Co
Date Admission, March 24 - 1893
Admitted by, Dr Kellogg Hour, 8 P.M.
How Sent, Jail Prof S.S. Washburn
Sex, Female
Age, 35
Civil Condition, Married
Children, 1
Age Youngest Child, 3 mos.
Occupation, Housewife
Degree Education,
Profession Religion, Sex
Habits, Good
Nativity, Denmark
Physicians Committing, W.H. McKenna & O.W. Tilson
Correspondents, George Peterson Husb.
Austin Minn

No. for Year, 216
Insane Relatives, Mother and Brother
Cause Exciting, Puerperal.
Cause Predisposing, Heredity
Form, Acuto Manic
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, March 1893
Duration, 3 weeks.
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 35
Time of Leaving, Dec. 23rd 93
Time in Hospital, 9m, 1d.
Result, Improved

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Is Maniacal & violent
Clear or Confused, could not examine
Quick or Sluggish, on admission.

MEMORY:
Past Events,
Recent Events,
Special Subjects,

PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,

REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed,

DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1893 Has mamma was brought here by her husband and her brother Symptoms were just manifested three weeks ago. Her Mother and brother have had attacks of short duration. Her brother says that on one or two occasions she has shown symptoms of insanity for a short time. Has hallucinations of very noisy and incoherent in talk. No disposition to injure others. Has tendency to destroy clothing and furniture. Has been treated only during this attack. and has been watched at home.

March 26 Very wild and maniacal all night. Were obliged to remake bed and every thing from her room. Pulse 130. Fighting and destroying her clothing. Unless held all the time. Wanders about the ward in a wild manner. Slight cough. Refused her breakfast but took other meals. Slight bruise on her body.

" 26 Appetite very poor. Did not sleep last night. Still fighting and destructive. Is very filthy about the ward. Pulse 98 Temp 98.

" 27 Refused to eat. Restless during the night and day. Does not sleep. Held all day. Bowels constipated. P. 90.

" 28 Appetite poor. No sleep. Is seclusion most of the day. Still fighting at times. P. 86.

" 29 Appetite some better. Does not sleep. Filthy in habits. P. 87

" 30 Still noisy. Slept about three hrs during P.M. Ate quite well. P. 90.

" 31 Appetite improving. Sleeps most quite well. Dirty and destructive in habits. Necessary to keep her in a strong dress.

April 5 Has been in seclusion part four days. Restless, mild and destructive continually.

" 18 Steadily restless. Out on the hall but requires constant watching. April 27 Has been out and doing well. Has to be watched but not very bad. April 29 Was quiet yesterday but restless today.

May 1 Eats well. Restless at night. Fights and is mischievous. Destroys her clothing. Bowels regular. Incoherent in talk.

" 16 Still noisy and restless. Very mischievous.

" 31 Does not improve. Noisy restless and incoherent. Appetite good. Dirty in habits. In seclusion 22 hrs during month.

June 12 Husband was here last week and took her out riding. Very noisy and restless. Hard to manage. Requires constant watching.

June 20 93. Appetite good. Sleep very poor, untidy in habits, does no work, behaves noisy, talks very silly, Menstruation absent. Visited by husband several days in succession, took her out riding, reported her as very quiet during the time. July 1 93. Is more sober and depressed. Bowels constipated. July 17 Sleeps poorly, has grown more quiet of late. July 21. 93 Visited by husband out riding all afternoon. July 25 93. Has grown much more quiet, been quite sullen, twice visited by husband. July 27. 93. Visited by sister, been very noisy all day. July 31. 93 Unusually quiet all day. Aug 4 93. Visited by friend. Habits very dirty, bowels very constipated. Aug. 12 93. Very noisy & talks very silly. Untidy in habits. No work. Sleep poor. Bowels regular. Aug 16 93. Very noisy the past 3 days. Very dirty in habits. Aug. 28 93. Has grown more quiet, behaves very mischievous. Aug 30 93. Bowels constipated. Sept. 1. 93. Appetite very good. Sleeps poorly. Untidy & very dirty in habits. Bowels constipated. Does no work. Talks very silly.

Sept 7. 93. Been very noisy the past 2 or 3 days. Sept 10 93 Been very mischievous the last week. Sept. 20. 93 Has become much more quiet of late. Goes out walking with the ladies. Gen. health good. Oct 10. 93 Very mischievous. Gen. health good, Excepting menstruation being absent. Oct. 20 93. There is a very marked change in Every way, is talking very naturally & eating much better.

Oct 22 93 Went to chapel. Very much better. Oct. 30. 93 Has improved very much mentally. Quiet & well behaved. Helps with work in the dining room at times.

Nov. 1. 93 Has been very quiet. Has sullen spells. Nov 14. 93. Appetite good. Sleeps well. Helps in dining room & on hall. Menstruation absent.

Nov 21. 93 Very irritable at times. Nov. 29 93 Helps on ward & in dining room. Very much better physically. Dec (?) Appetite good. Sleeps well. Helps in dining room & on hall. Bowels regular. Tidy in habits. Talks very naturally at times. Menstruation absent until 25th inst. Very quiet during period. Dec 23. 93 Was visited by husband. Dec 25. 93 Was at Mrs home today.

Personal and Medical History of Hamit Ann. Williams

Whole No. 3306
Residence, St Paul
Date Admission, March 27 1893
Admitted by, Dr Pilgler Hour, 7 PM.
How Sent, per Prof J B Olmier
Sex, Female
Age, 43
Civil Condition, Married
Children, 1
Age Youngest Child,
Occupation, Housewife
Degree Education,
Profession Religion, Yes
Habits, Used to Temperate
Nativity, Canada
Physicians Committing, C. J. Hanley & P. Marchand
Correspondents, Jamie Williams
388 Summit Ave St Paul

No. for Year, 218
Insane Relatives, None
Cause Exciting, Religion
Cause Predisposing, Previous att.
Form, Chronic Mania
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, Unknown
Duration, Unknown
No. of Attack, 2
No. of Admissions, 2
Age First Attack, 41
Time of Leaving, Dec. 17th 96.
Time in Hospital, 1 yr. 10 mo. 15 da.
Result, Disc. Aug. 12 '96.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined April 13.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY: Fair
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull
Alert or Dull,
Correct or Illusive, Partially correct
REASONING POWER:
Ordinary Subjects, Not good
Own Mental State, Impaired
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Calm most but excited
Indifferent, when admitted
Exalted,
Depressed,
DELUSIONS: Seems to have many
Systematized or Not, Does not express any
Special Subjects, definite ones
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Talks quite coherently
Voluble or Reticent, Pleasant in manner
Says has headache a good deal &
pain in abdomen -
Quite out walking during all
of last summer -

Personal and Medical History of Hamit Ann Williams

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, 137 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, Slight Coatings, White Promptness Movement, Deviates toward
PUPILS, Equality, Right side - Indented around edges Size,
Response Light, Accommodation,
SIGHT, Left eye weak - Right seems good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, Slight
Facial Muscles, General, Says when standing quite eyes cloudy feels dizzy -
REFLEXES, Patellar, Equal about ++
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Natural
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Untidy at first Clean, but clean now Careless,
BOWELS, Normal, Constipated, Constipated Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Very Irregular,
PULSE, 80 RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1893 This woman was brought here by Deputy Sheriff and Miss Ackins Matron of Jail Symptoms of insanity are manifested by Religious delusions She was here in 1891. Was discharged cured. Has no disposition to injure others No destructive habits. Was put in the strait jacket & a crowd of men and boys were taken up
Mar 28 Was extremely noisy most of the night Required holding Cannot dress herself Does not talk much but keeps up a disagreeable moaning noise Claps her hands and pounds anything that is near her Does not eat any solid food Drinks milk- Bodily condition dirty Bowels constipated Wants to lie on the floor and when interfered with tries to fight
" 29 Tore up her mattress and a blanket last night Fights Drinks some milk- Is menstruating
" 30 Has complained of being sick Put to bed in the P.M. In the evening she destroyed her clothing & was very noisy Secluded in a room- P 80- R 20-
" 31 Sleeps quite during the day but noisy at night- Complains of constipation and head ache- Has taken two meals today- Noisy during the night- Took a dose of salts
April 1 Eats well today Does not complain
" 2 Quiet and natural in behavior during the day- Much improved both physically and mentally- Noisy at night
" 3 Has been about the ward all day and is much improved Says she feels well and is cheerful Quiet and walking today- April 39 Appetite good- Works on the ward Habits cleanly- Menstruated about 28th
May 22 Changeable in behavior Can not depend on her One day she works and is quiet and next day may be excited and incoherent May 13- Appetite good Clean in habits Behavior has been fair Quiet for the past week Has helped on the hall- Menstruated from 12 to 17 of the month
June 13 Continues quiet and well behaved Has been sewing some for her children and helping on the hall-
June 29 93- Helps on ward most of the time, when not on ward Stays in the room Gen health & appetite Good Menstruated from 9-14. July 31. 93. Complains of not being treated well, seems to think she is imposed upon, has stayed in her room most of the time for the past week. Menstr about 9th
Aug 28 93- Appetite good Sleeps fairly well. has been more natural for the past month. Menstr. about the 9th

Sept 11 93. Fought Miss McNeil in Dining Room, slapped & pulled her hair Has been very cranky for the last past week. Sept. 28. 93 Appetite good. Sleeps fairly well. Has been more agreeable the last week, menst about 23d
Oct 28-93 Appetite good Sleeps fairly good Has been quiet this month Is troubled with sore eyes. Menst about the 18th
Nov 27. 93. Appetite fairly good Sleeps very well has been in her spell the past week. Menst about the 18th Dec 26 93 Appetite good most of the time. Has been in her spell the past few days Has been quite quarrelsome. Struck Mrs Matthewson and pulled her hair. Menst about the 13th Jany 1894 Is in her spell. Appetite poor. Cries a great deal for the past few days. Complains of not sleeping at night. Jany 22 94 Temp 98.2 A.
Jany 22 94. Restless had to walk all night. Said she could not sleep. Jany 23 94 Restless walked the night. Out in hall. Complains being constipated & nervous. Jany 24. 94 Gave pills as dir: Bowels moved freely. Jany 27 94. Restless had to walk till 130 out in hall Complains of headache gave med. for throat as dir. Jany 29 94 Menstruating Jany 31. 94 Appetite fair. Tidy about self & is good help on ward Feby 1 1894 Complains of throat. med as dir:
Feby 2 94. Complained of throat, shoots pain in left side & chest gave med as dir. also hot sandbag. Not any rise of temp. 98 Bowels constipated. Gave med as dir. Feby 4 1894 Appetite good. For the past 2 weeks Has been working in the sewing room. Rests well. at nights. When on ward is good help. Mch 4 94 Out of bed out in hall Complains of sore throat. Restless & noisy.
3/5/94 Gave powders directed Mch 6 94 Complains of sore throat Med as dir. Mch 7 94 In bed all day Complains of headache pain in stomach. Med as dir. also hot sand bags as dir. Mch 10 94 Restless Complains of feeling quite sick Could not sleep any. sitting up in bed Mch 12 94 Complains of feeling bad. In bed all day. Med as dir. Takes but very little nourishment. Restless, sitting up in bed 1 hr 12 M. Mch 13 94 In bed most of day sick at stomach. Vomiting. Gave med as dir. Temp
Mch 15 94. Still in bed. Appetite poor. Med as dir. Rested well at night Mch 17 94 Med as dir. 9 30 A M Mch 21 94 Complains of bowels being constipated. Pills as dir. Menstruating Mch 25 94 Noisy most of the day. Fought Mrs Marcus. Refused med also dinner & supper Mch 29 94 Appetite good Habits clean Has been quiet for the past few days, is good help on ward most of the time. Apr 30 94 Always complained of sore throat. Gave med as dir. also for constipation Takes but little nourishment. Menstr about 18th Dissatisfied & finding fault with everything that is done for her.
May 1 94. Always the same as before Appetite good Habits clean Neat about self Goes to school Every day seems to enjoy it very much Transf to B 4 May 22. May 31 94 Works some on ward. Quiet in behavior troubles us but little Complains of pain in abdomen June 1 94 Has been very quiet. Works in dining room & hall. Is constipated most of the time Appetite is not very good. Sleeps well. Menstruates regularly. July 5 94 Is in bed has diarrhoea & complains of pain & help in side of abdomen.
July 7 94 Has been vomiting, complains of soreness in stomach will not eat anything but drinks milk or beef tea. July 24 94 Is up on ward feels much better. Eats well. Complains of being constipated. Aug 2 94 Works quite steadily on ward Appetite fair. Aug 3 94 Has been in bed one day. Complains of not feeling well, but says she wants no medicine. Will scarcely speak to any one but stays in her room most of the time. Appetite poor. Sept. 1894. Quiet in behavior Stays in room a great deal. Sick in bed 7 days during the month. Appetite rather poor. Bowels constipated. Oct 5 94 Works in dining room and on the hall Goes riding and walking. Very pleasant and agreeable. Oct 13 94 Transf to Infirmary. Oct 26 94 Boosts with dining room work. Bowels regular. Appetite good. Nov 3 0 94. Appetite good. Does dining room work Sleeps well. Goes riding. Dec 7 94. Works in dining room Good appetite. Dec 8. 94 Transf to C 3

to page 372.

Personal and Medical History of Hamet B. Newsom

Whole No. 3309
Residence, St Paul
Date Admission, March 29 1893
Admitted by, Dr Phelps Hour, 11 P.M.
How Sent, Co J Police J B Clinics
Sex, Female
Age, 38
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Teacher
Degree Education, College
Profession Religion, No
Habits, Good
Nativity, Minn
Physicians Committing, C E Riggs & E N Dorsey
Correspondents, Mary J Markham Sister 1234 E Exchange St St Paul

No. for Year, 221
Insane Relatives, Uncle Father Insane at times
Cause Exciting, Death of special friend
Cause Predisposing,
Form, Paranoia
Accompanying Bodily Disorder, None
Suicidal or Not, No but has spoken of it
Date of this Attack, About 1891
Duration, About 2 yrs
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 31
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear
Quick or Sluggish, Fairly quick.
MEMORY: Good
Past Events, Good
Recent Events, Good
Special Subjects, Good
PERCEPTIVITY:
Alert or Dull, Alert, quick
Correct or Illusive, Correct
REASONING POWER: Fair
Ordinary Subjects,
Own Mental State, Fair
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Has been exercising by swinging clubs, walking &c

EMOTIONAL STATE:
Normal, Calm, Calm and slightly
Indifferent, depressed -
Exalted,
Depressed,
DELUSIONS: None noted
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: None
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent,
Talks quite pleasantly and well Reasons out her own state of mind fairly well

Personal and Medical History of Hamet B Newsom

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 in WEIGHT, 101 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, None Promptness Movement, Normal
PUPILS, Equality, Equal Size, Normal
Response Light, Normal Accommodation, Normal
SIGHT, Good
HEARING, Says at times notices some impairment
COORDINATION, Arms, Slight impairment in movement, eyes shut
Legs, Same + staying of body eyes shut
TREMORS, Hands, Very fine but slight Tongue, None
Facial Muscles, Slight - Eyelids shake General,
REFLEXES, Patellar, Equal 7 to 8
Other Reflexes,
ARTICULATION, Hesitating, Good Slurred,
FACIAL EXPRESSION, Normal
SENSIBILITY,
HEART, Sounds are normal
LUNGS, In good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Uterus somewhat low & displaced towards left
MENSTRUATION, Side - Slight excess of at Menstruation Regular
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Usually Constipated, Irregular,
APPETITE, Good, Has been Medium, Poor,
SLEEP, Good, Only with S. Dose Poor, Irregular,
PULSE, ~ 60 RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations, Father morbid & peculiar at times
Brothers or Sisters, Younger sister inclined to be like patient

1893 This woman was brought here by her sister and E. D. Sewall - Symptoms of insanity first manifested about two years ago by great depression and suicidal impulses. Worked sometimes. No disposition to injure others. Was at this time elated and Religious. Showed an apathy & puerile & manifested desire to be alone. For the last three months a special attendant has been needed. For the last year has been at Waumatosa under Dr. J. H. McBride before that was under the care of Dr E. E. Riggs and previous to that was under Dr Dixon.

May 30 Patient very lonesome and dissatisfied does not want to stay - Says the other patients surroundings etc are so distressing. Takes her appetite. Nurse and the looks of the others. Says she is much. Says at McBrides had good company in the patients. Thought simply nervous as herself. Considers herself first at beginning completely broken down. Then had neuralgia of stomach. Says at one time could not read much, but now has no such trouble. Says had morbid thoughts as far back as 1882. Considers herself as being under the influence of morbid ideas for some days then they would suddenly leave. Has pain at & during headache. In 1880 had severe pain in back of head but later it improved. In 1887 came severely again and has continued ever since. On admission appeared very quiet and natural in manner. Has very good mind most of the time in her own. Asked a number of questions. Appetite poor. Bowels constipated.

" 31 Quite friendly and sociable with the patients. Talks more today. Appetite poor. Sees and walking.

April 1 Sees walking morning and afternoon. Enjoys the fresh air. Tries to keep cheerful and does whatever she is told to.

" 2 Bowels constipated. Aided by enema. Appetite poor.

" 3 Very quiet and nice. Complains of headache at times.

" 4 Very bright in manner but talks in a despondent way about her condition but is willing to try anything to get well.

" 11 Goes out every day, dances, plays cards and tries to get the other ladies to swing. Does not sleep well. Appetite poor.

" 29 Quite bright in manner. Says if tries to do too much in the day time has nervous spells at night. No delusions noted. Appetite fair. Cleanly habits. Does not talk very much but periodically complains of headache & nervousness. Menstruated about the 24th.

May 16 93. Mother & sister visited her last week. Thinks she can not live at home. Requires sleeping dose nearly every night. Quite nervous, but mental condition fairly good. Gen. health good.

May 20 93. Menstruated the 19th.

May 31. 93 Appetite fair. Cleanly habits. Behavior & talk natural.

June 30 93 Appetite fair. Sleeps by taking powders. Menstr. about 15th. Sab 9. Visited by Dr Riggs the other day, seemed to be brighter after some. Morbid ideas come easily, but is still cheerful always.

July 31. 93. Appetite fair. Takes sleeping powders regularly. Behavior quiet always. Talk rational. Menstr. about the 11th. Aug 31. 93. Same - Menstr. about 7th Aug 16 & 18th / Local treatment given for erosion & misplacement. Sept. 30. 93 Appetite quite good. Takes sleeping powders. Behavior quiet. Talk rational. Very nervous at times. Menstruated about the 4th Sept. 27. 93 Local treatment given. Salt baths & rubbing three times per week. Oct 9. 93 Local treatment given. Oct 11. 93 Uterine treatment given. Oct. 12. 93 Hot douche, Oct 13, local treatment, " 14. Hot douche, 16th, local treatment given, 20, 23 & 27th Gynaecological treatment given, Nov. 8. 93 Local treatments have been given 2 times a week followed the next day with a hot douche. Hot salt spray baths with massage have been given 2 or 3 times per week. Has been a tonic, beef iron & wine given after meals. Also malt ale 3 times per day. Has been on a ward gone out walking twice per day, has practiced also swinging, tennis &c. When on the ward busies herself with needle work. Has gained in weight 8 lbs since admission. Has gained also mentally. More cheerful than at first & manifests more interest in everything. Nov 24. 93 Has had the salt baths with rubbing at least twice per week & usually 3 times. Menstruating now. Nov 30. 93 Appetite quite good. Sleeps better than a month ago. Seems to be in much better spirits. Menst about 23rd.

Dec 30. 93. Appetite quite good at present. Still has sleeping potions but says she is sleeping better. Is much more cheerful than formerly. Has treatment 3 times a week generally & salt bath following. Jany 30 94. Appetite good. Sleep good. The treatments & salt baths still kept up as usual. Febry 28. 94 Menstruated about the 10th. Appetite very poor during first 3 weeks of month. Still has treatments & salt baths. March 28 94 Appetite not as good of late. Sleeps by taking powders as usual. Quiet always. Menstr. about the 7th. April 4th 94 Salt bath. April 25. Massage. April 30 94 Has not been as well of late. More nervous & appetite not as good. Complains of taking cold so much. Has not rested quite as well at nights lately. Menstr. about the 6th. May 2-4-11-14/94 Massage. May 22 94 Has had local treatment 3 times per week. Has had some electrical treatment of late. Galvanic current. Salt baths & massage given 3 times per week. Goes walking twice a day.

Personal and Medical History of Jane Carey

Whole No. 3313
Residence, Owatonna Steele
Date Admission, April 3- 1893
Admitted by, H.L. Phelps Hour, 2 20 P.M.
How Sent, Jof Prob. M. P. Chadwick
Sex, Female
Age, 48
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Formerly Teacher
Degree Education, Good
Profession Religion, Yes
Habits, Good
Nativity, Canada
Physicians Committing, J. P. Johnson & F. M. Smith
Correspondents,

No. for Year, 325
Insane Relatives, Father
Cause Exciting, Unknown
Cause Predisposing, Previous attack
Form, Acute Mania
Accompanying Bodily Disorder, "Lung trouble"
Suicidal or Not, Not
Date of this Attack, 2 weeks ago
Duration, 2 weeks
No. of Attack, 2
No. of Admissions, 2
Age First Attack, 47
Time of Leaving, Sept. 19. 1893.
Time in Hospital, 5 months 16 days.
Result, Improved

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined April 17

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY: Fair
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Quite dull
Correct or Illusive,
REASONING POWER: Impaired
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent, Indifferent
Exalted,
Depressed, Has been very depressed
DELUSIONS: Has had many
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Partially coherent
Voluble or Reticent,
At first very noisy and talkative Now more quiet

Personal and Medical History of Jane Carey

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5½ in WEIGHT, 114 NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, [illegible] Coatings, Slight Promptness Movement, Normal
PUPILS, Equality, Equal Size, Normal
Response Light, Accommodation,
SIGHT, Uses glasses for fine work
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Equal +
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Stupid + dull Has eyes shut most of time
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Has had a bad cough ever since admission
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean now Careless, Have been dirty
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, 96- RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations, Father insane
Brothers or Sisters,

1893 Was removed to her own room by her sister and Dr. Duffy. Symptoms of this attack were manifested about two weeks ago. Chiefly upon religious subjects. Had an attack about seven years ago, lasting five or six months. When she was in the Hospital. At times will strike others. Has a sudden passion and inclines to destroy her clothing. Usually clean in her habits and modest and retiring. Had Typhoid Fever eighteen years ago. Pneumonia about fifteen yrs ago. Had Measles about a year ago and has not been well since then. Has had La Grippe for some years but has been much worse since she had the Measles.

April 3 Mischievous and wanders about the ward. Strikes the other ladies. Talk is not sensible. Mind wanders. Appetite fair. Coughs a good deal. Bodily condition clean. Slight bronchitis. Has to be restrained. Destroys clothing. Temp 100.4 Pulse 86 - R 17.

" 4 Refuses to eat. Destroys clothes and bedding. Restless and noisy in her talk. Mischievous. Temp 96 - P. 74 - R 18 -

" 5 Still restless wandering about - Appetite quite good. P 80. R 18

" 6 Noisy and restless. Undressing herself about. Refuses to eat. Dirty in habits. Was put to bed and held most of the day. Put in a restraint sheet - In a very excited state.

" 7 Still in restraint - Dirty in habits - Very noisy and restless. Appetite fair.

" 8 Patient more quiet - Out of restraint today - Restless and put to bed in P.M. Appetite good.

" 9 In bed all day. Restless but not in restraint -

" 10 Up most of the night and out of bed but very quiet. In bed this morning. Quiet but restless.

" 14 Has improved much. Now up and about the ward. Much more quiet. Eats and sleeps well. Mixes freely in habits. Bowels regular. April 18 Rather noisy last night but has been quiet. Coming down to the first week April 27. Much better but still is restless and mischievous.

May 20 More restless of late. Tears her clothing. Violent in talk.

May 31 Appetite good. Sleeps well. Very restless during the day. Apt to strike the other patients. Dirty in habits. Tears her clothes. Bowels constipated.

June 13 Restless almost constant walking - Restless & disturbing

June Bowels. Appetite good very much improved in every respect. Rests good at night & will help some in hall & also helps in mending room. July Bowels. Appetite good. At times quite noisy on the ward. Quite silly in her actions. Sleeps quite good. Helps occasionally on ward. Aug 21 93. Seems to be improving. Does not have such silly spells as she did have last month. More quiet & lady like in her actions. Aug 28 93. Moved to A. 1. Aug 30 93. Appetite good. Behavior quite natural. Appears very pleasant & lady like. Works in mending room. Habits cleanly. Sept. 19th 1893. Went home on trial. Was very sober and decided. Confines herself to the house. Refreshed from silly spells (stated).

Harriet B. Newson

From P. 360.

mental state, tho' at times seemed comparatively free from morbid notions: for the most part, however, is easily controlled by them, & is most of the time studying out what are to her very deep problems, but which upon conversation amount to little or no nothing. Is concerned chiefly about making herself right, & doing the right thing.

1899 May Went home on trial with sister. Sept. 1'99. The six months' limit of her parole being up Sept. 2nd, she returned. Has been doing so well at home that was advised not to remain here but to return to her friends in St. Paul, which she did Sept 4'99. Is more or less confused as evidenced by her conversation & is in constant doubt as to the meaning of this or that action or speech of her friends.

Sept 1 - Nov 8 1900 (Dr Keyesdale) Neat. Sleeps well. Bowels regular. Appetite fair. Frequently confused mentally. Assists with work, reads & does fancy work. Pleasant & agreeable. Nov 1 - Nov 30 Talks sensibly most of time but very much confused at times & worried to know what is the right course to pursue. Weighs every act & sentence to see if "right". Goes to Dr Kilbourne & others at times for advice &c. Appetite good. Bowels regular. On parole. Assists with work. Menstruates regularly. More confused & nervous at these times. July 17 Vaccinated unsuccessfully. Sept 7 Visited by friend Oct 7th do. Nov 16 Wt 90th Dec. 1 - to Feb. 28 - 1901 - Feb. 15 no change. Physical health good. Wt. 90#.

Mar. to June 1901 Patient neat in habits and appearance, general health good, mentally confused a great deal of the time on many questions. May 30 Wt. 92#. June to Sept. Aug. 10. went to town to visit with her mother and friends for a few days, Aug. 16 returned to hospital, Aug. 28 visited by mother and friends. Sept. to Dec. General health good, no change noted in mental or physical condition. Nov. 30 Wt 97½#

Dec 31 - 01 No change Wt 90½# May 1st Visited by friends. June to July visited Mrs. Millet in Rochester. Sept to Nov. 28 Wt 83# No change Dec 31 st Genl health good neat in habits & appearance: quiet & agreeable: very balmoral. Jan 27th transferred to Cottage West.

Personal and Medical History of H. Peterson

Whole No. 3314
Residence, Saint Stillwater Washington Co
Date Admission, April 3 1893
Admitted by, Dr Phelps Hour, 7 P M
How Sent, Jas Cook Rudolph Schmidt
Sex, Female
Age, 30
Civil Condition, Married
Children, Two
Age Youngest Child,
Occupation,
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Norway
Physicians Committing, B J Merrill and H E Clark
Correspondents, Hans Peterson
Saint Stillwater

No. for Year, 226
Insane Relatives, None
Cause Exciting, Rheumatic Fever
Cause Predisposing,
Form, Acute Melancholia
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, Abt Feb 1893
Duration, About 2 months
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 30
Time of Leaving, June 8th 93
Time in Hospital, 2 mos. 5 ds.
Result, Improved.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused somewhat
Quick or Sluggish, Sluggish
MEMORY: Fair
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Dull
Correct or Illusive,
REASONING POWER: Not good
Ordinary Subjects, Impaired
Own Mental State, "
Special Subjects, "
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent, Rather
Exalted,
Depressed,
DELUSIONS: None determined
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: None
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent, Reticent Answers all questions slowly.

Personal and Medical History of H. Peterson

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in WEIGHT, 128 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, Scar over right eye ~~Scar on right eye~~ None specific Light yellow ~~gray~~ hair Has had to move leg ~~very~~ lately
TONGUE, Tremors, Slight Coatings, Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING, Good.
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, General, None
REFLEXES, Patellar, Equal About 6-
Other Reflexes,
ARTICULATION, Hesitating, Normal Slurred,
FACIAL EXPRESSION, Dull
SENSIBILITY,
HEART, Sounds are normal Impulse action
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Poor, Poor Irregular,
PULSE, 80 weak & compressible RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Short ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Healthy
Father or Pat. Relations, He died
Brothers or Sisters, One sister died of heart disease None else

Personal and Medical History of A. Peterson

1893 This woman was brought here by her husband Hans Peterson and Dep. Clk. Symptoms were manifested about two months ago after an attack of Rheumatic Fever. Has tendency to destroy clothing and furniture No disposition to Gangrene Patient. She had eruption on lips since attack of fever. It has been necessary to tuck her up at night. Has taken Bromides & Tonic

April 4 Seems to be afraid of the other patients. Wants to stay with the attendants. Very quiet. Does not talk. Appetite good. Bodily condition good. No bruises observed.

" 5 Talks some today. Wants to go home.

" 6 Appetite very good. Asks to go home.

" 7 Today walked do some exercise in the dining room.

" 8 Has been crying today at different times. Says the fellas make fun of her.

" 9 Destroyed an apron today. Said she did not want to wear old clothes.

" 10 Has said very little today. Has stood looking out of the window most of the day. Cries to go home.

" 18 Generally very quiet. Pleasant in manner. Has a behind bend. Flaps on ankles. Wants to go home. Her general health has been very good since admission.

May 22 Goes to the sewing room every day. Does not enjoy much. Very quiet. Talks very little.

" 31 Appetite good. Clean in habits. Seldom cries. Speaks. Goes to sewing room every day. General health good.

June 8 Husband came and talk to her some. He said that her talk to him was sensible. Had been very quiet and was sewing daily in sewing room.

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Personal and Medical History of Harriett B. Newson.

May 3 94 Appetite fair. Sleeps by powders as usual. Has been in bed the last four days. Menstruating. Sept. 17 Menstruating. Massages: June 6. 9. 13 16. 19. 21. 23. 25. 27 30. July 5. 7 10. 12. 14 17. 19 July 19. Menstruating. Massages 24 26 July. July 3 94 Appetite fair. Is quiet & pleasant on the ward. Was visited by her sister about the 17th Massages. Aug. 1 3 5 7 11 13. (17 Menstruating) 21. 23. 25. 27 29. Aug 29 Appetite fair. Sleeps well. Appearance quite natural. Talks sensibly. Complains quite a good deal of stomach trouble. Sept 1 4. 8 Massage. Sept 9. Menstruating. Sept 15. 17. 19. 22 25 Massage.

Sept 26 Appetite fair. Sleeps well. Takes a sleeping powder every night. Takes a good deal of out door exercise. Pleasant in appearance. Oct 30 94 Continues about the same. Menstruated about 27th Nov 22 94

Nov 1 94 Has been troubled a great deal for the past week with stomach and bowels. Bowels were very constipated so that required several enemata and cathartics to move them. Appetite has been very poor and troubled much with indigestion. Nov 21 94. Sick in bed. Complains of a distressed feeling in stomach can not retain any nourishment. Nov 22 94. Seems quite weak, temp. 99°. Was thought to have had slight hemorrhage of the bowels. Took for nourishment little ice cream which was retained.

Nov 23 94 Was this morning somewhat weaker than yesterday, but appeared much stronger in the P.M. J. normal took quite a little of ice cream during the day. Nov 24 94 Visited by mother & sister. Has been quite weak today. Had a fainting spell during the afternoon. Gave stimulants.

Nov 30 94 Is much better. Is taking quite a good deal of nourishment. No indication of emesis. T. normal. Dec 2 94. Still in bed, bed is much better. Bowels reg. stop good. Is taking liquids only. Dec 5 94 Improving every day. T. normal. Bowels somewhat constipated. Took castoroil. Dec 7 94 Bowels reg. stop good. Is now taking some solid food. Sat up one hour. Dec 11 94 Is quite strong and much brighter in appearance. Sat up in a chair about 1½ hrs. Dec 13 94 Still improving. Stop good. Bowels somewhat constipated. Took castoroil 3ij. Sat up in a chair about 2 hrs during the day. Dec 15 94 Not feeling very well today. Stomach feels bad emesis. Bowels reg. Dec 20 94 Feeling quite well today. Appetite good. Bowels somewhat constipated. Took castoroil. Dec 25 Still improving. Is now quite strong. Sits up part of the time during day. Appetite good. Dec 29 94 Quite well and bright in appearance. Appetite good. Bowels regular. Sits up part of the time during day.

Jany 5 95. Still complains of indigestion. Bowels reg. Jany 10 95 About the same. Sits up in a chair about 1 hr. Jany 14 95 Stomach still in a weak condition. Takes for nourishment only beef juice. Sat up 1½ hours during day. Jany 19 95 Visited by mother. Health about same. Jany 24 95 Stomach bright. Sat up in chair about 2 hrs. Bowels reg. Broths for nourishment mostly. Beef juice. Jany 27 95 Feeling very well. Is up most of the time. Jany 30 95 About the same. Menstruation has ceased. Feb 1 95 Very active & restless disagreeable. Complained of being neglected. Feb 3 95. Sudden change for the better. Appetite improved in appearance & now taking solid diet. Seems to digest well and sits up most of the time during day. Feb 10 95 Not feeling very well. Not eating as well as did some days ago. Food does not seem to digest well.

Febr 17 95 Menstr. otherwise about the same. Mch 1 95. Is up & in ward most of the time, occupies her time crocheting & sewing for herself. At times irritable, is not able to take much solid food, troubled with indigestion. Mch 24 95 Menstruating. Mch 30 95 Up in ward most the time. Is taking solid food. Otherwise continues about the same. Nov 2 95 Visited by Dr Riggs of Portland Oregon. April 1 95 Menstruating, is in bed 4 days. May 23 95 Appetite has been taking at first very well. May 30 95 Menstr.

May 31. Seems to be a little stronger physically. Left July 26 95 - Jan 2 96 Was returned here today. Stayed over night & returned to St Paul.

Mar. 21 Menstr. Seems quite nervous & irritable. Appetite fair. Sleeps well. Apr. 1st Menstr. Apr. 28 Patient appeared to be quite nervous for the past two or three days. May 7th Says very nervous & irritable. Has morbid ideas. Appetite poor. May 11 Menstr. May 26 Is at present pleasant & agreeable on ward. Interested in work. Appetite fair. Sleeps well. Walks out door exercise. Rides bicycle & goes walking. Mental state very unstable. At times talks & acts as many delusions.

June Summary Nurses Notes by Dr. P. L. Phelps: Menstr. Is irritable & speaks & notes on ward: Aug 96 Irritable at times & contrary. Has very peculiar ideas: very erratic in behavior: Appetite fair: Nov 96: Very nervous: Has many delusions: does not get up in time for breakfast: Appetite fair: Gen. health seems good:

Feb '97 Appetite very poor. Has lost flesh of late: Very nervous: mental condition failing. Has many delusions that trouble her a great deal: Very erratic & flighty in actions.

May '97 Has gradually failed mentally: Physical health good: Aug 97 Very nervous & has many

1897 delusions: Is out on parole: at times rides her wheel. (Seen'd by Dr. P. M. Phelps)

Nov. 14 Quiet & well behaved: Appears fairly intelligent: Is full of inconsistent delusions & ideas, however, concerning herself, her own condition & her relationship to those about her. Nov. 1 98 weight 94 lbs. Feb. 28 99 Visited by sister. During past year has shown no very marked variation in

(See S. 356)

Personal and Medical History of Mary Johnson No 2.

Whole No. 3320

Residence, St Paul

Date Admission, April 12 - 1893

Admitted by, Dr Phelps Hour, 7 P.M.

How Sent, Ward of Prof J. B. Olivier

Sex, Female

Age, 26

Civil Condition, Single

Children,

Age Youngest Child,

Occupation, Domestic

Degree Education,

Profession Religion, Lutheran

Habits, Good

Nativity, Sweden

Physicians Committing, A. B Angker

Correspondents, Miss Ida Johnson
374 Dayton Ave





No. for Year, 232

Insane Relatives,

Cause Exciting, Unknown

Cause Predisposing,

Form, Acute Mania

Accompanying Bodily Disorder,

Suicidal or Not, Not

Date of this Attack, Oct - 1892

Duration, About 6 mos

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 26

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused, Confused

Quick or Sluggish, Slug gish

MEMORY: Impaired

Past Events, Very uncertain

Recent Events,

Special Subjects,

PERCEPTIVITY: Dull

Alert or Dull,

Correct or Illusive,

REASONING POWER: Impaired much

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted, Exalted

Depressed,

DELUSIONS: Many

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS: Hears voices

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent, Incoherent and

Voluble or Reticent, Voluble - Very talkative

Personal and Medical History of Mary Johnson

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 1/2 in WEIGHT, 106 lbs NUTRITION,

WOUNDS OR ABNORMALITIES,

TONGUE, Tremors, Coatings, Coated Promptness Movement,

PUPILS, Equality, Equal Size, Normal

Response Light, Good Accommodation, Good

SIGHT, Says not good

HEARING, Dull

COORDINATION, Arms, Good

Legs, Good

TREMORS, Hands, None Tongue,

Facial Muscles, General,

REFLEXES, Patellar, Equal About 7

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, Rather expressionless

SENSIBILITY,

HEART, Very quick Sounds are normal

LUNGS, Harsh bronchial breathing left lung

EXAM. URINE,

GYNAECOLOGICAL EXAM., Lung cervical canal Otherwise normal

MENSTRUATION, Rather painful

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless, Careless
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good, Good	Poor,	Irregular,
PULSE, 106	RESP.,	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations,

Father or Pat. Relations,

Brothers or Sisters,

Personal and Medical History of Mary Johnson No 2.

Whole No. 3320
Residence, St Paul
Date Admission, April 12 - 1895
Admitted by, Dr Pulsifer Hour, 7 P.M.
How Sent, Dr Prof J. B. Olivier
Sex, Female
Age, 26
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Domestic
Degree Education,
Profession Religion, Lutheran
Habits, Good
Nativity, Sweden
Physicians Committing, A. B Angier + Aride Morel
Correspondents, Miss Ida Johnson (Sister)
274 Dayton Ave Dr David Day St Paul



No. for Year, 232
Insane Relatives,
Cause Exciting, Unknown
Cause Predisposing,
Form, Acute Mania
Accompanying Bodily Disorder,
Suicidal or Not, Not
Date of this Attack, Oct - 1894
Duration, About 6 mos
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 26
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Slug gish
MEMORY: Impaired
Past Events, Very uncertain
Recent Events,
Special Subjects,
PERCEPTIVITY: Dull
Alert or Dull,
Correct or Illusive, 1
REASONING POWER: Impaired much
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted, Exalted
Depressed,
DELUSIONS: Many
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: Hears voices
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Incoherent and
Voluble or Reticent, Voluble - Very rattles

Personal and Medical History of Mary Johnson

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 1/2 in WEIGHT, 106 lbs NUTRITION,
WOUNDS OR ABNORMALITIES,
TONGUE, Tremors, [illegible] Coatings, Coated Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation, Good
SIGHT, Says not good
HEARING, Dull
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Equal About 7
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION, Rather empty
SENSIBILITY,
HEART, Very quick Sounds are normal
LUNGS, Have bronchial breathing left lung
EXAM. URINE,

GYNAECOLOGICAL EXAM., Lung conical cervix Uterus normal
MENSTRUATION, Rather painful
OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty,	Clean,	Careless, Careless
BOWELS, Normal,	Constipated,	Irregular,
APPETITE, Good,	Medium,	Poor,
SLEEP, Good, Good	Poor,	Irregular,
PULSE, 106	RESP.,	TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1893 This woman was brought here by Deputy Sheriff Kirkland Miss Ackers Matron of Jail 11- This attack began about two months before Christmas manifested by headache insomnia delusions & hallucinations Says she hears voices. Talks incoherently- No disposition to injure others No suicidal or destructive Habits No restraint or confinement have been employed. Has been a patient in this City & County Hospital since March 15- 1893-

April 12 On admission patient was clean and no marks of injury
" 13 Has been inclined to wander about the ward Seemed frightened at times Appetite good Bowels constipated Sleeps fairly well Temp 102 4- Pulse 64. R 17-
" 14 Appetite generally good Restless in behavior wandering about ward Cries a good deal and frightened at times. Bowels constipated Clean in her habits Temp 100. P 76- R 18-
" 15 Becomes very violent and destructive Mandd to C4.
" 16 Needs constant watching and holding. Very noisy and restless
" 21 Was in seclusion three fingers per violent profanity
" 22 In seclusion four hours today Violent and noisy
May 1st Still violent and destructive Needs constant attention Incoherent in her talk- Kept in the lower part of C4 all the time Very restless, careless and malevolent
" 22 Has improved much- Began working today Helped clean some of the rooms Talks quite sensibly General health is good May 23 Very quiet today- Dainty Some work May 24 Talks quite sensibly- Has worked quite well today May 25 Very quiet Complains of feeling dizzy May 26 Has been very incoherent, noisy and violent today- May 27 Very bad Violent and destructive Began menstruating today Appetite fairly good May 29 Very incoherent and noisy at times
June 15 93. Extremely noisy at times, destroys her clothing, also bedding. Violent at times Habits dirty occasionally. Appetite good July 29 93 No change Aug 31. 93 Somewhat quieter. Appetite good, destructive at times. Sept 29 93 Quiet most of the time Appetite good. Sleeps well. Violent at times works on ward some Oct 31 93. Patient was sick in bed for 3 days. Appetite poor, Complains of headache Oct 30 93 Works on ward some, noisy at times, appetite good Cares for self most of the time. Nov 4. 93 Transfd to B1 Nov 12. 93 Appetite good Sleeps well. Is rather careless in her personal appearance is quiet, with the exception of stamping her feet. Nov 18 93 Appetite good, Sleeps well. Has been very saucy impudent, destroyed her apron

Transfd to C4 W. Nov 29 93 Patient quiet part of the time. Helps work on the ward. Appetite good & sleeps well. Dec 3. 93. Appetite quite good. Sleeps well Seems rather dull and stupid of late Wants to lie down most of the time Bowels usually constipated
May 3. 94. Appetite good Sleeps well Habits neat Works on the ward some. Very seldom speaks unless spoken to Bowels constipated usually Febry 28 94. Works on ward Appetite good Cares for herself usually Habits clean. Bowels constipated Mch 3 94. Complains of headache. Appetite poor. Sleeps well Habits clean Bowels constipated usually. Apr 30 94 Appetite poor. Noisy at night. Habits clean. Helps some on ward May 29 94 Appetite good Works on ward and in dining room. Bowels constipated
June 3. 94. Appetite quite good. Sleeps well. Works on ward & in dining room. Quieter than usual Habits clean Cares for herself Bowels constipated usually
July 3. 94 Appetite poor Complains of some headache. Bowels usually constipated. Menstruated once in 3 mos. Refuses to work Habits clean
Aug 7 94 Transfd to C3 Aug 10 94 Menstruating Aug 29 94 Appetite fair. Behavior usually quiet, but had crying spells Lately & refuses to work Sleeps quite well. Complains of headache a good deal. Talks sensibly. Goes walking & riding. Aug 27 94 Transfd to B2
Aug 29 94 Very noisy for about a week today. Aug 31 94 Appetite good Behavior most of the time quiet Helps some on ward & in dining room Goes walking & riding. Complains of headache - Sept 14 94. Appetite good. Behavior generally quiet Helped work on ward Goes walking and riding Transfd to C3. Sept 28 94. Appetite quite good. Sleeps quite well works on the ward & in dining room Goes riding and walking. Bowels usually constipated
Oct 3 0 94 Appetite poor Very noisy the past 2 days. Bowels usually constipated. Complains of headache and backache Is menstruating - quieter to day. Nov 30 94 Quiet. Works on ward Habits clean Goes riding and walking. Bowels irregular. Dec 3. 94 Very noisy at times. Complains of severe pain in head Appetite poor Bowels usually constipated Habits clean Jany 14. 95 No change Transfd to D2 Jany 31. 95 Quite noisy for about two days Appetite good Works in dining room Febr 6 95 Crying at very noisy this morning Febr 10 95 Very noisy most of the day Febr 27 95 The same Febr 28 95 Appetite fair. Bowels constipated Clean in habits Very noisy at times. Mch 12 95 Appetite poor Bowels reg. Works some on ward. Very noisy for several days March 31. 95 Appetite fair. Bowels reg. Goes walking & riding Noisy at times. Apr 24 95 Violent by spells Is very anxious to go home Apr 26 95 Very noisy most of day Apr 29 95 Appetite quite good Bowels regular.
May 17 95. Very noisy part of week. Cried & refused to eat. Is quieter now
June 5 Appetite good. Bowels regular. Often cries. Noisy for past week. In seclusion part of day. Goes riding & walking. Menstr. regularly. June 18 Cried most of day & night. In seclusion for six hours. July 20 Restless all day. Aug 2 Extremely noisy Aug 15 Ex. noisy - in seclusion for four hrs. Trans. to D. 3.
Aug 30 Appetite good. Bowels regular. Cries quite frequently Aug 31 Cried for about four hours during day.
Sept 28 Patient extremely noisy at times. Appetite quite good. Bowels regular.
Oct 14 Ate very little last few days. Cried nearly all the time. Nov 18 Very irritable Appetite good. Bowels regular - No change noticeable. Dec 26 Cries occasionally Very noisy - Goes riding & walking - Appetite good. Bowels regular -
Jan 15 Had severe crying spells & stubborn most of time. Goes riding & walking When in an agreeable mood - Appetite fair. Jan 15 Quite noisy 7 hrs. Slept 2 hrs. May 20 Very stubborn & disagreeable. Violent at times & has severe crying spells Very noisy during these spells & stupid at others. Menstruates regularly. Good appetite Goes walking & riding. Bowels regular. Neat in personal appearance usually.
Aug 97 Summary Nurses Notes by Dr. E.E. Phelps: Cries a good deal at times: violent & destructive: appetite fair: goes walking & riding: Nov 96 Still cries a good deal:

Over p. 331

Personal and Medical History of Annie Wasolowski

Whole No. 3321
Residence, St Paul
Date Admission, April 12 - 1893
Admitted by, Dr Phelps Hour, 7 PM
How Sent, by Prof J. B. Olivier
Sex, Female
Age, 20
Civil Condition, Married
Children, Two
Age Youngest Child, 4½ mos
Occupation, Housewife
Degree Education,
Profession Religion, R C
Habits, Good
Nativity, Poland
Physicians Committing, A B. Ancker & Clyde Martell
Correspondents, Albert Wasolowski (Husband)
701 - Thomas St St Paul

No. for Year, 233
Insane Relatives, Mother
Cause Exciting, Child-birth
Cause Predisposing, Heredity
Form, Acute Melancholia
Accompanying Bodily Disorder, None
Suicidal or Not, Has bitten herself several times
Date of this Attack, Nov 25 - 1892 -
Duration, 4½ mos
No. of Attack, 2
No. of Admissions, 1
Age First Attack, Unknown
Time of Leaving, July 22 93.
Time in Hospital, 7 mos 10 days.
Result, Died.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish,
MEMORY: Can not test
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Very dull
Correct or Illusive, Resists every thing
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Sits looking down Very dull & quiet - Makes very few voluntary movements

EMOTIONAL STATE:
Normal, Calm,
Indifferent,
Exalted,
Depressed, Depressed Very stubborn
DELUSIONS: and resists Eating taken
Systematized or Not, to meals, put to bed
Special Subjects, Eating etc
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION: Never says any thing
Coherent or Incoherent, Sits with head down
Voluble or Reticent,

Personal and Medical History of Annie Wasolowski

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, Would not be weighed NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, Does not show Coatings, Promptness Movement,
PUPILS, Equality, Can not examine Size,
Response Light, Accommodation,
SIGHT, Seems to see well - but will not talk
HEARING, Seems good
COORDINATION, Arms, Unsteady
Legs, Unsteady Has a dragging gait
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Will not talk Slurred,
FACIAL EXPRESSION, Blank
SENSIBILITY,
HEART, Irregular at times Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Dirty Clean, Careless,
BOWELS, Normal, Constipated, Constipated Irregular,
APPETITE, Good, Medium, Poor, Very poor
SLEEP, Good, Quiet & sounds Poor, sleep Irregular,
PULSE, Irregular & very weak RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1893 This woman was brought here by Deputy Sheriff Quirk and Miss Acken, Matron, of Jail. Symptoms of insanity were manifested before she was married. Another attack after birth of present child July 91 lasting only a short period. Then after second child Nov 25-1892 - Adept Christmas she became maniacal and gradually became worse until she was sent to City Hospital Feb 1-1893 - Under Dr Rego care

April 12 On admission was quite dirty. Had no delusions of
13 injury or illness. Very stupid. Sat quiet most of the time. Stand. Rested same when taken to meals or put to bed. Did not talk any. Temp. 99 - Pulse 93 - Resp. 20
" 14 Did not have as much trouble to get her to eat. Bowels are constipated. Quiet at night.
" 15 Sits in an indifferent or dazed state. Usually looks straight ahead in a demented manner.
16 Very quiet during the day. Manifests no interest in anything
" 17 Looked a little brighter today. And noticed more what was going on about the ward.
" 18 Eating better today. Allows the saliva to run from her mouth most of the time. Quiet at all times but resists when taken to her meals or undressed at night.
" 19 Dirty in her habits. Appetite is not very good.
" 20 At first turned weak and staggered some when she walked but now walks more steadily. Has bad discharge.
21 Does not talk. Sits quietly all day.
22 Appetite worse. Very quiet in action and does not talk
" 23 Ate her meals today without being urged. Discharge from her nose most of the time.
" 24 Appetite not as good today.
" 25 Behavior stupid. Appetite poor. Bowels constipated. Quiet at night. Seems to sleep well. Habits dirty. Does not talk any. Usually have to feed her. Semps demented in manner
" 29 Appetite poor. Dirty in habits. Behavior stupid. Does not talk any. Has sore mouth irrigated this month.
May 4 Put to bed today. Her circulation seems very poor. Hands and feet purple and cold while on the ward but improved upon being put to bed. May 8. Has been in bed
" 9 Up on the ward to-day and seems better.
" 13 Tried to shake herself today. Moved her to Emerald Ward.
" 16 Put in seclusion. Fed by force. When on the ball tries to

1893 shake herself. Bowels constipated. Never speaks. Dirty in habits.
May 17 - Was in restraint all night and in seclusion all day.
May 18-19 - In seclusion. Refused to eat. May 20 Was in restraint during the night. Needs constant watching. Appetite very irregular.
May 23 Was sick in bed all day. Seemed chilly. May 29. Refuses to eat and was fed by tube 30-31st Fed by tube. Dirty in habits. Kept in seclusion. Destroys clothing etc.
June 6 Has been fed by tube every day since last note until today she drank some milk. June 7 Drank milk this morning. Still in seclusion. Habits dirty and destructive.
June 10-23 In seclusion all day. Quiet. Use of forced feeding. Dirty in habits. Out of bed all night.
June 30 Fed with tube every day. Can not keep her on the ball. Tries to kill herself. Hands up all the time. Feet and limbs badly swollen. July 5 Awake and standing at the door all night. July 11 In bed three hours. Standing by the door the remainder of the night. Fed by tube every day.
July 14 Stood by her door until she fell down. Slightly cut her lip. Visited by the priest today. Moved to Sick Ward.
" 15 Very stupid. Seems to grow weaker. Does not sleep. Will not stay in bed. July 16 Fed by tube. July 17. Fed by tube.
" 18 Husband called to see her. Temp 97. P60 - R18. Lies quietly in bed but does not sleep.
" 19 Temp 100 P94 R34. Lies quietly in bed. Husband called to see her. Fed by tube. Bowels constipated.
" 20 Temp 99. P66 R32. Monk weaker. Fed by tube.
" 21 Temp 98 P64 - R30. Slept very little. Monk weaker. Fed by tube. Coughs some.
" 22 Temp 100 P90 - R40. Did not sleep. Moaning most of time. Drank part of glass of milk. Grew steadily weaker. Died 6.20 PM

Died

Personal and Medical History of Mary Haberkorn

Whole No. 3322
Residence, St Paul Ramsey Co
Date Admission, April 13-1893
Admitted by, Dr Pfulb Hour, 7 P M.
How Sent, Dept of Prof. B. Clinics
Sex, Female
Age, 30
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Domestic
Degree Education,
Profession Religion, R.C.
Habits, Good
Nativity, Germany
Physicians Committing, A. D. Archer + Orville Martel
Correspondents, Miss Minnie Haberkorn
Slumman Home 4th + Selby St Paul

No. for Year, 234
Insane Relatives, Mother + Sister
Cause Exciting, Unknown
Cause Predisposing, Heredity
Form, Acute Melancholia
Accompanying Bodily Disorder, —
Suicidal or Not, Talked of
Date of this Attack,
Duration, About a year
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 29
Time of Leaving, May 29 '93
Time in Hospital, 1 mo 16 ds
Result, Recd

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Confused
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Fair
Recent Events, "
Special Subjects, "
PERCEPTIVITY:
Alert or Dull, Rather dull
Correct or Illusive, Partially correct
REASONING POWER:
Ordinary Subjects, Impaired
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Says she had bad headaches
thinks she is over worked
and came here for rest
and treatment

EMOTIONAL STATE:
Normal, Calm, Pleasant and rather
Indifferent, dreamy
Exalted,
Depressed,
DELUSIONS: Speaks about the
Systematized or Not, temptations of the
Special Subjects, world causing her
Transitory or Not, sickness
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Quite coherent
Voluble or Reticent, Answers questions
willingly and fairly well

Personal and Medical History of Mary Haberkorn

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3½ in WEIGHT, 105 lbs NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, ~~Normal~~ Coatings, None Promptness Movement, Sluggish, Awake
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Has a general attitude movements of
Legs, the arms and whole body
TREMORS, Hands, None Tongue,
Facial Muscles, None General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Drawling Slurred,
FACIAL EXPRESSION, Pleasant but dreamy and indifferent
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, 78 RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother ~~or Mat. Relations~~, had Puerperal Mania
Father or Pat. Relations, Father died of Consumption
Brothers or Sisters, One sister in Hosp. at Mendota for 4 yrs

Personal and Medical History of Mary Halenkamp

1893 Symptoms of insanity were manifested in this case about a year ago. Has had delusions, hallucinations and talked incoherently. Has characteristic movements of hands and arms. Her sister was in an Asylum for about a year and her Mother had Puerperal Mania. Has no destructive or filthy habits. Has talked about cutting off her head.

April 13 On admission bodily condition clean. Is bruised.

" 14 Wanders around the ward a good deal. Nat still lays at a time. Talks of her friends. Appetite not very good. Bowels are regular. Complains of pain in left side. Temp. 102. P 74. Resp 18.

" 15 Eats and sleeps well. Usually Belligerent. Restless. Wanders around the ward. Complains of pain in the side. Bowels regular. Temp 98. P 72.

" 16 Very quiet and pleasant. P 72. R. 17.

" 17 Sleeps is more restless. Usually eats well. Bowels keep regular. Rather silly in manner. Talks at random. Repeats sentences which has no explanation or vague meaning.

" 18 Complains of headache at times. Eats well. P 64. R. 18.

" 19 Talks and exchanges silly. Quiet in manner.

" 20 Eats and sleeps well. Bowels regular. Wanders about the ward in a restless way. Mind jumps from one thing to another. Very quiet. Quiet but silly in manner.

" 21 Complains at times of headache and pain in left side. Mind unsteady. Wanders from one subject to another.

" 23 Very quiet. Does no work. Bowels are regular.

" 24 Complains of headache a great deal. P 76. R 18.

" 25 Eats and sleeps well usually. Bowels regular. Talks very quietly. Wanders around the ward a good deal.

" 26 Continues from day to day about the same. Talk and letters does not manifest any interest in anything. Neat and clean in her habits and appearance. Does no work. Has a silly expression and talks incoherently.

" 29 Eats and sleeps usually well. Complains of headache a good deal. Rather silly in behavior. Remains in room a good deal. Bowels regular.

May 20 Has improved very much. Works every day. Neat and clean. May 23 Moved to A. D. Menstruating.

" 26 Very quiet and rational. Talks well. Works every day.

" 29 Was sent to St Paul today as requested.

from page 248.

Personal and Medical History of Harriet Ann Williams

Jan 21 95. Works quite readily on ward. Complains a great deal of various things. Appetite rather poor. Bowels constipated.

Feb 28. Has been quite troublesome the latter part of the month. Has quite marked delusions, also imagines people are talking about her and is inclined to be quarrelsome. Appetite very poor. Bowels constipated.

Mch 29 95. Quite disagreeable of late. Appetite good. Bowels reg. Complaints numerous. Symptoms Bl. Has morbid ideas & delusions. Usually quiet, but dissatisfied. April 1 95 Very noisy most of the day. Apr 3 95. In bed complains of nervousness. Up on ward refuses food. Lying on floor of the room most of the day. 4/20. Very noisy most of day. 4/22. Extremely noisy all day, also during night. Appetite good. Bowels usually regular. Goes walking & riding. May 15 95. In bed for 3 days. Complains of headache & backache. Bowels constipated. Appetite good. May 23 95 Much better. Helps on ward.

June 6 Appetite good. Bowels usually constipated. Takes a cathartic quite often. Quiet. Stays in room most of time. Takes care of room. Helps some on ward. Goes riding & walking. June 12 Complains of headache. Gave tablets. June 14 May Wagner struck her on head & raised a lump on eye. July 19 In bed. Complains of diarrhea. Gave medicine for same. July 20 Up on ward. Aug 6 Complains of being sick.

Sept 1 Very disturbed, scolded a great deal. Sept 2 Trans. to E. 1. Oct 5. Fought in dining room this morning & received a large cut on forehead from one of the ladies. Trans. to A.

Oct 30 Quiet most of time. Appetite good. Sleeps, quiet well. Goes riding & walking. Bowels usually constipated. Nov 17 Fought attendants. Muff put on & left until 19

Nov 30 Works on ward some. Eats & sleeps well. Habits clean. Goes riding & walking

Dec 30 Appetite quite poor. Noisy some of time. Complains of pain in back. Rather cross usually. Helps work work on ward. Refuses to go out of door. Stays in room when not at work. Jan 30 Quite agreeable during month.

Feb 6. In bed past two days. Rather cross & quarrelsome today. Bowels constipated. Appetite poor. Feb 8 Sitting up. Appetite good.

Feb 11 Eloped. Got out of bed room window this evening.

Personal and Medical History of Anna M. Carder

Whole No. 33225
Residence, Mount Pleasant Wabash Co
Date Admission, April 15- '93
Admitted by, Dr Baker Hour, 7.1/30 P.M.
How Sent, In charge of Prof M. Kennedy
Sex, Female
Age, 18
Civil Condition, Single
Children,
Age Youngest Child,
Occupation, Domestic
Degree Education,
Profession Religion, Lutheran
Habits, Good
Nativity, Hanover
Physicians Committing, C. D. Ullast + B. F. Matt
Correspondents, Mr. Paul Carder Father
Box 427 Lake City

No. for Year, 237
Insane Relatives, None
Cause Exciting, Not given Typhoid Fever
Cause Predisposing, Unknown
Form, Acute Mania
Accompanying Bodily Disorder, None
Suicidal or Not, Not
Date of this Attack, March 1- 93
Duration, 1 mo
No. of Attack, 2
No. of Admissions, 1
Age First Attack,
Time of Leaving, Dec, 2' 93
Time in Hospital, 7 m, 17 ds.
Result, Recovered

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused,
Quick or Sluggish,
MEMORY:
Past Events,
Recent Events,
Special Subjects,
PERCEPTIVITY:
Alert or Dull,
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State,
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE: Very maniacal and
Normal, Calm, violent upon ad-
Indifferent, mission - Carried down
Exalted, to the ward by three men
Depressed,
DELUSIONS:
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS:
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Anna M. Carder

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION,
WOUNDS OR ABNORMALITIES, Many marks of injury upon her arms shoulders and legs—on admission
TONGUE, Tremors, Coatings, Promptness Movement,
PUPILS, Equality, Size,
Response Light, Accommodation,
SIGHT,
HEARING,
COORDINATION, Arms,
Legs,
TREMORS, Hands, Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART,
LUNGS,
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Careless,
BOWELS, Normal, Constipated, Irregular,
APPETITE, Good, Medium, Poor,
SLEEP, Good, Poor, Irregular,
PULSE, RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, ONSET GRADUAL OR SUDDEN,

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1893 This woman was brought here by Dep Sh[eriff] and her sister. Symptoms first manifested about March 1st after an attack of Typhoid Fever. In a state of constant excitement. Mostly upon Religious subjects. Is afraid she will be Destroyed. Violent at times. Filthy in habits and destructive. Has not been under medical treatment.

April 15 On admission bodily condition dirty. Marks of injury upon her arms, shoulders and hips. Carried to the ward by several men. Was raving and very violent.

" 16 Very violent and noisy. Kicking and spitting. Talks in a wild and delusive manner. At times her mind seems clear. Appetite poor. Takes only milk and coffee. Was noisy part of the night the remainder she was quiet and slept. Bowels constipated.

" 17 Very violent when held and when secluded she takes off her clothing. Takes very little solid food. Is menstruating.

" 18 Fights desperately. Has been in seclusion all day. Takes about three pints of milk during the day.

" 19 Continues noisy and violent. Strikes, kicks and spits. Refused to take cathartic for her bowels. Has taken milk.

" 20 Was sent to seclusion from early morning until 2 P.M. when she became so violent to the attendants that was necessary to seclude her. Has taken her usual amount of milk.

" 21 A little more quiet. Does not fight and kick so much. Answers questions quite sensibly at times. Has taken some solid food today.

" 22 Was in seclusion most of the day and extremely noisy. Pulled up her bedstead. Takes off and destroys her clothing.

" 23 Was in seclusion all day. Violent and destructive.

" 24 In seclusion all day. Destroys all her clothing. Very violent.

" 30 Has been in seclusion all day every day since last note. Very destructive and violent. Runs about her room like savage. Kind of lower animal. Climbs upon heater. Takes off and destroys clothing as fast as it is put on her. When out of seclusion it requires four or five girls to hold her. And then it has been almost impossible for them to keep her sitting up as she is so strong and throws and struggles herself out so much that they can not hold her when she is want

May 2. Moved from Ct. 3 to 4. Held on a bench by two attendants all day.

1893 May 3 On steward Held as yesterday. Cannot even stand alone struggling. Took very little solid food. Drank some milk. Bowels very constipated.

May 4 Had a struggle with her during forenoon. In enema given at noon. Bowels moved freely.

May 5 Was in seclusion from lack of milk to get her out. Destroyed her clothing. Mild and incoherent.

May 6 Out on hall. Had a struggle during forenoon and afternoon with very poor.

May 7 Out in enema given and bowels moved freely. Destroyed her clothing.

May 8 Had two severe struggles with her. Kicked one attendant in the face. Was mild and noisy and destroyed her clothing.

May 9 Took her out on the hall twice. Began to cry, struggle and fight soon after taken out. Eats well. Asked for drink and kicked the cup upon attendant could get out of room.

May 10 Out of seclusion on hall. Given enema and bowels moved freely. Had two severe struggles with her. Destroyed strong dress with lock buckles.

May 12 Has been mild and fought every time attendants went into her room. Destroyed several strong dress with locks. Had a natural movement of the bowels today.

May 14 Not quite as violent but very destructive & noisy. Had a normal movement.

May 16 Mild and noisy. Very destructive. Had two severe struggles with her today. Had natural movement of bowels today.

May 18 Very violent for past two days. Has given hypodermic twice. Yesterday. No effect. One given today. Was more quiet and did not destroy her clothing.

May 20 Put muff on her today.

May 24 Appetite is failing. In restraint and seclusion all day. Very violent.

May 26 Given Oil given to move bowels. Moved during night.

May 31 Has been in seclusion 369 hours during the month. In muff.

June 7. Had her out on hall for 1½ hrs. Quite violent.

June 8 Out on ward 4 hrs.

" 10 On ward for two hrs with muff on. Requires three men to hold her even with muff on. Kicks very violently.

" 13 Remains violent. Bowels moved freely to day. Took medicine yesterday for the bowels.

June 14. Night watch reported her as extremely noisy most of the night. Slept 2 hours. Pounding on door & screaming most of the time.

June 15 Kept most of the day.

June 20 Yesterday & to day had her out on hall & lawn forenoon & afternoon. No change in behavior. Took castor oil yesterday to move bowels, had no effect.

June 23 Took another dose of castor oil 21st, bowels did not move, till yesterday moved 3 successive times.

June 26. Behavior unchanged, bowels moved last night several times in last few days.

June 27. Violent & extremely noisy.

June 28. No change.

June 29 Behavior about the same, bowels moved freely this evening.

June 30. Appetite very good. No change in behavior. Very noisy most of the time. Has been in restraint all of month. Her behavior is of a hysterical ~~very~~ wild nature, intelligent about all ordinary things, but incoherent & reckless. It has been very hard to handle her at all, even in restraint and have not had Attendants to get her out

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Personal and Medical History of Anna Heyman



Whole No. 3328
Residence, Stillwater
Date Admission, April 20 - 18
Admitted by, Dr. Kilbourne Hour,
How Sent, Jas Prat R. R.
Sex, Female
Age, 19
Civil Condition, Married
Children, None
Age Youngest Child,
Occupation, House Keeper
Degree Education,
Profession Religion, R C
Habits, Good
Nativity, Wis
Physicians Committing, T. C. Clark & Jos. Legault
Correspondents, Carl Heyman (Husb't
Stillwater Minn

No. for Year, 240
Insane Relatives, None
Cause Exciting, Ungovernable temper and Jealousy
Cause Predisposing,
Form, Paranoia
Accompanying Bodily Disorder, None
Suicidal or Not, Suic
Date of this Attack,
Duration,
No. of Attack, 2
No. of Admissions, 1
Age First Attack, Unk
Time of Leaving, Oct. 1. 94
Time in Hospital, 1 year 5 mos. 11 days
Result, Recovered

EXAMINATION ON ADMISSION.

Examined April 22 Dr. Phelps

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:
Clear or Confused, Clear
Quick or Sluggish, Quick

MEMORY:
Past Events, Good
Recent Events, Good
Special Subjects, Good

PERCEPTIVITY:
Alert or Dull, Alert
Correct or Illusive, Correct

REASONING POWER:
Ordinary Subjects, Good
Own Mental State, Fairly good
Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Calm & normal
Indifferent,
Exalted,
Depressed,

DELUSIONS: None
Systematized or Not, None
Special Subjects, "
Transitory or Not, "

HALLUCINATIONS: None
ILLUSIONS: "
CONVERSATION: "
Coherent or Incoherent, Coherent
Voluble or Reticent, Talks willingly and well on any subject

Personal and Medical History of Anna Heyman

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in. WEIGHT, 154 lbs. NUTRITION, Good
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, None Promptness Movement, Normal
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING, Good
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue, None
Facial Muscles, None General, None
REFLEXES, Patellar, —
Other Reflexes,
ARTICULATION, Hesitating, Prompt Slurred,
FACIAL EXPRESSION, Normal
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM., Some laceration of cervix with discharge Uterus low
MENSTRUATION, Says it is regular No pain
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Medium, Poor, Poor as a rule
SLEEP, Good, Generally Poor, Irregular,
PULSE, 70 reg'l RESP., Normal TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother always healthy Aunt on Mat side died of Phthisis
Father or Pat. Relations, Father Not much for type "Spits blood & has heart trouble"
Brothers or Sisters, Bro 2 quite healthy 4 sisters 2 not robust

1893 This woman was brought here by her husband Symptoms were first manifested by a violent attack before marriage. Length of this attack not given. Manifested by hallucinations. Ungovernable temper and jealousy of her husband. Has tried to suicide by drowning and by taking Carbolic Acid. Has necessary to put under physicians care for effects of Acid. Has tried to injure others when in sudden Passion.

April 22 During examination Patient sat & talked very quietly and coherently. Gave her history promptly. Said she took Carbolic Acid & Chloroform both the same day about two weeks before her admission. Says took them because discouraged by the way her Father has treated her and wanted her husband. Says he wanted her to marry an old man that she did not care for and that he was angry when she would not do it. And afterward when she married he tried to dictate to her husband how he must treat her to govern her "bad temper". Says she thinks she was out of her mind when she took the poison for as soon as she came to she was frightened to found how nearly she had killed herself. Patient had Typhoid Fever third years ago. P 70 - R 18. Behavior on the ward has been quiet.

" 23 Inclined to stay in her room a good deal. Work some for herself. Eats well. P 73 - R 18.

" 24 Appetite good. Sleeps well. Behavior silly at times. P 78 R 18

" 25 Face some more Inclined to day, to wander about ward

" 26 Is somewhat silly in manner. Changes usually quiet and polite. Appetite good. Talks of her friends a good deal.

" 27 Wants to take more interest on the ward. Eats and sleeps well usually.

" 28 Interested in work in the line of crocheting. Silly in manner.

" 29 Eats and sleeps well. Bowels regular. Patient restless and quarrelsome.

" 30 Wanders around ward. Works at times.

May 1 Eats and sleeps well. Behavior restless. Rather excitable.

" 2 Quite restless and excitable. Asks for many favors.

" 3 Eats well. Behavior continues the same. Bowels regular. Complains of being sick at the stomach. Thinks she is pregnant.

over.

April May 1. 93. Eats & sleeps well. Behavior restless & by times pervading about ward. Rather silly in talk. Bowels regular, talks of her friends a great deal.

May 16 93. Rather silly in manner, but always quiet & neat & seems to comprehend well & reason fairly well. Manner peculiar & seems to have some concealed ideas.

May 20 93. Recently tried to run away when out walking. Looks well, fleshy. Appetite good. Needs watching as she is inclined to be treacherous.

May 26 93. Taken to treatment room. Found some hemorrhage from uterus. Has noticed some hemorrhage for a week or more. Think she is pregnant.

May 31. 93. Appetite good. Sleeps usually well. Is very stubborn. Is always asking for privileges & gets very angry when refused. Struck one of the ladies. Cleanly in habits. Bowels constipated.

June 10. 93 Removed to A' W. Temp 98. 93. Appetite very good. Sleep good. Behavior rather boisterous and flighty. Talk sensible. Seems in good health.

July 8 93. Complaining of passing blood in considerable quantity. No special symptoms except slight tenesmus, probably of hemorrhoidal origin. Laudanum, Ergot & injection Hydrast tried. Still complains some but looks well. July 28 93 Appetite very good. Sleep good. More quiet. Very stubborn & sarcastic. July 29. 93 Fainted on coming from bath. No bad results seem to follow. Says she has not been feeling well for a week or 2, but kept it quiet. Complains of headache. Aug. 6 93 Moved to B1. Aug 9 93 Has made herself very disagreeable all afternoon, would not play with the other patients, while out on the lawn, wanted to go off by herself & ran in the center when we were coming in. Had to be undressed at bedtime & fought the attendants. Aug 10. 93 Took no breakfast, when asked why she did not eat, replied it was nobody's concern. Aug 10. 93. Removed to B2 Aug 15 93 Has Mrs Dean's Stout & put her own name on by sewing on tape that had been marked for other clothing. Seemed to feel quite bad when asked to give it up. Aug 19. 93 Quite restless most of the night, complained of pain in back. Aug 21. 93 Vomiting very freely & complaining of pain in head & limbs - sleeping a hour, very restless most of the night, complained of pain in stomach. Aug 24 93. Sleeping about 4½ hrs. very restless early part of night. Aug 26 93. Slept 6 hrs. Dreamed much, seemed to be frightened, screamed several times. Aug 30 93 Very saucy & sarcastic. Unwilling to take a bath. Very untruthful. Sept 5 93 Uterus curetted, complained some of pain next day but otherwise felt well. Lay quite quietly & very well for a while from the first & recovery was uninterrupted (See Nurses records) Sept 24 93. Transf to B2 Sept 30 93. Seems to feel quite well. Has complained of some constipation. Gave med for same as directed. Oct 12 93 Has been very well behaved for past few weeks. Menstruated first part of this week. Anxious to go home. Oct 18 93. Restless talking & wandering in sleep. Dreamed much of the Oct 30 93 Moved to A' Nov 7 93 Menstruating. Nov 28 93 Appetite good. At times restless at night. Does no work. Is very bold & forward. Wants to go home. Nov 29 93 Menstruating. Dec 2 93 Rec'd on B2 (Does not menstruate)

Dec 13 93 Restless & crying at 11 PM Toothache Dec 16 93 Complains of toothache. Gave hot wash & bags. Dec 19 93. Went to dentist had tooth extracted Dec 21. 93 Appetite good. Gen health quite good. Very sarcastic at times very difficult to take care of her clothes as she will take the marks off when they have to be sewed on. Allowed to have clothes

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Personal and Medical History of Victoria Francoeur

Whole No. 3331
Residence, St Paul
Date Admission, April 25 1893
Admitted by, Dr Phelps Hour, 7 P M.
How Sent, In Prob J. B. Clinics
Sex, Female
Age, 20
Civil Condition, Single
Children,
Age Youngest Child,
Occupation,
Degree Education,
Profession Religion, R. C.
Habits, Good
Nativity, Mass
Physicians Committing, A. B. Ancker & Cecil Martel
Correspondents, Amable Francoeur
852 Case St St Paul



No. for Year, 243
Insane Relatives, None
Cause Exciting,
Cause Predisposing, Ill health
Form, Ac. Melancholia
Accompanying Bodily Disorder, "Uterine trouble"
Suicidal or Not, Not
Date of this Attack, April 1893
Duration, Two weeks
No. of Attack, 1
No. of Admissions, 1
Age First Attack,
Time of Leaving, May 23 2nd February 1901.
Time in Hospital, 7 yrs 9. mos 8 Ds
Result, Recovered: Discharged Nov 30/1901

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined May 5 S. H. Phelps

MENTAL ACTIVITY:
Clear or Confused, Somewhat confused
Quick or Sluggish,

MEMORY:
Past Events, Quite correct
Recent Events, Somewhat uncertain
Special Subjects,

PERCEPTIVITY:
Alert or Dull, Fairly quick
Correct or Illusive, Answers most things correct

REASONING POWER:
Ordinary Subjects, Seems fair
Own Mental State, Uncertain but thinks
Special Subjects, She was not just right

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:
Normal, Calm, Calm
Indifferent,
Exalted,
Depressed,

DELUSIONS: Thinks people follow her around and try to make trouble for her

Systematized or Not,
Special Subjects,
Transitory or Not,

HALLUCINATIONS: Has heard voices at times Usually at night

ILLUSIONS:

CONVERSATION: Talks willingly but is rather uncertain and somewhat confused

Coherent or Incoherent,
Voluble or Reticent,

Personal and Medical History of Victoria Francoeur

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft WEIGHT, 93 NUTRITION, Poor
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Slight white Promptness Movement, Normal
PUPILS, Equality, Slight irregularity Size,
Response Light, Good Accommodation, Good
SIGHT, Good
HEARING,
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, None Tongue,
Facial Muscles, General,
REFLEXES, Patellar,
Other Reflexes,
ARTICULATION, Hesitating, Slurred,
FACIAL EXPRESSION,
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Respiration very shallow Has a cough
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION, Some pain during period Sometimes goes to bed Regular
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Normal Constipated, Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Sometimes Poor, Irregular,
PULSE, 90 RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Short ONSET GRADUAL OR SUDDEN, Sudden

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations,
Father or Pat. Relations,
Brothers or Sisters,

1893 This woman was brought here by Dept Sheriff on the matter of the last time I came she has been an invalid suffering from Chronic trouble especially during menstruation. About two weeks ago mental symptoms were manifested by sleeplessness restlessness, hallucinations and incoherent talk. She believes she is pursued by people intent upon doing her some injury. Refuses to take nourishment. No disposition to destructive or filthy habits. She has been under treatment for dysmenorrhoea and pain in breast and back. "Looks as though she might have some lung trouble"

April 26 Patient seemed frightened at times. Sits in about the same place all day. Talks of her friends and of same delusions. Appetite good. Has a hacking cough. Bowels Regular. Pulse 76- R 17-

" 27 Appetite good. She seemed frightened at times. Bowels regular. Sleeps very well. Coughs a good deal. P 68. R 18

" 28 Talk is of deluded ideas concerning home affairs. Eat and sleeps well. Talk of silly. P 70- R 18-

" 29 Coughs a good deal. Talks more sensibly at times

" 30 Eats and sleeps well. Behavior more quiet. Talks sensibly on different subjects. Bowels are regular

May 1 Patient eats well. Coughs still. Behavior quiet. P 70- R 18

" 2 Very quiet and well. Behaved. Removed to B-

" 3 Appetite good. Very quiet. Talks only when addressed

" 4 Eats well. Smiles sometimes today. Coughs some. Bowels regular. Has been crying to go home

" 5 Eats well and talks more and sensibly. Coughs same

" 6 Appetite good. Behaves well. Works some in dining room. Talks very little- Coughs some

" 8 Went to evening work today. Seems quite sensible-

" 11 Has been going to evening work every day. Very quiet. Talks sensibly. Has a cough and looks pale and thin. Appetite very good. Put upon tonic. Was ordered to B- today

" 23 Mother came today and took her home. For last few days she had slight spells of being quite excited, talking loud and swearing. Said she did not want to go home with her mother but afterward seemed willing to go and went off very quietly

July 31. 93. Appetite fair. Sleep generally good. Very much disturbed at times. Talks loudly & swears. Complains of headache at times. Menstruated July 31 Aug 5 93. Moved to B 2d Aug 18. 93. Appetite good. Sleeps well is quite noisy at times. Usually running from place to place in the hall. Talks quite silly. Goes to sewing room sometimes Aug 24. 93 Very noisy both day and night Aug 26 93. Went to B 2d Very restless and noisy until 12 P.M. Gave sleeping dose. Slept until 6 a.m. Aug 28. 93. Was sleeping 4 hrs. very noisy 1/2 hr. and quite noisy at times during night. Aug. 31. Very noisy. Gave sleeping dose. Sept 8. 93 Visited by her mother Sept 24. 93 Very much disturbed. Using very profane language. Had to be kept in lower hall most of the day. Sept 27. 93 Very much disturbed, using very profane language. Sept 28. 93 Very noisy most of the day. gave sleeping dose 9 P.M. Sept 30. 93. Appetite good. Very noisy for the past week. Neat in habits. Oct 12. 93 Very Erratic. Noisy & changeable. Oct 18 93 Restless & awake 12 to 1 P.M. Talking & laughing 1/2 hr. Oct 19. 93 Visited by mother. Oct. 20. 93 Menstruating. Oct. 31. 93 - Appetite good. Tidy about herself. Nov 2. 93 Menstruating. Nov. 16. 93 Awake and restless from 1.30 laughing & talking. Nov 27 93. Menstruating. Nov. 29. 93 Appetite good. Gen. health good. Very noisy at times, using very profane language, for the past 2 days has helped in the dining room, neat about herself. Rests well at nights. - Dec. 12. 93 Appetite good. Behavior very noisy, mostly talking to self using very profane language at times. Dec 13. 93 Restless & quite noisy. Talking and laughing till 12.30 Dec. 11. 93 Very restless & quite noisy. Seems much frightened, persevering about when asleep. Dec 27. 93 Menstruating. Dec 29 93. Complains of pain in chest. Dec 31. 93 No change. May 15. 94 Complains of sore throat & severe cold. Jany 15. 94 Restless & quite noisy. Crying 1/2 hr at 1.30 Complains sore throat. Refused med. Jany 16. 94 Taken cough med. Refuses tonic. Jany 20. 94 Extremely noisy most of the time. Jany 28. 94 Fighting, threw dishes in dining room. Jany. 31. 94 Appetite good. Tidy. Talks to self & uses very profane language. Febry 6. 94 Complains of pain in chest & limbs. T 101. P 108. 4 P.M. Covered as dir. Febry 18. 94 Menstruating. Febry 24. 94 Awake & quite noisy laughing & talking from 11 P.M. till 2 A.M. Febry 25. 94 Awake, noisy, talking 1.30 a.m. Slept 4 hrs. Febry 26. 94 Appetite good. Habits clean at times. Very noisy. Talking to self. Uses very profane language. Febry 27. 94. Visited by mother & sister. Mch 1. 94. Extremely noisy & fighting. Has quit using bed as br. Mch 1. 94 Awake & quite noisy. Talking 12 M. Slept 4 hrs. Mch 2. 94 Extremely noisy. Fighting. Put in S. Awake at 12.30 & 4 noisy till 6 a.m. Mch 3. 94. Rested well till 4 a.m. Awake quite noisy. Talking. Rec'd Black eye from E Bean. Mch 6. 94 Awake & quite noisy. Talking since 1.30 a.m. Mch 9. 94 Extremely noisy. Kept in bed. Transfer to C 4. Mch 13. 94 Appetite good. Noisy at times. Cares for herself, helps work in ward some in morning. Removed to B 2. Mch 26. 94 Visited by mother. Mch 27. 94 Restless 10 P.M. quite noisy to 2 hr. Talking 9.30 Mch 29. 94 No change. Apr 6. 94 Quite noisy 1/2 hr. 2 a.m. talking. Apr 8. 94. Restless & quite noisy. Sh. till 11 P.M. Apr 20. 94 The same. May 1. 94 Talking 2 hrs. quite noisy. May 7. 94 Menstr. May 14. 94 Complains of pain in chest. May 18. 94. Partially about the same. May 31. 94 No change. Noisy at times. June 1. 94 Complained of headache. Gone home June 3. 94 Very noisy. July 2. 94 Visited by mother. July 14. 94 Noisy the past few days. Menstruating. Aug 2. 94 Menstruating. Aug 31. 94 More quiet of late. Appetite good. Bowels regular. Confines to herself most of the time. Does walking & rowing. Sept 24. 94. Menstruating. More quiet of late. Appetite good. Bowels regular.

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Personal and Medical History of Catherine Colton

Whole No. 3382
Residence, Dexter Mower Co.
Date Admission, April 26 - 1893
Admitted by, Dr Phelps Hour, 7 P.M.
How Sent, Jas Peak & D. Washburn
Sex, Female
Age, 63
Civil Condition, Widow
Children, 6
Age Youngest Child,
Occupation, Housekeeper
Degree Education,
Profession Religion, None
Habits, Intemperate use of alcohol
Nativity, England
Physicians Committing, A. W. Allen & J. W. Hunt
Correspondents, William Colton
Dexter Minn

No. for Year, 244
Insane Relatives, None
Cause Exciting,
Cause Predisposing, Probably old age - intemperance
Form, Senile Delirium
Accompanying Bodily Disorder, None
Suicidal or Not, Threatened
Date of this Attack, 1892
Duration, About a year
No. of Attack, Gradual increase for years
No. of Admissions, 1
Age First Attack,
Time of Leaving, May 23rd 93
Time in Hospital, 27 ds.
Result, Improved

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY: Quite weak & childish
Clear or Confused, Sense clear
Quick or Sluggish, Sluggish
MEMORY:
Past Events, Good
Recent Events, Good
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Answers questions quite
Correct or Illusive, promptly and correctly
REASONING POWER:
Ordinary Subjects, Seems good
Own Mental State, Very fair
Special Subjects,
GENERAL DESCRIPTIVE REMARKS:
Demented and weak minded
Very pleasant and quiet
Says has taken only a little
whiskey once in a while

EMOTIONAL STATE:
Normal, Calm, Calm & normal
Indifferent,
Exalted,
Depressed,
DELUSIONS: None
Systematized or Not,
Special Subjects,
Transitory or Not,
HALLUCINATIONS: None
ILLUSIONS: None
CONVERSATION:
Coherent or Incoherent, Coherent
Voluble or Reticent,
Talks fairly well and willingly
Very anxious to go home

Personal and Medical History of Catherine Colton

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1 in WEIGHT, 130 lbs NUTRITION, Fair Very yellow
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, None Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation, Good
SIGHT, Not good Near sighted
HEARING, Impaired
COORDINATION, Arms, Good
Legs, Good
TREMORS, Hands, Very slight Tongue, None
Facial Muscles, General,
REFLEXES, Patellar, Equal
Other Reflexes,
ARTICULATION, Hesitating, Rather drawling Slurred,
FACIAL EXPRESSION, Natural
SENSIBILITY,
HEART, Very quick - Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Constipated Irregular,
APPETITE, Good, Good Medium, Poor,
SLEEP, Good, Good Poor, Irregular,
PULSE, 96 RESP., 24 TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long ONSET GRADUAL OR SUDDEN, Gradual
HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Mother used to worry a good deal
Father or Pat. Relations,
Brothers or Sisters,

Personal and Medical History of Catherine Catlin

1893 This woman was brought here by E. S. Happer and her
" Husband for mental symptoms have been gradually increasing for twenty years She has always been nervous and has been inclined to irritate Of late has been violent and during the past year has threatened her family with injury She in her ugly spells Has threatened life with knife etc Has also threatened to destroy her own life Has been necessary to restrain her by force at times -

Apr 27 Bodily condition as report at date clean Temp 98. P 90. R 20.
Behavior quiet and natural Says she is very nervous. Appetite good Complains of not sleeping but quiet during night
Bowels irregular - Constipated
" 28 Pulse 84. R 18 Says she slept better last night
" 29 Very quiet Neat and clean in habits. Bowels constipated
May 1st Seems contented and sleeps better No albumin noted
" 2 Bowels are constipated Gave her pills today
" 3 Continues quiet and no trouble -
" 4 Was weighed & A[illegible] today
" 5 Appetite good Behavior quiet Says she did not sleep well last night Asked to go home Seems afraid of the ladies
" 7 Worked a little in the dining room today Bowels constipated
" 9 Very quiet neat and clean Bowels moved today
When addressed talks pleasantly - Causes no trouble
" 11 Now on A[illegible] Very quiet in behavior Says she does not feel as nervous now Neat and clean Works daily in the dining room Very anxious to go home
May 23 Son came today and took her home. She was very anxious to go And seemed reasoned -

Discharged Nov. 8th '93

July 1 93. Appetite good. Bowels quite reg. Violent & deity. No change in behavior July 27 93. Asked to stay to have muff off. This is the first time she has seemed at all fit or safe Still incoherent. July 30 93. Appetite good, bowels constipated, habits clean, violent at times. muff on and very noisy most of the time.
Aug 7 93. Quieter than usual asked to have muff taken off. Aug 8 93 Behavior better than usual Since muff was taken off. Aug 10 93. Quieter & crying at times. Complains some of the noise, says she wants to go home. Aug. 15 93 Has made a decided improvement, now very quiet & ladylike. Neat & clean. Appetite good, bowels constipated. Helps with ward, is very anxious to go home Talks coherently. Aug 27 93. Has been depressed of late, Wishing, on going to bed that it was her last night to live. Has been sleeping on B[illegible] for about a week. to day moved to B[illegible] Seems very sober, will not talk. Has had a poor appetite. Failing in health of late, losing flesh.
Sept 1 93 Very restless & awake most of the night. Sept 10 93 Appetite poor will not feed herself. Sept 30. No change. Oct 7 93 Has been very quiet, eats & has nothing to say. Does no work. Manifests no interest in anything. Eats very poorly. Requires feeding
Oct 13 93. Put on tonic. Oct 21 93 Appetite poor. Does not feed herself or dress herself this morning, attempted suicide by trying to strangle herself with Roller towel in wash room Nov 5 93 asked to go to chapel, seemed to enjoy the service feeds herself at supper for the first time since she came on hall
Nov 9 93. Seems brighter, asked to help with hall work allowed to do so, also asked about home & is anxious to leave from home). Nov 29 93 Very much improved in every respect, very good help on hall & when not at work is reading most of the time. Appetite good Very tidy in habits & neat about herself & takes care of herself for the past 3 weeks.

Dis'd

Victoria Francouver From 392.

Mch[illegible] - Aug 31 1900. (Cont.) appetite good: Bowels regular: Sleeps well: menstruates regularly, works part of time. Takes out door exercise: Attends amusements.
Sept - Nov. 30 No change mentally or physically Nov 24 - Wt. 106 1/2 lbs.

Personal and Medical History of Julia L. McClung

Whole No. 3335

Residence, St Paul Ramsey

Date Admission, May 3 - 1893

Admitted by, S. Phelps Hour, 7 P.M.

How Sent, J. of Prob J. B. Atkins

Sex, Female

Age, 20

Civil Condition, Single

Children, 0

Age Youngest Child,

Occupation, Housework

Degree Education,

Profession Religion, Yes

Habits, Good

Nativity, Minn

Physicians Committing, Arthur Savage Dr J. McLaren

Correspondents, Mr J. W. McClung
460 Iglehart St. St Paul

No. for Year, 347

Insane Relatives, Aunt on Father's side
Uncle & Grandfather Same

Cause Exciting,

Cause Predisposing, Heredity

Form, Puerperal Insanity

Accompanying Bodily Disorder, Malnutrition

Suicidal or Not, Not

Date of this Attack, About 1891

Duration, About 2 years all the time

No. of Attack, 1

No. of Admissions, 1

Age First Attack, 18

Time of Leaving, May 6 - 1893

Time in Hospital, 3 Ms.

Result, Unimproved

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined May 4 Dr Phelps

MENTAL ACTIVITY:

Clear or Confused, Slightly confused

Quick or Sluggish, Quick

MEMORY:

Past Events, Says not as good as

Recent Events, used to be.

Special Subjects, Has noticed that

PERCEPTIVITY: Her mind was weaker

Alert or Dull, Alert

Correct or Illusive,

REASONING POWER:

Ordinary Subjects, Fairly good

Own Mental State, Realizes her condition

Special Subjects, Partially

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm, Slightly excitable and

Indifferent, very nervous

Exalted,

Depressed,

DELUSIONS:

Systematized or Not, None

Special Subjects,

Transitory or Not,

HALLUCINATIONS None

ILLUSIONS:

CONVERSATION: Talks willingly and

Coherent or Incoherent, coherently

Voluble or Reticent,

Personal and Medical History of Julia L. McClung

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2 1/4 in WEIGHT, 101 lbs NUTRITION, Good

WOUNDS OR ABNORMALITIES, None

TONGUE, Tremors, None Coatings, None Promptness Movement, Fair

PUPILS, Equality, Equal Size, Normal

Response Light, Good Accommodation, Good

SIGHT, Good

HEARING, Good

COORDINATION, Arms, Sways when standing with eyes shut

Legs, Stands on one foot fairly well

TREMORS, Hands, Same Tongue, Same

Facial Muscles, Same General,

REFLEXES, Patellar, Equal - 9 -

Other Reflexes,

ARTICULATION, Hesitating, Slurred,

FACIAL EXPRESSION, Natural or rather languid and tired

SENSIBILITY,

HEART, Rather quick

LUNGS, Seem in good condition

EXAM. URINE,

GYNAECOLOGICAL EXAM.,

MENSTRUATION, Irregular Absent for almost two years Came on last mo.

OPHTHALMOSCOPIC EXAM.,

HABITS, Dirty, Clean, Clean Careless,

BOWELS, Normal, Constipated, Constipated Irregular,

APPETITE, Good, Good Medium, Poor,

SLEEP, Good, Poor, Irregular, Irregular

PULSE, Quick RESP., Sighs a good deal TEMP.,

CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")

Mother or Mat. Relations, Healthy

Father or Pat. Relations, Uncle and Grandfather erratic & Suicidal

Brothers or Sisters, Two Aunts on Father's side insane
Healthy

Personal and Medical History of Julia L. McClung

1893 Eluir guanan was brought here by brother and sister and Defy Sup Mr Irish. Eluir attack began about two years ago; manifested by a distaste for animal food and for clothing. Mutty depression of spirits Two years ago at schady objected to the study of Zuology. Has delusions of persecution. Runs away to escape restraint Is sullen & morose. Not in habits. Has been under treatment for general ill health with good results

May 3 On admission Bodily condition as seen good

" 4 Rather timid quiet and lady like. Does not talk much and has manifested no delusions. Appetite poor. Was quiet during night but says she did not sleep

" 5 Seems to manifest a restless spirit. Does not care what she does. Somewhat constipated.

" 6 Slept well last night. Pulse 96. Temp 98. Resp 24. Brother and sister took her to Dr McBrides Sanatarium this evening

Anna Seyman.

from Page 380.

as she will take the marks off, describes her clothes to match over without saying a word about it & at times cuts up a garment to make another one. Jany 31.94. Very sarcastic when spoken to. Refused to go riding & to Ch.

Aug 7 94 Out on hall at 10 P.M. Complains of toothache. Applied hot water bags. Rested quite well. from 1st Jany 26 94 Complains of pain in chest. Face med as dir. Stomach: Jany 26 94 Very sarcastic & calling names when spoken to & troublesome also, if she can still take clothing from clothroom that belongs to other patients & wear them. Jany 31. 94 Health good. Otherwise the same. Febry 18 94. Toothache. Med as dir. Febry 23 94 Menstr. Febry 25 94 Headache. Med

Feb 26 94 Appetite good. Habits clean at times. Very difficult to get along. Finds fault with most everything, that is done for her. Has a rash on face. but refuses to take med. Complained of flowing too freely, but refuses to lie down. Always mischevious about talking. Cut up blood pencils & made vest of same. Mch 9.94 In bed most of the day. Complains of not feeling well Mch 11.94 Very saucy without any cause. Med 14 94 Menstr.

Mch 29.94 No new change. Very difficult to get along with. Very sarcastic at times & always dissatisfied with what is done for her. Seems to blame others for her being here. Nov 12.94 Took her blood med. 4/30.94

Apl 30 94. Continues the same May 6 94 Very saucy to miss Morris without any cause. May 9 94 Menstruating.

May 10 94 Continues about the same May 28 94 Sprained ankle while out walking. In bed one day.

Much better now. - June 15th 17th 94. Electrical treatment for ankle. Works on ward. July 3 94 Very disagreeable in behavior

Menstruating. Works on ward. Appetite good. Complains of pain in stomach. Bowels constipated.

Sept 17.94. Appetite good. Behavior quite good. Plate. Face around nose & mouth broken out. Complains of sore throat.

Menstruating Sept 21 94 Went to sewing room & took on horses. Oct 1.94 Went home & discharged. In good physical condition. Recovered mentally.

Disch: Nov. 9. 94

from Page 384

Personal and Medical History of Victoria Francoeur

1894 Oct 4. Very noisy singing and laughing most of the time, occasionally helps on ward. Transf to C.

Oct 7. Menstruating the past 2 days. Oct 18.94. Refused to go walking of late. Had to be taken out by force today. Behaved very well when out. Oct 19.94 Moved to B2. Oct 31 94 Appetite good. Noisy at times. Menstruates regularly. Helps some on ward. Nov 3. 94 Quite noisy all day. Nov 6 94 Destroyed the skirt to her dress, quite noisy today. Menstruating. Nov 24 94 Very noisy all day singing and talking very loud. Dec 13.94. Very noisy all day. Resisted about going walking. Dec 31 94 Has a good appetite. Helps on ward. Noisy at times. Goes walking. Jany 19 95 Menstr. Quite noisy singing & talking. Jany 31 95 Appetite good. Bowels reg. Feb 28 95 Appetite good. Menstr reg. Noisy at times. Goes walking & riding. Works some on ward. Mch 6 95 Quite noisy most of the time during day. Menstruating. Appetite good. Bowels reg. Mch 29.95 More quiet the last few days. Works on ward. Transf to A 7 Apr 8 95 Menstruating. Apr 27 95 Appetite good. Sleeps well. Bowels reg. Quite noisy at times. Goes with Dr.

April 1895 Has been very noisy the past few days and quarreling with the ladies. Moved to B2 May 4 95 Very noisy. Fought one of the nurses. May 15 95 Menstruating. More quiet the last week. May 31 95. No change in behavior.

June 5 Quite noisy at times. Appetite good. Menstr. reg. Sleeps well. Bowels reg. Goes walking & riding

June 7 Fought nurses. June 14 Extremely noisy. June 19 Fought nurses. Aug 20 Very noisy today

Sept 6 Quiet today. Noisy at times. Menstruates regularly. Appetite good. Sleeps well. Goes riding & walking. Oct 26 Visited by mother. Nov 8 Extremely noisy at times. Bowels regular. Sleeps well. Appetite very good. Jan 15 Extremely noisy.

1896 Feb 29 Extremely noisy at times. Works on ward. Appetite good. Bowels regular. Goes walking & riding. Goes to entertainments. Mar 16 Sleeps well. Very noisy at times. Bowels regular. Works once in a while. Takes cathartics occasionally. Appetite fair. May 30 Appetite good. Bowels regular. Assists with work on ward.

July Summary Nurse's Notes by Dr. G. L. Phelps: Very noisy at times: Appetite good: bowels regular: Nov '96 menstr. regular: Violent & fights at times: Silly in talk & manner. Jan '97 Very noisy & incoherent in talk much of time: often violent: works quite well on ward. Mar '97 no special change: Aug '97 Quite noisy at times: works in dining room: clean, but untidy in personal appearance. Cont'd by Dr P. M. Phelps Sept 30 97 General health seems fairly good, altho' there are some signs of failure: growing rather more untidy & careless: Jan. 27 '98 Weight 111 lbs. Temp. in room found to be 100. Aug 29/98 For several days temp in room has been up to 100: Has lost some in flesh: Nov 8 98 Transferred to annex: Jan. 31 '99 Intervening notes show no change: Has shown no decided failure of late: is rather more untidy & reckless in behavior. Cont'd by Dr. R. B. Bell) Mar to Sept '99. Gen'l health good: appetite variable: sleeps well: menstr. regularly: neat but careless in appearance: takes out door exercise: very active & sometimes violent: frequently noisy at night: Has many delusions: talks incoherently: Works on sleeping flat: attends chapel & entertainments Aug 18 99 Weight 109 lbs

Sept 1900. Nov 24 Neat in habits but careless in appearance: Expresses delusions: Talks incoherently: Is vulgar & profane At times very active. General health fair. Eats & sleeps well: Attends amusements & chapel. Jan 29 Visited by friends. Jan 31 '99 1 yr 8 1/2 mo. (Mch 1 - Aug 31. 1900. Untidy. Disturbed & noisy at times: Speech incoherent.

See Folio 388

Personal and Medical History of Lydia Tetchell

Whole No. 3340
Residence, Afton Wash Co.
Date Admission, May 8- 1893
Admitted by, Dr Phelps Hour, 7 P M.
How Sent, Jas Prob R Schmucker
Sex, Female
Age, 65
Civil Condition, Married
Children, 1
Age Youngest Child,
Occupation, Housekeeper
Degree Education,
Profession Religion, Yes
Habits, Good
Nativity, Me
Physicians Committing, W. H. Pratt and E B Shubert
Correspondents, Wm S. Tetchell Husband Afton Minn.

No. for Year, 252
Insane Relatives, Maternal Uncle
Cause Exciting, Not given
Cause Predisposing, Heredity
Form, Chronic Melancholia
Accompanying Bodily Disorder, Dyspepsia
Suicidal or Not, Not
Date of this Attack, 1890
Duration, 3 yrs
No. of Attack, 1
No. of Admissions, 1
Age First Attack, 62
Time of Leaving, Aug. 26" 93
Time in Hospital, 3 mo 18 ds.
Result, Died.

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

Examined May 9 Dr S. L. Phelps

MENTAL ACTIVITY:
Clear or Confused, Somewhat confused
Quick or Sluggish, Sluggish
MEMORY: Thinks it has failed
Past Events, during the last two
Recent Events, years.
Special Subjects,
PERCEPTIVITY:
Alert or Dull, Rather dull
Correct or Illusive,
REASONING POWER:
Ordinary Subjects,
Own Mental State, Seems to realize her
Special Subjects, own condition
GENERAL DESCRIPTIVE REMARKS:
Says has had a good deal of head-
ache in past but during the last
two years has not acked so
much but has been very
dull and heavy

EMOTIONAL STATE:
Normal, Calm, Generally calm
Indifferent,
Exalted,
Depressed, At times depressed
DELUSIONS:
Systematized or Not, Thinks medicine that
Special Subjects, we gave her was
Transitory or Not, poison and that they
HALLUCINATIONS: was poison in her food
ILLUSIONS:
CONVERSATION:
Coherent or Incoherent, Part of the time co-
Voluble or Reticent, herent the rest in-
coherent

Personal and Medical History of Lydia Tetchell

EXAMINATION ON ADMISSION—(Continued.)

PHYSICAL CHARACTERISTICS.

HEIGHT, WEIGHT, NUTRITION, Very poor
WOUNDS OR ABNORMALITIES, None
TONGUE, Tremors, None Coatings, Heavy yellow Promptness Movement,
PUPILS, Equality, Equal Size, Normal
Response Light, Good Accommodation, Good
SIGHT, Has used glasses for years Some sharp pain in eyes at times
HEARING, of left ear impaired
COORDINATION, Arms, Some unsteadiness & movements of hands
Legs, Some weak - Ataxy unsteadiness Some difficulty in standing and walking - Feet - Feels dizzy when standing for short
TREMORS, Hands, At times and says cannot write or sew Tongue,
Facial Muscles, General,
REFLEXES, Patellar, Equal & and sluggish
Other Reflexes,
ARTICULATION, Hesitating, Somewhat Slurred,
FACIAL EXPRESSION, Rather distressed look
SENSIBILITY,
HEART, Sounds are normal
LUNGS, Seem in good condition
EXAM. URINE,

GYNAECOLOGICAL EXAM.,
MENSTRUATION,
OPHTHALMOSCOPIC EXAM.,
HABITS, Dirty, Clean, Clean Careless,
BOWELS, Normal, Constipated, Constipated Irregular,
APPETITE, Good, Medium, Poor, Poor - Refuses food
SLEEP, Good, Poor, Poor Irregular,
PULSE, 70 weak - Athroma RESP., TEMP.,
CRANIAL MEASUREMENTS,

HISTORICAL.

LENGTH OF INVASION, Long ONSET GRADUAL OR SUDDEN, Gradual

HEREDITY (Specify—"Insanity," "Hysteria," "Epilepsy," "Paralysis," or "Inebriety,")
Mother or Mat. Relations, Maternal uncle insane Mother was delicate for years
Father or Pat. Relations,
Brothers or Sisters,

1893 This woman was brought here by her husband and Mr Tracy, a neighbor. Symptoms were not manifested long, years ago. The impression that people have control of her thinks they is poison in food and medicine that is given her. Has not slept well for some time. Answers questions intelligently but drifts away from the subject and speaks of some medicine that has control of her thoughts and actions and claims it was a living person. Very much emaciated. Refuses to take food or medicine. Refuses to dress.

May 8 On admission had one bruise on left arm above elbow and bruises on both legs below the knee.

" 9 Has delusions of fear of her life. Thinks some one is going to kill her. Appetite was good. Did not sleep well last night. Bowels are constipated. Complained of the noise of the other patients keeping her awake. Seemed to talk so well that warned them to A-.

" 10 Was very restless all night and very nervous and excited this morning. Follows the nurse around all the time to such a troublesome that was necessary to warn her back to

" 11 B-. Very nervous and excited. Fears some one will kill her. Appetite very good. Resists upon being undressed. Refuses to take her medicine. Says it is poison. Temp 99. P 79.

" 12 More quiet to day though is still afraid some one will kill her. Appetite good. Dressed herself this morning. Took her medicine. Was quite troublesome during the forenoon but quieted down in the afternoon and remained in her room. Appetite good.

" 13 Has been very quiet all day. Talks quite sensibly and has read some during the day.

" 14 Slept well last night but is more nervous today. Her appetite is fairly good.

" 15 Was very nervous all day. Was afraid some one would kill her. Talked of it all day. Complained of pain in the stomach.

" 16 Tried to kill herself last night by choking herself with a handkerchief. Night watch found her with it tied tightly around her neck but her face was black. It was removed but she attempted the same again later in the night. Requires constant watching all night. She told the night watch to let her alone she wanted to die. Said they were going to burn her

1893 and that she would rather kill herself than be burned. Warned her to the suicidal ward today.

" 17 Was very nervous and excited all day. Required constant care. Cried a good deal. Appetite poor. Rested on being undressed.

" 18 Was awake all night and wanted to get up. Very nervous all day. Appetite continues poor.

" 19 Quit during last night but very nervous all day. Again tried to strangle herself. Tore her clothing. Talk is incoherent. Has many delusions. Very aggitated. Has a very anxious and terrified expression of face. Mouth and lips dried and cracked. Refuses to take her medicine.

May 20 93. Tried to hang herself yesterday. Very much agitated most of the time. Drinks milk but Eats very little solid food.

May 21 93. Quite noisy during the night. Slept about 2 hours. Was quite restless and talkative.

May 27, 93. Continues restless, noisy vociferous. Many delusions. Appetite better.

" 30 " Patient about the same. Refuses to take her medicine. More quiet at night.

Was received on the ward May 17th

June 29 93 Sent to Infirmary Ward. Fed by tube today. Her appetite is very poor. July 6 Fed by tube July 17. Fed by tube July 8. Has been growing gradually weaker. Not able to sit up now. Dressed by her husband. Lies quietly in bed July 20 Very restless. Sleeps but little

July 23 Temp 97½ Pulse 66 Very weak and thin. Drank one cup of coffee and glass of milk July 26 Temp 96. Pulse 62

24. Temp. 94.8. P 62. Aug 1 Temp Rectal and axillary normal 94.8. per rectum Aug 4. Temp 95. Pulse 63. Very weak. Eats very little

Aug 26. Has been gradually failing with a temperature below normal constantly. Temp 94. Pulse 60 today

Died 10-9. m

For daily record See nurse records

Died

Personal and Medical History of

Whole No.

Residence,

Date Admission,

Admitted by, Hour,

How Sent,

Sex,

Age,

Civil Condition,

Children,

Age Youngest Child,

Occupation,

Degree Education,

Profession Religion,

Habits,

Nativity,

Physicians Committing,

Correspondents,

No. for Year,

Insane Relatives,

Cause Exciting,

Cause Predisposing,

Form,

Accompanying Bodily Disorder,

Suicidal or Not,

Date of this Attack,

Duration,

No. of Attack,

No. of Admissions,

Age First Attack,

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY:

Clear or Confused,

Quick or Sluggish,

MEMORY:

Past Events,

Recent Events,

Special Subjects,

PERCEPTIVITY:

Alert or Dull,

Correct or Illusive,

REASONING POWER:

Ordinary Subjects,

Own Mental State,

Special Subjects,

GENERAL DESCRIPTIVE REMARKS:

EMOTIONAL STATE:

Normal, Calm,

Indifferent,

Exalted,

Depressed,

DELUSIONS:

Systematized or Not,

Special Subjects,

Transitory or Not,

HALLUCINATIONS:

ILLUSIONS:

CONVERSATION:

Coherent or Incoherent,

Voluble or Reticent,

